

Chris Issinghoff  
6542 SE 77th St  
Berryton KS 66409

Kansas House Committee on Federal and State Affairs  
% Chair, Rep. John Barker

RE: HB2184, Proponent

Your Honor,

My name is Chris Issinghoff. I am a native Kansan, raised in Hutchinson, and currently living in Berryton. I am a 36-year-old farm business owner and a Psoriatic Arthritis patient. I will be a Psoriatic Arthritis patient for the rest of my life or until they find a cure. I am the Director of Policy for the KSCBA. I have worked in the medical cannabis industry for 11 years, and I am the owner of a dispensary, 1 of 84 operating, in the state of Maryland. I am a prospective patient and cannabis business owner in Kansas and a PROPONENT of medical cannabis and of HB2184 with amendments.

Federal over-regulation and bureaucracy have failed patients in Kansas regarding medical cannabis. The FDA has known of the therapeutic benefits of cannabis since it created the IND program in 1978 and issued 13 licenses for marijuana. In 1988, DEA Chief Administrative Law Judge Francis Young said, *"Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis, marijuana can be safely used within a supervised routine of medical care."* Since then, 34 states have provided access and protections for medical cannabis use. 34 states established the best practices, and Kansas must take advantage of them.

1) Remove onerous "bonafide relationship" requirements.

Most large healthcare systems prevent their doctors from recommending medical cannabis. Patients must be able to seek private practicing physicians to ensure timely access. Requiring medical records or an exam can substitute for time-based relationship requirements.

2) Patients in consultation with a doctor educated on medical cannabis, licensed and regulated by the Kansas Board of Healing Arts, should determine if this safe therapy is right for them.

Restricting access based on condition prolongs patient symptoms, ineffective treatment, and suffering. Ohio originally included AIDS as a qualifying condition while only recently adding wasting syndrome, a symptom of AIDS cannabis is used to treat. The risk of over-recommending cannabis is minimal, as the Board of Healing Arts can fine, censure, and sanction licensed doctors.

3) Remove new criminal penalties.

Improper storage of medical cannabis near a minor is child endangerment under KSA 21-5601.

4) Provide access and legal protections for patients immediately.

Allowing reciprocity so patients in Kansas may purchase from neighboring states to provide immediately regulated access is necessary. After six years, Ohio has yet to enter a reciprocity agreement with neighboring states. This results in Ohio patients arrested for purchasing in Michigan, which recognizes reciprocity, and Michigan patients arrested traveling through Ohio. Oklahoma, Colorado, and Arkansas all have reciprocity Kansas patients can use, and Missouri may pass adult use in 2021.

5) Remove unnecessary licensing caps and lower licensing fees while requiring regulatory adherence.

The barrier to entry into the cannabis industry should not be financial, it should be experiential. A facility in a well-regulated industry, i.e. Missouri, Ohio, Maryland, Colorado, Arizona, New Mexico, etc., is already an expensive venture with build-out costs over \$150 per square foot. Additional requirements such as Standard Operating Procedures, Certified Nutrient Management Plans, Integrated Pest Management Plans, Security Plans, Good Agricultural Practices, Good Manufacturing Practices, Wastewater Treatment Plans, Inventory Management Plans, and adherence to local fire and building code all add experiential barriers to restrict the applicant pool. We should not deny a Kansan with this level of experience a license because there are none available. Instituting a five-year moratorium on new licenses if Kansas patients are being well served is an option.

6) Allow for vaporization and oils over 70% purity.

Vaporizer cartridges, in a tested and regulated market, are a safe product. Kansas should limit ingredients to cannabis-derived ingredients. They are an excellent entry point for new patients, as their dosage is consistent, metered through battery timers, and easily titrated because of quick delivery. Cartridges represent over 40% of gross cannabis sales. In a medical program, Kansas should aim for the highest quality and purity. Concentrates of 70% or less THC[a] result from low-quality inputs. Limiting THC could also encourage remediation through additives to lower concentrations.

The Kansas solution for medical cannabis is in HB2184. I ask that you vote YEA on HB2184 so Kansas can join 34 other states and provide a safe and effective medicine to her citizens.

Sincerely,

Chris Issinghoff  
Director of Policy, KSCBA  
VP of Operations, Peake ReLeaf