

- 3/16/22
- SENATE BILL No. 560
- Disposition: Proponent
- State one of the following:
- ORAL in-person Testimony
- Daniel Shafton- Phone (913)-488-4600 call and text both okay- Email: dshafton888@gmail.com
- Kansas Cannabis Business Association (KSCBA)

Mr. Chairman and members of the committee,

My name is Daniel Shafton, vice president of the Kansas Cannabis Business Association (KSCBA), and I am writing as a proponent for SB 560 in support of the passage of medical marijuana in Kansas. First and foremost, I would like to thank the Chairman and each member of this committee for taking the time to become educated on this issue and for introducing legislation that will allow for strong patient outcomes and a robust industry that will bring new jobs and revenue to the state. As the voice for the largest industry association for the state, our members and our executive team have requested that I make clear our position on this bill as it stands today.

While no bill is perfect, SB560, in its form today, is an outstanding piece of legislation that we all believe would provide the pieces necessary to adequately take care of patients while still providing the regulatory framework strong enough to allow the businesses of the industry to succeed in Kansas. KSCBA and its members will support any legislation for the legalization of medicinal cannabis that allows patients to begin treatment and businesses to have a fair and equal shot of success, and this bill certainly accomplishes that. We understand that we will have the opportunity to fine-tune this legislation in the years to come and encourage the members of this committee to emphasize passage over perfection.

Having established that KSCBA and its members support this legislation wholeheartedly, I would like to turn to a sort of “wish list” of slight changes that we and our members believe would lead to a more secure, sustainable, safe, and successful role out and industry.

1. Lowering the limit of cost per 100 sq ft of cultivation
 - a. We believe that the current cost of “\$4,000 per 100 square feet of area where medical marijuana is cultivated” will cause the opposite intent that has been articulated by The House last year and members of the Senate earlier this year. Understanding the desire for a system to be created that would allow for local Kansans/small businesses as well as larger leaders of the industry to succeed and be competitive, we ask the committee to consider substantially lowering the current cost outlined in the cultivation portion of this bill. Not only will this make it nearly impossible for Kansans and small businesses to enter this portion of the market and discourage the investment from major cannabis players across the country, but it will ensure some of the highest costs to patients out of any program in the US to date. There are plenty of other expenses these cultivators will endure that will require massive capital investment and serve as a deterrent for those without the means to succeed

from attempting to. Adding this cost to that already expensive process makes this unfeasible for most parties.

2. Rollout timeline
 - a. We have had many states before us to learn from, we are not recreating the wheel. Dozens of states before us have been able to accomplish this feat in less than a year and I have faith that the agencies in charge of this bill can do the same for Kansans. An 18 month waiting period not only forces patients to continue without medication for longer than is needed but creates additional challenges and expenses to those businesses trying to serve them. These expenses will need to be recouped elsewhere which is most likely going to be seen at the cash register for patients.
3. Undue burden on Kansans trying to become patients.
 - a. Representative Eplee in our last roundtable spoke to some of the requirements of patients outlined in this bill that doesn't exist in any other area of medicine in our state and that removing those pieces from the bill would likely be the right thing to do. KSCBA and its members agree with Dr. Eplee and encourage the Chairman and members of the committee to consider the removal of waiting periods, initial in-person physicals, bona fide patient-doctor relationships, and any other mechanisms not seen in other areas of medicine that may prevent or delay the treatment of sick Kansans.

The issue of medical marijuana has been discussed for over a decade in the Kansas Legislature. The benefits from economic growth and new jobs all the way to academic research and cancer relief have been made known by those who are most knowledgeable on the subject matter. As an industry association, we see every day just how much potential this legislation has to make our state a happier, healthier, and more economically secure place. Thank you for your time and I will be available for questions after the hearing and in perpetuity.

-Daniel Shafton