

Good morning, Chairman Suellentrop, ladies and gentlemen of the committee. My name is Chris Issinghoff and I stand before you as a resident of Kansas, a small business owner, an equity shareholder in a medical cannabis dispensary in the state of Maryland, and as a Psoriatic Arthritis patient. I commend you on taking the first steps to end the harmful and unnecessary criminalization of the sick in Kansas. I am speaking today as a proponent of SB 113 with the caveat that amendments need to be implemented to address the inadequacies. While SB 113 is far from perfect, it can be the first step in creating a vibrant, safe, and highly regulated medical cannabis program.

During my 14 years in Colorado and through the first years living with Psoriatic Arthritis, I was a licensed patient and self caregiver in the Colorado medical cannabis program. Through active research, often through trial and error, I found a therapeutic regimen that allowed me to no longer rely on large doses of NSAID for pain management and expensive TNF inhibitors for immunosuppression. While CBD was a large part of my therapy, CBN and THC through whole plant extracts provided relief without the fear of side effects. Since moving back to Kansas, I have not had the same therapies available to me. I am forced into the decision to either allow my disease to continue untreated, causing chronic pain and restricting my mobility further, or to begin taking dangerous, expensive drugs that carry the risks of lymphoma and serious infection without the guarantee of relief. This is not a choice a patient should have to make when other safe therapies exist.

I have also had the unique perspective of applying for and successful licensing a medical cannabis dispensary in the state of Maryland. I have seen first hand what merely adequate legislation and regulation leads to. Patient access is diminished, initial costs to patients are higher than expected, regulation is slow to be implemented, and the industry is consolidated into a few companies.

SB 113 is a merely adequate bill as it stands today. It fails to define many aspects that are critical to the implementing of medical cannabis legislation. It uses contentious language that will most likely delay implementation. It fails to outline approved products, methods of delivery, and standards of production. It places unnecessary standards on bonafide doctor patient relationships. It prohibits vertical integration which leads to higher costs to patients and a consolidation of power in cultivators. It fails to establish proper oversight through a state mandated inventory tracking solution. It establishes multiple taxes which will ultimately be passed on to patients. It spreads oversight over multiple organizations which will inflate the state's costs, delay timely responses to issues, and impact patient access. It fails to implement significant patient, employee, and provider protections. It prohibits patients from cultivating their own medicine to the standards they hold, reducing the patients individual costs, and asks patients to trust a business with a bottom line to produce the medicine they need specifically, regardless of demand, both safely and affordably.

In conclusion, I speak today as a proponent because medical cannabis legislation is necessary for many in Kansas, but holding the position that amendments need to be made. I propose that the language from SB113 be replaced with the more comprehensive language of SB195 to remedy any inadequacies of SB113. Thank you and I am available for any comments.