

10/19/2022

Attn: Medical Marijuana Special Committee  
PROPONENT ORAL IN PERSON TESTIMONY

Amy Reid RN  
President, Kansas Cannabis Coalition, Inc.  
[www.kansascannabiscoalition.com](http://www.kansascannabiscoalition.com)  
[Akreid52@yahoo.com](mailto:Akreid52@yahoo.com)  
316-249-7936

Chairman Olson and Members of the Committee,

Thank you for the opportunity to speak with you today. My name is Amy Reid, and I am a Registered Nurse and the President of Kansas Cannabis Coalition, a non-profit organization whose mission is to advance cannabis reform in Kansas. In previous years' hearings I have heard many times that you and your colleagues now understand that there truly are medical benefits to marijuana. Therefore, my testimony will not be about the medical benefits, but rather the changes we would recommend to the most recent bill that was introduced late last session, Senate Bill 560. Although there were many positive components to this bill, there are four sections which merit adjustments.

### **Section 32: Licensing Fees**

I am not an expert on licensing fees; however, I do know that there is a direct correlation between the licensing costs of a cultivator, processor, and dispensary business owner with the cost of the medicine for the patient. The higher the licensing fees, the higher the cost to the patient. I have heard verbatim from Senate President Ty Masterson, as well as other legislators, that the program must be "highly regulated". Charging exorbitant licensing fees will NOT lead to a highly regulated industry. Studies show that higher consumer costs will lead patients back to the illicit market. Proponents of high licensing fees will very quickly point toward Oklahoma which has been known as the "wild, wild west". I have to say, there's a significant difference between \$2500 licensing fees and \$100,000 fees. There's a happy medium that is reasonable enough to intrinsically limit the license applications yet prevent an overabundance of supply vs. demand. The Coalition believes that a Tiered licensing structure with reasonable licensing fees allows everyone to participate and keeps the price reasonable for patients. The latest legislation passed in April 2022 in Oklahoma is a great model to follow for a tiered system.

### **Section 37: Prescription Monitoring Database in the Dispensary**

We are concerned with the the risks of violating patient confidentiality and the HIPPA statutes when utilizing KTRACS in the dispensary setting. As a healthcare professional I am required to participate in annual HIPPA Patient Confidentiality training. Dispensary personnel do not have this requirement. We agree with the Kansas Pharmacy Association in saying that dispensary personnel should not have any access to the KTRACS database at any time and security measures be taken to prevent this from occurring.

### **Section 50 Transportation of Medical Cannabis**

Most states who have medical cannabis programs only specify that when transporting medical marijuana, it must be inaccessible to the driver. Our bill language goes quite a bit further than this by stating that it must be in the "original, sealed packaging and the seal of which has not been broken." I would like to request that you remove the words "and the seal of which has not been broken" from the

bill. There could be significant unintended consequences of keeping this in the language. For example, imagine if your grandmother travels across the state to visit your family over Christmas for 3 days. She travels with an unopened pack of 20 gummies and takes one every evening to help her sleep. When she travels back home after 3 days is she supposed to throw away 17 gummies? We do not want to force our law enforcement officers to arrest senior citizens because they cannot afford to waste 17 gummies. By simply removing these words, we have a law which is much easier to enforce and for consumers to understand.

### **Timeline**

With the efforts to deschedule cannabis at the federal level as well as potential adult use laws in Missouri and Oklahoma I ask that we move up our timelines from what was previously proposed. We have seen 37 states across the country create programs in a much shorter time frame than what we have included in previous bills. Our patients need access now and should not have to break the law to access plant medicine across state lines.

### **Final Thoughts**

The Kansas Cannabis Coalition advocates for a program that provides optimal patient access. With that being said, we will always advocate for smoking and vaping for our chronic pain patients, and home cultivation for our low income and indigent population, but we realize that we must compromise. Ultimately we need to create legislation that is “passable” on the floor in both chambers.

As you continue to hear multiple testimonies from industry individuals and organizations, I ask that you please keep the following in mind.....

The GOAL of a medical cannabis program in Kansas is to allow PATIENTS ACCESS TO MEDICAL CANNABIS. It is not to create a new industry in Kansas nor is it to accrue tax dollars to better our community. Although a program can create these benefits, the GOAL is patient access. I ask that you please keep that central in your minds when considering various components of this legislation. Thank you.

1. [Microsoft Word - Attachment 2 Findings and Recommendations.docx \(khi.org\)](#)