

Lisa Ash Sublett

President/Founder Bleeding Kansas Advocates

Registered Volunteer Lobbyist

Patient Advocacy Group

121812 Charing Cross Road #2

Lenexa, Kansas 66215

913-605-0238

president@bleedingks.org

To the Chair and Committee Members,

We are very grateful that Sen. Sullentrop has allowed this hearing on a topic that is very important to Kansas voters across this state.

Science and medicine had nothing to do with the rulings that led to prohibition of medical cannabis in Kansas, and they have nothing to offer to the continuation of blocking patient access in Kansas now. To the contrary, with over 28,000 published studies, science instead offers us an imperative that we provide this medical option to Kansas medical providers and patients immediately. We must have data driven policy and avoid fostering further erroneous misinformation, and stigma from a bygone era and promoting the talking points of fear mongers with a financial stake in preserving the status quo. It must be questioned why regurgitated opponent testimony over the last ten years in no way acknowledges the global progress on this issue. The World Health Organization Expert Committee on Drug Dependence's (ECDD) just released their recommendation for the global rescheduling of cannabis in December. Member states of the United Nations Commission on Narcotic Drugs (CND) received the cannabis recommendations and were expected to consider rescheduling cannabis in March 2019 at its annual meeting, but the delay in receiving the ECDD recommendations may push that consideration into 2020 to provide additional time for member states to review them. The European Parliament passed a resolution and joined with the WHO is supporting medical cannabis. 30 countries around the world have constructed legal and regulated medical cannabis programs for their citizens. 33 states in the U.S. have done the same. Kansas is now surrounded on almost all sides by states with medical cannabis programs. Nebraska currently has both a ballot initiative and a bill in their legislature, so it is only a matter of time for them. So, by assigning so much value to these repeat opponents in Kansas, we would be saying that they somehow know more than a conglomeration of global medical experts and scientists and the preponderance of scientific evidence, and that all these countries and states have somehow just got it all wrong on the efficacy of cannabis as a medical treatment option. You can agree that the extrapolated logic shows that assertion as truly preposterous.

The question before Kansas is not whether medical cannabis is a proven and viable treatment option to be utilized by our medical providers, the science is clear on this. Nor is the question do Kansas voters support this issue, again the data is clear that they do. The question is how Kansas will proceed in

establishing the very best data driven policy that will answer our legitimate concerns on this issue, protect patient health, public safety and the natural resources of our state. We can offer the research, contacts and resources to guide the establishment of best policy for Kansas. We have spent years in dedicated research on this topic. As I say, you cannot out worry mothers and grandmothers. You also cannot out research the mother of a catastrophically ill child. There are legitimate concerns that must be addressed, can be addressed and are currently being addressed in legal states by data proven methods. As an example, I was personally concerned about increased teen use. I have contacts and research from a program currently in use in the Denver school system to educate teens. They have seen a 5% reduction in teen use in only two years of implementation. Remarkable numbers. Their model is one I would like us to use as an outline in Kansas. This is only example were data and education can address our legitimate concerns. However, propaganda and misinformation are not the same as legitimate concerns and we will always stand to clearly delineate between the two.

We have more data to provide guidance for managing all the top concerns including impaired drivers, children getting into edibles, product contamination, etc. Again, as mothers and grandmothers if you are concerned, we were concerned, and so we went to the data from the current legal market, scientists, experts and research to form best policy recommendations. Can any program eliminate all risk? Of course not. But we can build policy that reduces and manages risk. I have seen lawmakers fall down the capitol steps. We do not ban using the stairs. Instead, all of us using the stairs manage risk by paying attention, wearing no-skid shoes, using the handrail, etc. We all manage risk daily. We do not stop driving cars because accidents happen. We wear seat belts, we carry insurance and we buy cars with airbags. Risk to benefit analysis of the currently available research clearly lands in the corner of establishing a medical cannabis program in Kansas. Just because someone somewhere might do something wrong is in no way a constitutional argument for denying the rights and medical liberty of law abiding citizens. We Republicans cite this argument often as pertains to the Second Amendment. This argument carries even more weight when applied to those who are fighting for their very life or their best quality of life. Why would we deny them a medical weapon that may help them win their fight for life when risk and concerns can be managed by data-driven policy? Why would we deny Kansas patients what 180 million of their fellow Americans now have as a legal and regulated option? You can see why Kansas voters are frustrated with the lack of progress on this issue. Current Kansas law is simply not logical when all the data is considered.

So, you will hear much stoking of fear, you will be given articles and research that will shout like chicken Little that the sky will fall on Kansas if we construct a program to regulate medical cannabis. I will ask you to engage critical thinking when this happens. I have been forthright in stating there are legitimate concerns that can be managed by data-driven policy. Are they forthright in acknowledging the established science underpinning the programs in 30 countries and 33 states, or acknowledging the we have a national medical cannabis program that sends medical cannabis to patients around the country every month, or that our federal government has multiple patents on this plant as medicine, or that our National Cancer Institute lists not only research in general but also lists the multiple ways cannabis kills cancer cells, or that our own National Institute of Health lists validated research on their website and is actively supporting research? Not to mention the backing of multiple medical foundations and associations such as the Lymphoma Society, Parkinson's Society, MS Foundation, Epilepsy Foundation and many, many more. No, I doubt you will hear any of that. That should be a very large red flag for any

lawmaker looking to solicit true science based data. Having an agenda is fine. Excluding all non-congruent data just to win is not fine. At that point motivations must be questioned. I have served as a research resource and patient advocate on this issue for seven years as a volunteer. Our board is all volunteer. We have nine chapters across our state filled with members from every political faction. Cancer, MS, etc. are bipartisan. They do not care about party, nor ask about party before they claim our loved ones and neighbors. The support for a Kansas medical cannabis program is also bipartisan, as it should be. I ask that as concerns are presented you would allow us to respond. A few weeks ago, I spent five hours with a lawmaker who had six pages of questions. I was overjoyed. We combed through research I already had on many topics and a few others we worked together to find answers. This was due diligence in action, and it is profoundly welcome as an opportunity to partner in truly establishing best policy for Kansas. We have much more research to share on the various levels of positive economic impact for our state in revenue generated, savings in the judicial sector, savings to our state insurance prescription costs, as well the industry and jobs that can be created. I did send the financial projections for our bill SB:195 language to each of you as well as the fiscal note on our bill. A year of research went into forming our bill language which was then vetted by the largest regulatory group in the cannabis industry and reviewed by the Kansas Health Institute to make sure our language met all recommendations of their 2015 Kansas health impact and assessment study. Rep. Holscher has amendments for SB:113 ready based on our SB: 195 language. It is vital that Kansas lawmakers finally move on behalf of Kansas patients who have waited since the first bill was introduced ten years ago. It is equally vital that all policy implemented be the very best data-driven policy for Kansas patients, public safety and our state overall. By not moving forward on this issue. lawmakers are literally denying our state a projected \$1.4 billion dollars in revenue alone, not even factoring in created industry and jobs, and further, they are also condemning Kansas patients to more needless suffering while being surrounded by legal states filled with patients who have access to this treatment option. Kansas voters will not approve of further inaction.

We stand ready to provide any further needed information, contacts and research.

Thank you for your time and compassion.

Lisa Ash Sublett