

I write to you today to state my opposition to Senate bill 555. The opposition to this legislation is not rooted in any misconceived fear of cannabis as a medicine, but rather the deficiencies this legislation puts forth. Kansas is just one of 12 states left that have not adopted a comprehensive medical cannabis program and one of nine with no legal protections for patients at all who seek to alleviate the symptoms of serious ailments with cannabis that is safe, and laboratory tested. Even the federal government is on the cusp of rescheduling cannabis with the department of Health and Human Services just recently recognizing that cannabis has medicinal value. This is in response to the number of states that have introduced medical programs since the mid 1990's. No state, either conservative or liberal, has rolled back their medical programs in the almost 30 years of these programs' existence.

With that being said, I had much higher hopes that the Senate in Kansas would put forth legislation that could still be a conservative in nature as well as meet the needs of long-suffering patients in your state. Such legislation has been introduced but not acted upon (SB135). Patients in states such as Utah, Arkansas, Kentucky, Mississippi, Alabama, and Louisiana have passed legislation for medical cannabis programs that benefit the patients in those states.

Having watched many committee hearings concerning medical cannabis in Kansas, most opposition was either based upon legalization (which no Republican controlled legislature has done) or upon the experiences of Oklahoma-whose medical program was implemented by ballot initiative and not by the legislature.

I would like to address the deficiencies I see in this legislation and how it will negatively impact the patient community in Kansas.

- The vertical integration model favored by this legislation will require large sums of money for any potential businesses wanting to participate in the program. Even though this legislation has given the pilot program a five-year lifespan, why not implement a sunset clause? The financial commitment to start up a vertically integrated business as envisioned will cost millions of dollars.
- The residency requirements never hold up in court.
- The distribution center model is a first. It would give first crack to existing pharmacies- which the DEA will not allow. They have recently threatened Georgia pharmacies who would consider selling low THC products with their licenses for controlled substances. In states where pharmacies/pharmacists are involved, it is always in a specialty pharmacy just for cannabis products- so this just expands upon the vertical integration. Assuming the four cultivators/processors each had 7 distribution centers that is only 28 for the entire state.
- Limited licenses usually mean lawsuits from companies not chosen which can hold up a program for years.
- The delivery of products would add additional expenses for patients.
- The necessity of having a partner in the hemp industry for the integrated license.

- The ban of cash sales does not make good policy as some patients lack the access to debit cards or have internet access to order online.
- The THC cap of 35% accomplishes little. Cannabis flower rarely exceeds 35%. Potency caps are counter-productive and philosophically we oppose them. The fact that vaporization of oils is prohibited is a major issue. Some patients need higher doses of THC to effectively deal with their ailment and vaporization is an effective method of delivering medicine quickly.
- The smoking ban for raw cannabis is unfair as it is the most economical method for patients to consume cannabis. It can also be the most effective method of administration. The legislation appears to be vague as to utilizing vaporization of flower.

I sincerely hope that the legislature of the state of Kansas keeps the interests of the severely ill in mind. With state legal cannabis available to those who wish to break the law usually less than an hour or two drive away, a regulated medical cannabis program will allow access to citizens who wish to continue to respect the law. I believe it is in the state's best interest to provide safe, and legal, access to those patients. SB555 will not achieve that goal.

Respectfully,
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