Written testimony to the Kansas Senate

In Support of SB 560

By April M Hatch MSN, RN

March 14, 2022

Good Morning members of the committee. Thank you for the opportunity to submit my written testimony and your work advocating for the citizens of Kansas. My name is April Hatch and I have been a Registered Nurse for 16 years. In those 16 years I have practiced in the Emergency Room, helped deliver babies at Overland Park Regional, and received my Master's in Public Health Nursing from the University of Kansas. I currently provide services to patients considering cannabis with the mission to provide the education, support, and the advocacy they need to experience the medical benefits of cannabis and consume it safely. I also teach at Saint Louis University.

I support chronically ill patients in Kansas having access to the use of medical marijuana under SB 560 with a few amendments.

Three years ago, I sat at my grandmother's bedside and listened to her tell me she thought she was dying. She had lived a full-life, and this was something that we both knew would happen someday and had accepted it. As a nurse, however, I knew this would not be the day she would die. The agonizing mental and physical pain she was suffering was unfortunately due to withdrawing from the prescription pain medications she had been taking for her osteoarthritis for the last 12 years. She lived in Oklahoma and they had recently passed a prescription drug monitoring program that left her unable to continue those same medications. A 90-year-old woman was forced into withdrawal that resulted in likely the worst days of her life, two hospitalizations, and depression because she was in too much pain to make her grandchildren quilts and had become dependent on her children and grandchildren. Opiates are not designed to treat chronic pain and cannabis has the potential to prevent patients from suffering like she did (Chou, R., 2015)

As you are aware your duty is to protect your citizens and my duty as a nurse is to protect my patients. I would like for you to allow all of the grandmothers in Kansas to make their own informed health-care decisions and to decide if cannabis could be an alternative for them. My grandmother is likely to be the only patient story I share that brings a tear to my eyes, but there are many other stories I can share from working with patients all over the country. I have changed the names to protect their privacy.

Roger, a man in his fifties, has experienced chronic pain since he was hit by a semi as a teenager. He had been taking 60 mg of morphine daily until he started consuming a variety of cannabis products, including inhaling dried flower, and is now taking 5 mg of

morphine twice a day. He continues to work and has become a more productive citizen because cannabis manages to keep his pain under control.

A mother of a child with autism recently shared with me that her son, who is ten, is no longer wearing diapers because of a high CBD, low THC oil she administers a few times throughout the day.

As you can see cannabis is being utilized for conditions affecting both young and old. Autism affects approximately 2-3% of children ages 3-17 in Kansas (Xu, G., 2016), senior citizens who often suffer the most debilitating conditions who could find cannabis beneficial, account for 16.3% of the population in Kansas, and we must also consider the fact that there are approximately 176,444 veterans living in Kansas, many of whom are interested in finding a treatment that gives them their life back (United States Census Bureau, 2019).

Patients need access to dried cannabis flower.

Dried cannabis flower contains a non-intoxicating compound called THCA that could be effective for seizures, arthritis, and pain. THCA has been shown to be anti-inflammatory (Verhoeckx, K., 2006) and many chronic conditions are inflammatory in nature, including Alzheimer's, cancer, heart disease, asthma, arthritis, IBD, and many more. Inflammatory conditions are now the leading cause of death and disability (World Health Organization, 2020).

A 2020 systematic review that included over 4,000 patients consuming cannabis by smoking and oral ingestion, found that cannabis significantly reduced non-cancer pain and the authors stated there was little evidence that the consumption of cannabis increased adverse events. (Johal, H., 2020).

Dry-herb vaporization is a safe alternative to smoking cannabis and is the placement of cannabis flower in a device that heats the flower to a specific temperature without the use of butane. A vapor instead of smoke is created and patients are able to avoid inhaling the by-products of combustion. Dry-herb vaporization is the method many physicians and clinics have used in their practice for decades.

Medical cannabis treatment is often unaffordable. Many patients choose to save money by purchasing the cannabis flower and making their own topical salves and oils safely at home. Thus, allowing them to avoid the costs associated with the processing and manufacturing of cannabis products. Many chronically ill patients are sensitive to additives and approximately 10% of Americans have been diagnosed with diabetes (Diabetes Research Institute Foundation, 2020). Buying the dried flower is often the only way they can avoid the additives and sugars.

Patients should be allowed to cultivate their own cannabis.

Cannabis is very individualized, and patients want access to the varieties that works best for them. Only allowing patients to purchase from a medical dispensary takes the decision-making away from the patient and gives it to the commercial cultivator. As we

have seen in cannabis states with medical cannabis laws, the amount of THC is often what many commercial growers tend to focus on, although there are hundreds of potentially therapeutic compounds, including the non-intoxicating CBD and CBG. Until there is enough supply of these compounds to meet the needs of patients, they should be allowed to choose whether they grow plants high or low in THC and choose plants that have other cannabinoids. With thoughtfully **regulated restrictions** on home cultivation, transfer of home-grown cannabis into the illicit market and into the hands of non-qualifying patients can be avoided.

Autism should be added to the list of qualifying conditions.

Children who suffer with autism experience many symptoms that could be improved by quality, tested cannabinoids (Aran, 2021) (Fusar, 2020). These symptoms include anxiety, self-harm, tics, compulsive behavior, impulsivity, and disruptive behavior. Parents are already choosing cannabis for their children with autism often with limited guidance from message boards and other parents. I highly recommend autism is added to list the list so the administration of cannabis can be done under the supervision of a physician.

Patients should be provided protections and to avoid discrimination.

We have all seen the stories of children diagnosed with epilepsy benefiting from medical cannabis. Children utilizing often the only treatment that manages their symptoms should be treated as patients, not criminals. Parents should be allowed to administer oral preparations of cannabis on school property to avoid any disruption in the child's learning. Sports and extra-curricular activities support the physical and mental well-being of children and cannabis patients should have the right to participate in these activities.

Parents should be protected under SB 560. Courts should not be allowed to discriminate against chronically-ill patients for their use of cannabis under the direction of a physician. Currently, in many states there are parents who have to choose between getting well and keeping their children. A client I have provided education to is too scared to treat the side effects of chemotherapy with cannabis because her parental rights are not protected by her state. She has said, "I would probably be a much better mother if I wasn't spending eight days a month in bed, but I am scared my ex-husband will be able to use it against me."

Patients shall be protected in the workplace. Many nurses who I have worked with would like to try CBD for pain or cannabis to help them sleep, but are unable to because of the risk of losing their job. They instead have to consume substances that have many more negative side effects like trazadone, ambien, percocet, and ibuprofen. With the proper guidelines for employers, SB 560 has the potential to help employers promote the health of their employees. I am currently working on a Workplace Policy Statement with the American Cannabis Nurses Association that outlines drug testing policies and impairment among nurses, but all employees should have the right to treat their symptoms under the direction of a physician.

Seniors account for 16% of those who live in public housing and 36% of public housing households have a resident who is disabled (National Center for Health in Public Housing, 2016). As I am sure you are aware, socioeconomic status greatly affects health and disease outcomes, and many of these residents rely on Medicaid and Medicare for medical care. We should give every opportunity for public housing residents to manage their condition, thus decreasing the burden on these public programs. A study published in 2016 reported that medical cannabis use was associated with a 64% decrease in opioid use and saved the Medicare program an estimated $165.2 billion in 2013 (Bradford, A.C).

In conclusion, I support patients having the right to make their own informed-health care decisions with the support of their physician and SB 560 with the suggested amendments. Thank you for your time and please feel free to contact me with any questions or assistance you may need.

Sincerely,

April Hatch MSN, RN

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