

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:34 p.m. on February 24, 2010, in Room 546-S of the Capitol.

All members were present except Senator Kelly and Senator Kelsey who were excused.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
 Renae Jefferies, Office of the Revisor of Statutes
 Iraida Orr, Kansas Legislative Research Department
 Terri Weber, Kansas Legislative Research Department
 Jan Lunn, Committee Assistant

Conferees appearing before the Committee:

Representative Rob Olson
 Ed Klumpp, Kansas Association of Chiefs of Police
 Jeremy Morris, Senior Forensic Scientist, Johnson County Sheriff Department

See attached list for others attending

HB 2411 - Criminalizing certain synthetic cannabinoids, adding to schedule I controlled substances list

Nobuko Folmsbee, Office of the Revisor of Statutes, explained **HB 2411** would amend the Kansas Uniform Controlled Substances Act to expand the list of Schedule I controlled substances to include the chemical compounds HU-210, JWH-018, JWH-073, BZP, and TFMPP. She added this is similar to SB 348 with the addition of TFMPP.

Representative Rob Olson was present to discuss how the bill was initiated (Attachment 1). He became concerned about the availability and use of these substances after various media reports. Representative Olson explained that as a concerned citizen and legislator, he felt it necessary to assist law enforcement in eliminating the distribution of this drug class.

Ed Klumpp, Kansas Association of Chiefs of Police, testified TFMPP was excluded from previous legislation; it is a hallucinative substance often used in combination with BZP. He indicated TFMPP has no medicinal purpose and that by passing **HB 2411** law enforcement would be able to seize the substance and to eliminate distribution (Attachment 2).

Senior Forensic Scientist Jeremy Morris, Johnson County Sheriff Department, testified in support of **HB 2411**. Mr. Morris indicated TFMPP is a recreational drug of the piperazine chemical class. Usually in combination with its analogue benzylpiperazine (BZP), it is sold as a legal alternative to the illicit drug MDMA ("Ecstasy") under the name "Legal X." Mr. Morris reported he had recently spoken personally with Dr. John Huffman, the creator of this drug class, who indicated there was no current, published scientific research on toxicity, pharmacology, or hazards of this drug (Attachment 3). There are anecdotal reports of side effects such as increased heart rate, loss of consciousness, etc.

In response to Senator Barnett's question, Mr. Morris added that TFMPP is not manufactured in the United States. The drug is coming from Canadian laboratories with the raw product distributed from the Asian market.

Written testimony in favor of **HB 2411** was submitted by:

Kyle Smith, Topeka Police Department, Kansas Peace Officers Association (Attachment 4)

Tom Stanton, Deputy Reno County District Attorney (Attachment 5)

Upon a motion by Senator Schmidt and a second by Senator Pilcher-Cook to favorably pass out HB 2411, the motion passed. Senator Haley requested that his "no" vote be recorded in the permanent record.

SB 501- Kansas board of healing arts; licensure and education of perfusionists

Ms. Folmsbee distributed an extensive balloon amendment resulting from the initial hearing of this legislation on February 15, 2010. She described the amendment page-by-page which includes

CONTINUATION SHEET

Minutes of the Senate Public Health and Welfare Committee at 1:30 p.m. on February 24, 2010, in Room 546-S of the Capitol.

effective date of licensure, procedures for temporary licensure, establishing licensure filing requirements, allows reciprocity for persons previously engaged in perfusion practice outside Kansas, authorizes implementation of rules of regulations regarding continuing education, requires an active licensee to provide satisfactory evidence of liability insurance, creates licensure designations of "inactive" and "federally active," establishes exemptions to the licensure requirements, enhances the fee structure, and authorizes disciplinary actions by the Board of Healing Arts.

Senators were allowed an opportunity for questions which concerned licensure designations, the language "under supervision of a licensed physician" as it possibly conflicts with current proposed legislation involving a certified nurse anesthetist (**HB 2619**) working "under an order and under the supervision of a licensed physician," and whether the proposed fee structure would cover expenditures in subsequent years.

Senator Barnett requested Dan Morin, Kansas Medical Society, to come forward to respond to concerns of consistency in separate legislative bills. Mr. Morin supported consistency between the two legislative bills; Ms. Folmsbee supported consistency with the pending certified registered nurse anesthetist legislation; Ms. Lippert, Kansas Board of Healing Arts, suggested the language "under an order and under the supervision of a licensed physician." Mr. Hedund, Kansas Practicing Perfusionists Society, provided additional information concerning the practice of perfusion in the clinical environment. He supported changing the nomenclature as necessary. Following thorough discussion, it was agreed that in section 2. (f) (lines 27 and 28) should read ". . . under an order and under the supervision of a licensed physician . . ." In addition, line 41 should read ". . . as ordered by a physician or certified registered nurse anesthetist pursuant to KSA 65-1158, and amendments thereto . . ." Senator Barnett also added that Insert C should include a new section 15.

Senator Schmidt moved to adopt the amendments discussed and for purposes of clarity moved to recommend a **substitute for SB 501** be passed out favorably; Senator Kelsey seconded the motion which passed.

The meeting was adjourned at 2:20 p.m.

SENATE PUBLIC HEALTH & WELFARE COMMITTEE

GUEST LIST

DATE: February 24, 2010

NAME	REPRESENTING
Chad Austin	KHA
Bob Williams	KSOsteopathic Assoc.
Bill Sneed	AHIP
Anne Spess	American Cancer Society
Maree Capuder	KAHP
Ed Klumpp	KACP/KPOA/KSA
Michelle Peterson	Capitol Strategies
Michelle Baxdel	Citizen



Representative Rob Olson
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**Testimony Presented To
Senate Committee on Public Health and Welfare
February 26, 2010
HB 2411**

Chairperson Barnett and Distinguished Members of the Committee,

Thank you for the opportunity to provide testimony in support of HB 2411. This legislation adds the chemical compounds HU-210, JWH-018, JWH-073, BZP, and TFMPP to the state's Schedule 1 and makes it illegal to possess, use, sale or possess with the intention to sell them and similar drugs in Kansas. JWH-018 and JWH-073 are found in K2, a herbal mixture sold in several stores in Kansas and on the internet.

More than a dozen countries including Brazil, Britain, Canada, France and Germany have moved to either ban the sale of synthetic cannabis or products that contain them within the past year. Kansas is the first state to have similar legislation introduced and debated. Two other states are considering similar legislation.

You will hear from other conferees for HB 2411 about the make-up of these compounds, what research shows regarding their effects and the growing use of K2 in Kansas.

I became concerned about the availability and use of K2 after reading and seeing news reports about it. I contact the Johnson County Sheriff's Office to learn more. I also spoke to my children and their friends about what they knew about K2.

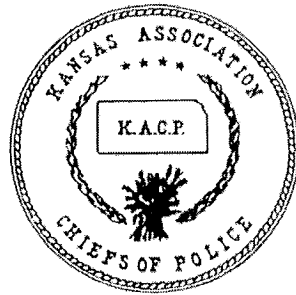
This is a public safety issue. Some see products like K2 as a safe alternative to marijuana because it is made of mainly organic materials. But that is simply not the case. Not enough is known about the short-term or long-term effects of these synthetic cannabinoids. No scientific testing on humans has been conducted.

It is troubling to me as a parent that our children smoking K2 when not very much is scientifically known about these and other synthetic cannabinoids. We have the opportunity as a Legislature to help our law enforcement agencies and drug counseling centers to get ahead of these new drugs. I believe this legislation will save lives. It will make synthetic cannabinoids less attractive and less accessible to our youth and those on probation.

Thank you for your consideration of HB 2411 and ask that you pass it out of committee favorably. As always, I stand for questions.

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Region VI
St. John Police Dept.

February 25, 2010

Testimony to the Senate Public Health and Welfare Committee In Support of HB2411 Adding K-2, BZP, and TFMPP to Schedule 1 Drugs

Mr. Chairman and committee members,

As you know, this committee referred SB348 favorably to pass and the Senate passed that bill 36-1. SB348 contained the same provisions for the K2 drugs and BZP as HB2411 contains. However, HB2411 includes adding Trifluoromethylphenylpiperazine (TFMPP) which SB348 did not include. As I recall, this committee did not receive the request to include TFMPP and it was not considered by your committee.

We remain steadfast in our support of the provisions of SB348, which are duplicated in this bill. We also support the addition of TFMPP and recommend the Senate approve HB2411 as the bill to be signed into law adding all of these substances to the list of schedule 1 drugs.

TFMPP (Trifluoromethylphenylpiperazine) is a recreational drug most commonly used with BZP. When added to BZP it produces effects very much like MDMA (Ecstasy). While it is sometimes sold as a legal alternative to MDMA, (street named "Legal-X") when used by itself it has common and dreadful side effects including vomiting, headaches, muscle aches, and anxiety. TFMPP by itself produces a hallucinogenic effect. It is not used medically.

TFMPP has no use other than the uncommon consumption by itself to produce a hallucinogenic effect, or the more common purpose to mix with BZP to produce an effect mimicking MDMA or Ecstasy. If TFMPP is not added to schedule 1, then law enforcement will not be able to seize it when it is found by itself prior to its being mixed with the BZP. This will result in leaving the TFMPP in the hands of the drug dealers who will eventually mix it with the BZP leading to the sale and distribution of the resulting drug mix primarily to Kansas youth.

BZP (benzylpiperazine) is a synthetic drug. It is a stimulant, producing effects comparable to amphetamines with euphoria and cardiovascular effects. It is a recreational drug with no legitimate medical use. Acute psychosis and seizures are reported side effects. It is generally ingested orally and the effects last from 6-8 hours.

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Some of our agencies are starting to see regular abuse of the three other drugs relating to K2 added to the list of Schedule 1 drugs in SB348. Reports I have received indicate they are gaining popularity among high school students, parolees, and persons on probation in some areas of our state.

These drugs reportedly produce the same physiological effects as high quality marijuana. Although our experience with these new drugs is limited and long term effects are not yet clear, reports indicate these drugs may be more addictive than marijuana and probably have some carcinogenic effects as well.

We believe adding these drugs of abuse to the list of schedule 1 drugs is an important step toward protecting our youth and others from the negative effects and potential addiction caused by these synthetic drugs. More importantly it will take these drugs of abuse off the open access of retail outlets in the state.

We encourage you to recommend HB2411 favorably for passage which will affirm the provisions of SB348 and add TFMPP.

Ed Klumpp
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DAVID A. BURGER
UNDERSHERIFF

KEVIN D. CAVANAUGH
UNDERSHERIFF

Date: February 23, 2010

To: Chairperson Barnett, Vice-Chairperson Schmidt, and distinguished members of the Public Health and Welfare Committee.

My name is Jeremiah Morris and I am a Senior Forensic Scientist with the Johnson County Sheriff's Office Criminalistics Laboratory. I offer testimony today in support of House Bill 2411, which seeks to amend K.S.A 65-4105 to add HU-210, JWH-018, JWH-073, BZP, and TFMPP to the list of Schedule I controlled substances.

HU-210, JWH-018, and JWH-073, are laboratory produced compounds and are structurally different from tetrahydrocannabinol (THC) and other components in marijuana; however, laboratory research by Clemson University and the Hebrew University has determined that these compounds have more potent psychoactive effects than THC. They have a greater affinity to receptor sites in the brain which are thought to be responsible for most of the overt pharmacological effects of THC and other natural cannabinoids. Preliminary studies indicate that the three synthetic cannabinoids under consideration are anywhere from three to over 100 times more potent than THC.

The presence of HU-210, JWH-018, and JWH-073 in herbal smoking blends is extremely troubling for a number of reasons. First, detailed and exhaustive health and safety studies have yet to be performed on these compounds. Nothing is known about long term health or psychological effects for these synthetic cannabinoids. Published literature has expressed concern about the lack of information regarding metabolism of these compounds and whether or not metabolites are toxic or pharmacologically active. No studies have been done reporting the safety of combustion products from smoking these cannabinoids. Second, because these synthetic cannabinoids are being added to the herbal products, there is concern about dosing consistency and the risk of accidental overdoses. Overdoses and hospitalizations related to products containing synthetic cannabinoids have been reported in Missouri and Germany. Finally, preliminary research has found examples of addiction and withdrawal symptoms linked to chronic abuse of products containing JWH-018 and other synthetic cannabinoids. Adolescents and other members of the public may assume that these herbal smoking blends are both safe and non-addictive because they are "legal." In reality, the presence of HU-210, JWH-018, and JWH-073 in these blends present serious risks to users because the chemicals are very potent psychoactively and may present serious health risks to users.

Benzylpiperazine (BZP) and 1-(3-trifluoromethylphenyl)piperazine (TFMPP) are laboratory produced compounds which, when ingested together, produce effects similar to 3,4-methylenedioxymethamphetamine (MDMA). Samples of only BZP or only TFMPP have been submitted; however, this is a rare occurrence. BZP is currently a Schedule I substances federally; however, TFMPP is currently non-controlled federally although a

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number of countries and states have it controlled. The Johnson County Crime Lab has seen a dramatic increase in tablets containing a BZP/TFMPP combination. In fact, BZP and TFMPP tablets have largely replaced MDMA-containing tablets in case submissions.

In summary, the Johnson County Sheriff's Office Criminalistics Laboratory supports House Bill 2411 and the amendment to K.S.A 65-4105 to include HU-210, JWH-018, JWH-073, BZP, and TFMPP, as Schedule I controlled substances. This bill will prohibit illicit possession and abuse of these synthetic cannabinoids but not restrict legitimate research, either.

Respectfully,
Jeremiah Morris
Senior Forensic Scientist, Johnson County, KS Sheriff's Office

Kansas Peace Officers' Association



INCORPORATED

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Senate Public Health and Welfare Committee

January 24, 2010

Testimony in Support of HB 2411

Kyle G. Smith

Topeka Police Department

Kansas Peace Officers' Association

Chairman Barnett and Members of the Committee,

The City of Topeka Police Department and Kansas Peace Officers' Association are in strong support of HB 2411.

The controlled substances act is designed to treat different drugs in different manners, based on their potential for abuse and medicinal use. Schedule 1 drugs have a high potential for abuse and no proven medical application. If research demonstrates medicinal uses then the board of pharmacy can recommend moving such drugs down the list to make them more available.

HB 2411 is legislation that addresses drugs being abused in Kansas that have not yet been placed on any of the schedules. None of these drugs has any proven medicinal value and are being abused. It is only prudent to treat these unknown chemical combinations according to law and place them on schedule I.

There have been numerous reports of abuse by juveniles and others, of the spice analogs here in Topeka, sold as 'incense', being ingested by smoking the product. The KBI lab does receive samples of BZP and TFMPP so we know they are being abused and sold in Kansas. We need to protect our citizens, particularly the children. This bill helps law enforcement to do that.

Thank you for your time and consideration.

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Kansas County & District Attorneys Association

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Testimony in Support of HB 2411

Senate Committee on Public Health and Welfare
February 24, 2010

Written Testimony Submitted by Thomas R. Stanton
Deputy Reno County District Attorney
Past-President, Kansas County and District Attorneys Association

Thank you Chairman Barnett and committee members for this opportunity to submit written testimony in support of House Bill 2411. The Kansas County and District Attorneys Association strongly supports this legislation to add certain synthetic cannabinoids, benzylpiperazine (BZP) and 1 - (3 [trifluoromethylphenyl]) piperazine (TFMPP) to Schedule I of the Uniform Controlled Substances Act.

BZP is a synthetic drug similar to MDMA (Ecstasy) which has become an increasingly abused drug in Kansas, especially in the urban areas. The DEA website states the drug is ten to twenty times more potent than amphetamine. The drug has already been listed as a schedule I drug on the federal level. Johnson County prosecutors have been encountering the drug on a frequent basis, including one situation in which a person was selling 100 BZP tablets at a time. The prosecutor was unable to prosecute under the uniform controlled substances act because the drug was not scheduled.

TFMPP is a clandestinely manufactured "Rave" drug, distributed primarily to juveniles and young adults. This drug is also often mixed with BZP to produce a stimulant effect similar to Ecstasy, but, when taken in greater amounts results in hallucinations. Persons using the drug often ingest large amounts to reach the level where hallucinations result, making the drug highly susceptible to overdose. TFMPP was briefly scheduled as a Schedule I drug in 2002 on an emergency basis, but was not permanently added to that schedule. The DEA reportedly intended that the drug be permanently added to Schedule I, but that has not been accomplished. The drug is currently listed as a Schedule I drug in Hawaii. It is controlled in New Zealand, Australia, Denmark and several other countries. Placing TFMPP in Schedule I has an added advantage - several other piperazines can be considered analogs of TFMPP, but not of BZP.

These drugs have no recognized therapeutic value, and are quite addictive. The purpose of controlling such substances is to protect the health and welfare of the citizens of Kansas, and

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to protect the citizens from the societal consequences resulting from the use of such substances. The primary demographic group affected by the use of these substances appears to be the youth of this State, as is the case with ecstasy and other stimulant or hallucinogenic drugs.

We urge you to give favorable consideration to HB 2411. Thank you for the opportunity to address the committee on this subject and I would be happy to answer any questions upon request.