

Robert Kowalski
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Kansas House Committee on Federal and State Affairs
c/o Chair, Rep. John Barker

RE: HB2184, Proponent

Your Honor,

My name is Robert Kowalski. I would like to share a little about my background for understanding as to where I am speaking from as a cannabis advocate for patients. I am a permanently disabled US Air Force combat veteran and a proponent for medical cannabis access. I entered the cannabis space in 2012 after moving away from my state to seek assistance in a legal cannabis market for my Post Traumatic Stress. It was not till 2014 when I received a call that my grandmother was dying from cancer with no legal access or understanding of cannabis that I started advocating in the state of Ohio. In 2016 I founded a nonprofit organization, Veterans Ending the Stigma, to assist veterans and first responders to get educated on cannabis medicinal value along with the issues of mental illness and homelessness. In 2017 I worked with Ohio's State Legislators on crafting the states Medical Marijuana Control Program advocating as the patient's voice. After years of traveling the country, speaking at various conferences, as the US Military Veterans voice for access to cannabis I was invited to Washington DC to meet with the US Drug Policy leaders to better understand the United States stance on cannabis before representing patients at the United Nations Commission of Narcotic Drugs in 2019. In September 2020, I received the appointment from the Ohio Speaker of the House to be the Patient Representative on the Ohio Medical Marijuana Control Programs Advisory Board.

As a Proponent for HB2184, I hope to provide some insight on issues patients are seeing under a working cannabis program and provide some ways these can be prevented or fixed.

Qualifying Conditions List

As a PTSD patient I have been prescribed a plethora of medications to alleviate my symptoms to provide some relief and allow for my body to heal and process my trauma. From the 22 medications I was prescribed only two (2) of them where FDA approved for the treatment of Post-Traumatic Stress. It is from my understanding that this is the norm for how patients are treated with modern medical practices, where as the "Qualifying Conditions List" of a medication is a suggestion with the understanding that the symptoms of the condition are what is being treated. My suggestion is to not have a Qualifying Conditions List, however, leave the choice of recommendation to the individuals who have acquired the proper license according to this bill. If a list must be made, I would recommend a list of symptoms that cannabis is being utilized for to provide relief allowing for a less limited program.

Advisory Board

Although I am new to the Ohio Medical Marijuana Advisory Board as the Patient Representative, I am not new to watching how it has operated in the last three (3) years. It has been seen time and again how states start with an advisory board and end up creating a committee to continue with improvements and oversight of program operations. I am the third individual to hold my seat on the Advisory board due to two (2) resignations and one dismissal because of the stigma and misunderstanding on cannabis prevents the patient from certain freedoms allotted to those who chose the more accepted approach with western medicine. My recommendation is to skip this five (5) year step and create a committee for oversight of your cannabis program operating under the advisory capacity to legislators and governing regulatory agencies.

Licensing

Social Equity for disadvantaged groups is something that every cannabis regulation should take into account. First and foremost, this starts with looking within our prisons to understand that lives have been destroyed for this plant now being discussed. With high licensing fees it makes it nearly impossible for these disadvantaged groups to be involved in operations of this program. I would recommend establishing a more affordable system to allow for easier access to all federally recognized minorities.

Testing/Labeling

Establishing standards for testing will help prevent some hurdles later with label quality and the product tier system. Providing Certificates of Analysis (COA) with every product sold would allow the patients and physicians better understand what the patient is using and how it is benefiting or not. Labeling of products should not stop at THC and CBD content but rather provided in the COA an entire breakdown of cannabinoids and terpenes present will assist in data collection on all ends of the program.

Inhalation and Whole Plant Access

Inhalation is one of the quickest ways of absorbing cannabinoids within the body. By allowing Whole Plant Access (plant material) for the medicinal effects of the entourage effect I recommend allowing for vaporization of the plant material in approved devices where the plant material does not touch the heating element.

Reciprocity

Reciprocity has continued to be a concern for patients around the country. Many people want to be able to enjoy vacations with their loved ones or attend different events but are a lot of times prohibited to do so because of the loss of protections for what themselves and their doctor has deemed their medicine to treat a condition they may be suffering from. By not having smoking or any form of inhalation method for ingestion you have immediately blocked your patients from protections in majority of all operating medical cannabis states. Furthermore, more and more of the United States is turning to adult use leaving behind the need for reciprocity agreements because of open access to anyone over the age of 21.

I appreciate you taking up this matter to provide access to the people of Kansas and I am available for questions or assistance.

Sincerely,

Robert Kowalski