



Advancing Legal Medical Marijuana Therapeutics and Research

February 23, 2021

The Honorable John Barker, Chairman  
Kansas Federal and State Affairs Committee  
Room 346-S

RE: Supporting HB 2184 with Amendments

My name is Dustin McDonald and I serve as the Policy Director for Americans for Safe Access, the oldest and largest national organization of patients, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research. I am writing in support of the Kansas State Legislature's efforts to organize a comprehensive medical cannabis program for the many patients across the state who can benefit from safe and legal access.

Patients in 35 states across the U.S. and the District of Columbia are currently working with their physicians to treat their health conditions with cannabis medicine, and each year Americans for Safe Access produces [a report](#) that summarizes the organization of these access programs and their effectiveness in serving patients. Now in its seventh publication, a core finding of the report is the failure of state medical access programs to function in key areas for patients ranging from patient rights to employment and child custody to access and the quality and affordability of medicine. Passing a medical cannabis law is only the first step in a lengthy implementation and revision process, and the level of forethought and advanced input from patients can make the difference between a well-designed program and one that is seriously flawed. While the specific comments of Americans for Safe Access on HB 2184 are included below, we urge Kansas lawmakers to be thorough in their approach to providing safe and legal access to medical cannabis through this legislative effort.

Patients relying on cannabis as medicine are our veterans, seniors, colleagues, mothers and fathers and even children whose conditions were not effectively treated by FDA-approved pharmaceutical products or over the counter medications. These patients are utilizing cannabis to treat conditions ranging from anxiety to PTSD, epilepsy and cancer, and require the same diversity of product options for treatment and the same ease of access to medication through a robust system of well distributed licensed retailers as patients who can pick up their medication at the local pharmacy. It is important that Kansas lawmakers acknowledge these realities in organizing this legislation, as patients' lives and those of their families require a thoughtful and inclusive approach. Thank you for your consideration of these comments, and your continued work on this important legislation.

Sincerely,

A handwritten signature in blue ink that reads "Dustin McDonald".

Interim Policy Director, Americans for Safe Access



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*ASA is the largest national nonprofit organization of patients, medical cannabis providers, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research with over 100,000 advocates in all 50 states.*

## **Americans for Safe Access: Comments on HB 2184**

Key challenges remain in this legislation before it is able to functionally serve patients. While the legislation does extend patient access to whole plant cannabis, which is critical to offer patients maximum utility of cannabis as a medicine, the bill includes a series of features that increase the cost of medicine for patients and impose barriers to accessing it. For example, included in HB 2184 is language requiring excessive fees for licensing, as well as prohibitions against patient and caregiver personal cultivation. Together this language imposes high costs on state licensed commercial cannabis businesses that will be passed on to patients, and then offers patients no method of defraying these costs through personal cultivation.

This legislation also envisions an unworkable approach to physician-patient relationships that ASA has failed in most other state medical cannabis programs. Due to the federal conflict of laws with states on cannabis, physicians may not write prescriptions for patients to gain access to cannabis. As such most physicians do not feel comfortable navigating a path between federal and state laws and simply opt out of engaging in cannabis medicine entirely. It is the exception not the rule where a federal and state-licensed physician is willing to fulfill their Hippocratic oath by working with a patient and medical cannabis despite this conflict of laws. So it is unreasonable to legislate that a patient must have a 12-month bonafide relationship with their physician treating them with cannabis medicine, as most patients will be lucky to find any physician to engage with them on such a treatment path until federal reforms on cannabis are implemented. Americans for Safe Access asks that lawmakers revise these provisions to remove the 12-month bonafide relationship requirement.

This legislation also only allows physicians to see patients in-person rather than via telehealth or virtual evaluations to determine patient eligibility to participate in state programs. Not only will permission of physicians to conduct these evaluations virtually keep patients safe during the COVID pandemic, but allowing for these kinds of visits reduces travel and cost burdens imposed on patients with mobility issues. So Americans for Safe Access urges lawmakers to permit virtual and telehealth visits for patient evaluations.

Americans for Safe Access also urges Kansas lawmakers to remove language in this legislation that ties the number of authorized retailers to the size of the registered patient population. Maintaining such a link only ensures that patients will have insufficient access to medicine they need to treat their health conditions. Patients in states who have organized programs with these features have spent years waiting for licensed medical cannabis retailers to open and operate closer to where they live, and must often rely on unlicensed retailers for access as an alternative. For these reasons Americans for Safe Access recommends eliminating features in this legislation that tie the number of licensed retailers where patients can safely and legally access medicine to the total patient population.

Finally, with respect to patient rights and civil protections, HB 2184 would create a new crime which patients could be prosecuted for related to storage of medical cannabis in homes where children are present. However, improper storage of medical cannabis near a minor is already a crime under KSA 21-5601, and as such there is no need to include this provision in this measure. Americans for Safe Access recommends the removal of this provision.