



Kansas Bureau of Investigation

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**Testimony in Opposition to House Bill 2152
Before the Kansas House Standing Committee on Health and Human Services
Kirk D. Thompson, Director
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Chairman Hawkins and Members of the Committee,

My name is Kirk Thompson and I serve as the Director of the Kansas Bureau of Investigation (KBI). Thank you for the opportunity to present written testimony in opposition to HB 2152. I acknowledge this is a public policy decision, but want to make sure you understand the impact HB 2152 will have on law enforcement and our communities. This act, cited as “Otis’s Law”, purports to legalize the use of hemp treatments for those suffering from debilitating seizure disorders. While there is little doubt that there is tremendous suffering imposed upon those afflicted with these debilitating conditions, the details of this bill make the use of hemp treatments much broader in application.

I have had the opportunity to review HB 2152 and contemplate many of the possible law enforcement, public health, regulatory and public policy related implications that could result from passage of the measure. The act attempts to create a legal path for the use of regulated amounts of hemp/cannabis, specifically tetrahydrocannabinol (THC), under the guise of a legitimate medical treatment. To this point, while the proponents of Otis’ Law will argue that cannabidiol, or “CBD”, has produced positive results for many patients, the act establishes legal THC limits but does not require the dispensable products to contain a minimum amount of CBD.

As you deliberate this public policy decision, it is important to note that an FDA approved CBD product is expected to be available by prescription as early as this winter. That product is currently in Phase III of a clinical drug trial and has demonstrated encouraging results for those suffering from debilitating seizure disorders. I urge you to consider a mechanism by which access to FDA approved CBD products would be available by prescription and avoid passage of a measure which is much broader than necessary.

To address several of my main concerns with HB 2152 as written, I offer the following points:

- Marijuana and THC continue to be illegal under federal law. The United States Food and Drug Administration (FDA) and the United States Drug Enforcement Administration (DEA) have consistently and repeatedly rejected marijuana for medicinal use. Marijuana is classified as a Schedule I drug, which means it has a high potential for abuse and lacks any accepted medical use in the United States. HB 2152 would bypass the safeguards established by the FDA to protect the public from dangerous or ineffective drugs.

- Claims that cannabis use has minimized the severity of medical conditions are anecdotal and not based on empirical research. Correlation does not equal causation.
- The provisions of this act create a level of conflict with the enforcement of other state and federal laws regarding the possession, distribution and cultivation of marijuana. The potential for a “gray market” for marijuana sales would appear to be significant as a result. The regulatory provisions of the act would also appear to be very costly to implement and may increase the cost to the ultimate consumer to a level far above the price for marijuana purchased on the black market.
- HB 2152’s requirements and procedures for packaging and labeling of medical hemp lack elements required to comply with state and federal regulations. Absent identifying information about the patient, the name of the authorizing physician, dispensary, and dates of issuance and expiration on the packaging, there is no reasonable way to establish legal possession. Furthermore, there is nothing in HB 2152 that requires a legal cardholder to possess their card in conjunction with any prescribed product. Broadly exempting a cardholder from arrest or prosecution is essentially granting advance immunity.
- The potential for reusing “legal packaging” and filling it with illegal marijuana products is tremendous. There are no visual or chemical tests that would allow a police officer, a forensic scientist, a prosecutor, or a judge to distinguish between products produced for medicinal use and those produced in clandestine environments.
- Legalizing any variety of “cannabis plant material that is no more than 3% tetrahydrocannabinol by weight” significantly impacts operation in the forensic laboratory environment and will require quantitation of every marijuana sample received as evidence. This will create a negative fiscal impact for the KBI Forensic Science Laboratory and is anticipated to cost a minimum of \$816,000 in FY 2018.
- As the lead state criminal investigative agency, our personnel have witnessed, firsthand, the crime, abuse and personal harm that results from the use of illegal drugs. State supported or sanctioned drug dispensaries, operating outside of the current structure for regulating and determining the safety of substances used as medicine, would, in our opinion, have the potential to exacerbate those negative outcomes.

There are many arguments both pro and con for legalizing the medicinal use of cannabis and cannabis substances. Those arguments could fill days of testimony and pages of well researched documents. In the end, however, we recognize this is a public policy decision. As you give due deliberation to that important decision, please consider the experience and perspective of the KBI and the Kansas law enforcement community, along with the experience and perspective of the FDA and other health professionals. Marijuana (cannabis) has a high potential for abuse and lacks any accepted medical use in the United States. Marijuana is illegal and should remain illegal in our state.

Thank you for your time and consideration.

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