



**Testimony to the House Federal and State Affairs Committee
In Opposition to HB2184
February 25, 2021**

Chairman John Barker and Committee Members

The Kansas Association of Chiefs of Police are opposed to the legalization of medical marijuana in the State of Kansas.

The KACP has reviewed the HB2184 and found there are a multitude of concerns important to law enforcement and that some additional consideration needs to be given to the listed sections of the bill.

Below is a listing of sections of the bill, the page number, the topic and the description of the area of concern.

| Section | Page | Topic | Description |
|----------------|-------------|--|---|
| 3 | 3 | What the act does not allow or require | This section clarifies the act does not authorize a person to grow, harvest, process, sell, barter, transport, deliver, furnish, or otherwise possess any form of marijuana not authorized by the Act. <i>Does the wording make the violation of possessing marijuana not authorized under the act a violation of this Act instead of a violation of the criminal law in Chapter 21?</i> |
| 4 | 3 | Creates the program for KDHE to regulate the medical marijuana users and caregivers | Creates a medical marijuana regulation program administered by the Secretary of Health and Environment. The purpose is to regulate users (called patients in the bill) and caregivers. This includes issuance of identification cards. <i>Will LE be allowed input on the design of the ID cards?</i> |
| 5 | 4 | Medical Marijuana Advisory Committee | Creates a medical marijuana advisory committee. Includes one law enforcement "representative." <i>Is this adequate LE representation?</i> |
| 9 | 8 | ID card number | Requires unique 24 character number and a method for dispensaries to verify ID Card validity. <i>There is not a process in place for LE to verify the authenticity or the validity of a medical marijuana ID card described in the bill?</i> |
| 10 | 8 | Authorization to use Does not authorize operation of MV, watercraft or aircraft while under the influence. | Allows registered users to possess up to a 90-day supply of medical marijuana. <i>How much is this by weight? How will LE know if it is a 90-day supply? There is a short list of allowable forms of medical marijuana; Oils, tinctures, plant material, edibles, patches, other. Why is there no scientific estimate on what a 90-day supply is for each?</i> |
| 11 | 8 | Authorizes caregiver to possess medical marijuana | Allows registered caregiver to possess up to a 90-day supply of medical marijuana for each registered user they are a registered caregiver for, on behalf of a registered user under the Act and to assist a registered user in the use or administration of medical marijuana. <i>What happens in the event the "patient" dies? What happens to the supply of marijuana product possessed by the patient</i> |

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| | | | <i>or the caregiver? What is the process for the return or destruction of the remaining supply? How will the Act keep the unused supply from entering the Black Market or be diverted to people who may not possess a medical marijuana ID card or to people who possess a medical marijuana ID card, but already has a 90-day supply?</i> |
| 33 | 22 | Dispensaries: Forms of Marijuana Allowed | Allows oils, tinctures, plant material, edibles, patches, or any other form approved by the Secretary of Revenue. <i>Why is the Secretary of Revenue approving any form of medical marijuana and not the KDHE? This section prohibits smoking, combustion, or vaporization of medical marijuana. It seems this should be in a separate section aimed at the users, not the dispensaries. <u>The KACP believes the dispensing of potent plant material and extracts must be accompanied by labeling that includes patient ID number clearly attached to the packaging. This will allow LE to effectively confirm ownership by the patient, caregiver, or to determine if a person should not be in possession of the packaged medical marijuana. Must the medical marijuana remain in its original packaging until use?</u></i> |
| 53 | 32 | Protection of certain professional certification or licensure. | The use of medical marijuana under the Act cannot be used to disqualify a person for certification or licensure except for a list of professions. Yes, it does not apply to a LEO. <i>This section is in conflict with Section 64 on page 64.</i> |
| 64 | 64 | Unlawful Employment Practice/Discrimination | Amended provision on page 66. Prohibits employer actions based on an employee holding a medical marijuana card. <i>This section is in conflict with Section 53 on page 32.</i> |

The KACP is still perplexed that an industry can come into the state and propose to legalize a drug that is still illegal on the federal level. If a pharmaceutical company came to the Kansas Legislature and proposed legalizing a Schedule 1 drug at the state level because the pharmaceutical company did not want to go through the accepted standards and practices required by the Food and Drug Administration, our belief is that the members of the legislature would rightfully show the pharmaceutical company the door. But, this is not the case with the marijuana industry.

Medical marijuana, in the form proposed in this legislation, is not medicine. And it cannot be prescribed, as many proponents suggest. In the form suggested in the legislation it is simply not medicine.

And, medicine is not legislated. It is researched, tested and approved by the Food and Drug Administration. Like every other medicine you have in your medicine cabinet.

Medical marijuana, as a subset of Marijuana is classified in the Controlled Substances Act as a Schedule 1 drug. The characteristics of that type of drug is that generally, they have a very high potential for addiction and abuse and have no accepted medical use. Other drugs in this category are: Ecstasy, GHB, Heroin, LSD, and Peyote.

In the past several years, research has been done to determine if there is an accepted medical use for marijuana. The literature we have reviewed for the preparation of this testimony indicates there has been some progress and at least four pharmaceutical grade medicines are on the market. The products; Marinol, Syndros, Cesamet, and Epidiolex are examples of medicines that produce the desired relief for medical conditions that involve suffering and debility without violating the law when taken as prescribed. Additionally, these drugs can be prescribed for; a specific dosage, frequency, type, and concentration. This is something medical marijuana cannot do with a written certification through a dispensary. Why are we legalizing access to drugs with minimal or no quality control when FDA approved medicines are available. The KACP opposes legalizing any scheduled drug through any venue other than established Food and Drug Administration approved pharmaceutical processes.

Another concern of the KACP is that the marijuana products of today are not the marijuana products of decades past. The plants grown today are much more potent. It is more like a new designer narcotic drug than a natural marijuana plant. Decades ago high tetrahydrocannabinol (THC) marijuana had a THC concentration of about 3 to 5%. (*National Institute on Drug Abuse: A rise in Marijuana's THC Content*) Today, it is not uncommon to have

plant flowers that are 40% potency. With hybridization, it will likely get higher in potency. (*National Center for Biotechnology Information: Changes in Cannabis Potency over the Last Two Decades (1995-2014) - Analysis of Current Data in the United States*) Purification processes of marijuana plant matter into oils and tinctures can produce THC concentrates in the high 80% to low 90% plus potency range. This is dangerous. (*Chronic State video <https://vimeo.com/280127474>*)

Kansas Association of Chiefs of Police believe that many advocates for the legalization of medical marijuana are well intentioned. We don't question their sincerity or intentions. We believe they feel this is a good policy decision to take. But the consequences of this policy change don't care about intentions or sincerity.

Advocates and some legislators share heartfelt stories of children with chronic diseases or health problems to convince the public that this legislation is just for them. As police chiefs our hearts go out to these children and families and those who have to deal with these major illnesses. Opposition from the KACP does not come from our lack of compassion for those who are suffering. Nothing could be further from the truth. Our hearts break for those who suffer.

Though we have great compassion for those who are suffering from debilitating illnesses we cannot endorse or even ignore the attempt to provide relief through illegal methods. We all take an oath to protect and serve all segments of society. It is our opinion that this legislation has the potential to cause far more harm than good.

But the proposed legislation doesn't stop there. It legalizes medical marijuana consumption for anyone with long list illnesses. Only a few of which there is any credible evidence that the drug would positively impact. Many of the national organizations and associations for the illnesses on the have taken a position that medical marijuana is not useful or can be dangerous to patients suffering from the illnesses on the list.

The KACP is urging our legislators to not let those who are pulling at your heart lead you to bypass the processes and the systems that have been protecting each and every one of us from harmful substances for more than a century.

If marijuana has medicinal benefits, it should be regulated in the exact same manner as all other medicine is in the United States. Which is through the legitimate research and oversight of the Food and Drug Administration. To date, the Food and Drug Administration has found no legitimate use for raw marijuana which is allowed under this legislation. The KACP will continue to oppose medical marijuana unless and until it is approved and regulated by the Food and Drug Administration. Then and only then should marijuana be considered for medicinal purpose.

The KACP is concerned that in every state that has legalized medical marijuana there has been an increase in: Underage exposure, accidental ingestion, driving under the influence, job related accidents, drug treatment and emergency room admissions. There has also been the uptick in black market sales and diversions from true patients.

There are many reasons to be concerned with medical marijuana. And, doctors cannot legally prescribe it. Doctors cannot dose it. Educated pharmacists cannot legally distribute it. It just cannot be regulated in a manner that other drugs are. That should frighten everyone. The proposed bill defines physicians as what were normally think of as our doctor. It also allows certified nurse-midwives, advanced practice registered nurses and physicians to write certifications attesting to the presence of a disease that will allow for the purchase of medical marijuana products, including plant material. With some certainty, there will be violations of the Act and patients will light up.

Additionally, do legislators really want a certified nurse-midwife writing a written certification for medical marijuana? The proposed legislation allows a certified nurse-midwife, or an advanced practice registered nurse to write a written certification for people with: Amyotrophic lateral sclerosis, cancer, Crohn's Disease, spinal cord injuries, epilepsy, glaucoma, or the long list of other medical conditions. This is just wrong and inappropriate.

So, why does the Kansas Association of Chiefs of Police oppose this legislation? We have a duty to tell the citizens of our state that we don't want them to be victims of the unintended consequences of this legislation.

The Kansas Association of Chiefs of Police urges you to not vote for legalization of medical marijuana in the state of Kansas.

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