

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: --and I serve as chair of the committee. The first two bills will be heard jointly. Please mark very clearly on your green sheet on which bill, or both, you are giving testimony. Now, our clerk, Chairwoman Dorn, has, has allowed-- if you're, if you're a proponent or a opponent of both bills, you can just do one sheet. But if you are opponent for one and a proponent of the other, or vice versa, you have to do two green sheets. If you support one bill and oppose the other, you will need to complete another green sheet and clearly indicate your position. Please state this in your verbal testimony as well. I will ask each of you when you come up how you testify for, for the bills. The overflow audience will need to wait in the hallway if necessary. Admittance to the hearing room as testifiers exit the room will be managed by the Sergeant at Arms. If you intend to testify but the hearing room is full, please remain in the hallway and the Sergeant at Arms will direct you. Green testifier sign-in-- green testifier sign-in sheets and yellow nontestifier or attendee sign-in sheets will be located in the hearing room. If you intend to testify, please out-- please fill out a green sheet. If you want to indicate your position but not testify on the microphone, please sign the yellow sheet. Please be prepared to hand your green testifier sheet and any handouts to the page when it is your turn to testify. When you come up to testify, please speak clearly into the microphone. Tell us your name and spell your first and last name to ensure we are-- we get an accurate record. We will begin each bill hearing today with the introducer's opening statement, followed by invited testimony, then proponents, opponents, and neutral as I've outlined. Then finish with a closing statement by each introducer if they wish to give one. We will be using a three-- three-minute light system for all testifiers. When you begin your testimony, the light on the table will be green. When the yellow light comes on, you have one minute remaining. One minute. And the red light to indicates your time is finished. Questions from the committee may follow, which do not count against your time. Also, committee members may come and go during the hearing. This has nothing to do with the importance of the bills being heard. It is just part of the process, as senators may have bills to introduce in other committees. A few final items to facilitate today's hearings. If you have handouts or copies of your testimony, please bring up at least 12 copies and give them to the page. Props, charts, or other visual aids cannot be used simply because they cannot be transcribed. Please silence or turn off your cell phones. Verbal outburst or applause are not permitted in the hearing room. Such behavior may be cause for you to be asked to leave the

Transcript Prepared by Clerk of the Legislature Transcribers Office
General Affairs Committee March 3, 2025

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

hearing. Finally, committee procedures for all committees state that written position comments on a bill to be introduced in the record must be submitted by 8 a.m. the day of the hearing. The only acceptable method of submission is via the Legislature's website at nebraskalegislature.gov. Written position papers will be included in the official hearing record, but only those testifying in person before the committee will be included in the committee statement. I will now have the committee members with us today introduce themselves, starting on my left.

ANDERSEN: I'm Bob Andersen. I represent District 49, which is northwest Sarpy County and Omaha, Nebraska.

DeKAY: Barry DeKay, representing District 40, which consists of Holt, Knox, Cedar, Antelope, northern part of Pierce, northern part of Dixon Counties.

J. CAVANAUGH: John Cavanaugh, District 9: midtown Omaha.

QUICK: Dan Quick, District 35: Grand Island.

ROUNTREE: Victor Rountree, District 3, representing Bellevue and Papillion.

STORM: Good afternoon. Jared Storm, District 23: Saunders, Butler, Colfax County.

HOLDCROFT: And Senator Cavanaugh also acts as the vice chair of the committee. Also assisting the committee today: to my right is our-- well, to my left is our research analyst, Micah Chaffee; to my far left is our committee clerk, Barb Dorn. Our pages for the committee today are Tate Smith of Columbus, a junior at the University of Nebraska, Lincoln, majoring in political science; and Arvna [SIC] Rishi of Omaha, also a junior at UNL and a political science ma-- science major. OK. We will start our joint hearing with LB651 introducer: Senator Conrad.

CONRAD: Good afternoon.

ROUNTREE: Good afternoon.

CONRAD: Hello. My name is Danielle Conrad. It's D-a-n-i-e-l-l-e; Conrad, C-o-n-r-a-d. I represent north Lincoln in the Nebraska Unicameral Legislature. And I am pleased today to introduce LB651.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

First, I want to of course thank the committee for their time and consideration of this proposal but would particularly like to thank the chair for his coordination and collaboration with myself and my friend, Senator Hansen, who's brought forward a very, very similar measure in coordinating a joint hearing for these bills today. So let me just state at the outset that it has been a real honor and a joy to work with Senator Hansen on this measure. There are far more similarities between our bills and our approaches than there are differences, and the differences that are there are really great places for potential future policy negotiation. And I definitely don't see the points of difference between our different measures as any sort of indictment on the best way to proceed forward. I think they all offer really good options when it comes to perhaps some of the key policy issues in implementation. And I know we have a really, really packed hearing house today because this issue is of such high importance and interest to Nebraskans, so I thought I'd keep it kind of general and top line so that we can center the voices of the expert testimony that is here with us to help the committee dig into some of the technical aspects of the bills before you and center the voices of Nebraska voters and Nebraska patients who are-- who have been working on these issues for many years and who have a lot at stake when it comes to the result of these hearings and deliberations. So as you all know, I had a chance to serve in the Legislature prior to this stint. And even back during my first time in the Legislature, there really was a burgeoning and beginning movement to bring a sensible, thoughtful, reasonable, and responsible and compassionate approach to medical marijuana all across the United States but to Nebraska as well. And patient advocates and citizen organizers and medical professionals and small businesses worked hand in glove to build an ever more diverse and larger coalition to bring forward bills in the Legislature and to organize through the citizen initiative effort as well. And so I was proud to be a part of many of those efforts to learn about the issues and the process. And a voracious wall of political opposition pushed back those efforts year after year after year despite advancements with, with each endeavor. But finally, after many, many more of our sister states had moved forward in developing a sensible and responsible approach to medical marijuana, finally the citizens' will prevailed. And they went out and they organized. They sought and received the requisite amount of signatures to qualify for the ballot, and a vote of the people was finally held by Nebraskans in November 2024. And you can see by looking at the results of those, those citizen initiatives that about 70% of

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

Nebraska voters voted in support of those measures. That is a resounding consensus in today's politically fractious and divisive times, to have 70% of voters come together across the political spectrum and across the state and say the time is now for a sensible, thoughtful approach to medical marijuana in Nebraska. So typically, because citizen initiatives are not only a precious right to be protected and are under our constitution, but they are also self-executing. So typically, that would be the end of the story. The powers that be, the state regulators and requisite administrative agencies would move swiftly and robustly to implement the will of the people in accordance with the specific dictates in the citizen initiatives. But unfortunately, knowing what we know about a significant amount of high-powered opposition to this commonsense issue, we knew we had to be ready to move as the people's branch with additional implementation measures and ideas. And that's where Senator Hansen and my, my own bill comes, comes to the story today. And so we definitely appreciate and understand that medical marijuana's not going to be right for every single person. But what the citizens' initiative does, what our measures do is it puts these decisions into health care providers' hands. It centers patient needs. It effectuates the will of the voter. And it helps us learn from successful examples in our sister states about what works and what doesn't work on the finer points of implementation. So it is my honor to present this measure to you today. And I ask you to remember that now is the time to put aside our political differences because the people have spoken, and they have spoken resoundingly. Now is the time to center the voice of the citizens. Now is the time to center the needs of Nebraskans, including vulnerable Nebraskans: little kids with epilepsy, cancer patients, veterans suffering from PTSD, and Nebraskans who are exhausted and miserable because of chronic pain and other conditions. We know that these needs are real. We know that these treatments can be efficient and effective in bringing relief to many Nebraskans for many different reasons, and we can learn from the experiences of our sister state to get it right so we're compassionate and responsible and accessible and thoughtful. And that's what my measure and Senator Hansen's measure seeks to provide you today. I'm happy to answer any questions.

HOLDCROFT: Thank you, Senator Conrad. Are there any questions from the committee? Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chair. Thanks for being here, Senator Conrad. And thanks for bringing this very thoughtful bill. I just had a couple

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

questions, and one of them is about the interplay of the, the, the Revisors bill and the-- this bill that we passed. So the, the-- LB1 and LB2, the Revisors bills, both dealt with the-- this ballot initiative.

CONRAD: That's right.

J. CAVANAUGH: I just thought I would try to get your thoughts on the record about how that-- those interplay with us passing any bills here and with the ballot initiative.

CONRAD: Very good. Thank you, Senator. So as you may remember, one of the first orders of business that we had before this Legislature was to take up a few different Revisor bills. One of those Revisor bills updated and modified a change in statutory reference that was correctly written as part of the citizen Initiatives 437 and 438, but subsequently the Legislature because of the timing of when the initiatives were filed and subsequent legislative action, actually a reference to the appropriate Nebraska Revised Statute number needed to be updated. So Senator Hansen is chair of the Executive Board, as is our pattern in practice, introduced that measure. It went through three rounds of debate and it was signed by the governor recently. We heard that announcement. So you can perhaps draw a lot of inferences from that very recent endeavor. But a couple that I might draw and posit would be, number one, we just acted, I think 48-0, with one member gone, to reaffirm the will of the people in regards to measure-- Initiative 437 and 438. No one jumped to during the course of that debate, three rounds of debate, and made an esh-- issue about trying to stop or undermine the will of the people but rather worked collegiately and effectively and efficiently 48-0 to reaffirm the will of the voters in Initiatives 431 and 4-- and-- 437 and 438. Additionally, it may call into question-- and I haven't had a chance to think through all of the different litigation angles here, but it's no secret that the Attorney General has ongoing litigation in regards to these initiatives. And now, with that repeal and reaffirmation in that and potentially other matters, it may moot out or impact his litigation, which would be another benefit from my perspective.

J. CAVANAUGH: And-- well, you-- of course hit right on my second question, which was about the Attorney General, that-- if you saw in the paper yesterday, Attorney General had an op-ed where he basically called on us not to take any action because of his pending litigation. And I just thought I'd give you an-- a chance to respond. I'm not here

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

to testify. I have my feelings about that, that but I just-- I'm here to ask you what your opinion was of that op-ed and, and, and the idea that we shouldn't act.

CONRAD: Sure. Thank you, Senator. And briefly, I, I think that the Attorney General's opposition to a sensible approach to medical marijuana is longstanding and consistent. I think Nebraska voters disagree with his political position in that regard pretty significantly, as evidenced by a vote of the people. And I find his argument on the opinion pages very recently rather curious because arguing for the Legislature to take absolutely no action is perhaps an outcome that I could agree with even though we have diametrically different approaches to medical marijuana. Because the people's initiative passed resoundingly, because it is self-executing-- if the people's branch takes no action, that robust, clear, strong perspective establishing a medical marijuana program is the law of the land. And I'm not particularly concerned about the litigation that he has brought forward. I look at-- respectfully, as I do any court action. He lost significantly and resoundingly at the district court level. There's very little to show for that litigation other than a lot of headlines and a lot of taxpayer dollars. And it's presently on appeal.

J. CAVANAUGH: Thank you.

CONRAD: Yeah.

HOLDCROFT: Any other questions from the committee? Yes, Senator Andersen.

ANDERSEN: Thank you, Chairman. Thank you, Senator Conrad, for being here. I got a couple questions for you.

CONRAD: Sure.

ANDERSEN: I noticed in the fiscal note that it talked about the funds generated by a 4% tax.

CONRAD: Yes.

ANDERSEN: And how, how was the 4% determined?

CONRAD: Very good. Thank you, Senator. And I, I think the fiscal note is so interesting--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ANDERSEN: It is.

CONRAD: --in this bill. And it has so much good information, pulling together-- kind of a nice CliffsNotes version and a 100-page bill in two or five pages in our fiscal note. So again, when I was working with the different stakeholders to bring this forward, we've generally based the measure on the approach that was taken by our sister state in Missouri, and essentially it was looking at things from prescribing restrictions, treatment types, excise tax, sales tax, et cetera, different aspects of implementation to bring forward. So like I said, I'm not married to any specific component but think these are good points for a negotiation. I have personally heard from a lot of patients since introduction saying, why are you taxing this at all? This should be treated as medicine-- which is not subject to taxation. And I actually think that's a valid and important point to bring forward. So if the committee decided to move forward with no taxation, I guess, I guess that would be one good option before us. But I think that this approach generally mirrors the revenue and regulatory framework from other states. So if we have a, a different point of view on when or how the tax is applied, it's probably better to move in the excise tax direction rather than the sales tax direction from my reading about how other states have picked it up. But that's just a quick response, if it's helpful, perhaps, on the taxation component.

ANDERSEN: Thank you. Staying on the, the, the fiscal note. Is there-- that is a very extensive fiscal note.

CONRAD: Yeah.

ANDERSEN: Is there, is there a compilation that really rolls everything into it to come up with one, one overall cost? So when we look in this environment [INAUDIBLE] what the cost is going to be from state to state level.

CONRAD: Yeah. That's a great question, Senator. And you can see, for example, that a lot of it is perhaps unknown in terms of being able to generate precision on the fiscal impacts. And I know that our friends and local government from NACO, for example, utilized two existing metrics to try and figure out about how many Nebraskans might utilize this program if it moved forward. I think that fiscal note and the NACO projections indicate something like 20,000 to 40,000 Nebraskans might utilize this. So because there are some unknowns by how expansive the

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

scope of implementation and application might be and the consumer and patient demand, I think that they do a pretty good job of talking about there are going to be some implementation costs on licensure. There are going to be some implementation costs for related law enforcement issues. There are going to be some costs, at least initially, to stand up the program in a regulatory framework. So it-- I don't have any basis to disagree with the different state agencies or entities of local government that have provided this information on the fiscal note, and I, I think it provides a good baseline for the committee.

ANDERSEN: OK. I, I appreciate that. And staying on the fiscal note. Sorry.

CONRAD: No, please.

ANDERSEN: Looking at-- you, you said, you said Missouri is one of the ones that you use as a, a-- as a anecdotal of like-minded--

CONRAD: Yes.

ANDERSEN: Have you-- in looking at Missouri or any other states similar to Nebraska, have you looked at the increases in crime, increases in prosecutions and prison occupants-- occupations, some things that may be-- not secondary or tertiary, but unintended consequences of, of a bill like this? Have you looked at that?

CONRAD: Yes. Thank you, Senator. I think that these issues have been discussed significantly in past legislative efforts and as part of the citizen initiative campaigns. I think that we definitely can learn good lessons from our sister states about how to have a responsible program and a reasonable program and perhaps areas to be watchful or thoughtful or cautious about to make sure that we protect patients and consumers and to make sure that we are thoughtful about folks who maybe aren't prescribed these medications from having access to them. But I do think overall the, the research that I have seen that I find persuasive is that sensible, thoughtful medical marijuana programs are, are, are not really going to be a driver in terms of significant criminal activity, but rather because you are pulling use of medical marijuana out of the criminal justice system and scheme and out of the black market as well that you actually see, I think, a reduction in criminal justice and system involvement for a lot of different people who might be-- come under those auspices in the, the present system.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ANDERSEN: Yeah. I, I think looking at anecdotal evidence from the other states might give us some insight into it.

CONRAD: Yeah.

ANDERSEN: As you're well-aware, we're very sensitive as a Legislature to unfunded mandates going down to the counties and the cities and it-- the-- that this, if there are secondary and tertiary effects, could easily become one of those.

CONRAD: Yes. I think that's right. And we can definitely learn from that. I know that it has been researched, and you always have to kind of kick the tires on the causation-correlation issues that are out there. But I think the goal of my legislation, Senator Hansen's legislation, and the citizen initiative is clear: medical marijuana should be treated as a cure, not a crime.

ANDERSEN: Thank you.

HOLDCROFT: An-- yes, Senator DeKay.

DeKAY: Thank you. Thank you for being here today. You talked earlier in your testimony about the overview of a medical professional. Would be a regular doctor? And with that being said, if there's a prescription of some type coming out, how would-- what would the dosage rate be? Would it be X amount of times a day as needed? And to further indulge in that, if you're given so much of the product for a month and you use it up in two weeks, what happens the last two weeks if you need more medication?

CONRAD: Great. Thank you, Senator DeKay. And I do think that this will probably be one significant area of discussion and negotiation for the committee and the full Legislature, is trying to look at the, the language of Initiative 437 and 438, which talks about health care providers being able to provide access to this medication and treatment for their patients. Looking at how other states have implemented, there are questions. Should it be limited to medical doctors or OD? Should it be limited to anyone with present prescribing privileges as governed under our health care licensure statutes? Is there a broader definition for who can provide these types of access to treatments? And I, I think that we could all agree that we want to really center health care providers that have knowledge and expertise about patient safety, about

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

drug interactions, about their patients to, to really be in the best position to make those decisions. I, I don't think that we probably want to stand up a system that would provide inexperienced or un-- uncredentialed people to be writing prescriptions willy-nilly, and I don't think that the citizen initiative contemplated that or any of our, of our measures that are before us.

DeKAY: OK. Thank you.

CONRAD: Is that helpful? OK.

HOLDCROFT: Any other questions from the committee? Seeing none. Will you be here for close?

CONRAD: You know what? I think so. I've-- needed in another committee, so I will be running back and forth, but I understand that we'll probably be on this for a little while with the combined hearing. So if need be, I'd like to reserve a right for close. But maybe we can waive it and-- and again, want to really center the expert and the citizen voice. Thank you, thank you, Chair.

HOLDCROFT: Thank you, Senator Conrad. Senator Hansen for your intro on LB677.

HANSEN: All right. Thank you, Chairman Holdcroft, members of the General Affairs Committee. Good afternoon. My name is Senator Ben Hansen. That's B-e-n H-a-n-s-e-n. And I appreciate the opportunity to testify in support of LB677, which establishes the framework for the Nebraska Medical Cannabis Registry Act. Last November, vo-- Nebraska voters overwhelmingly voiced their support for medical cannabis. Every legislative district in the state saw a majority of its constituents vote in favor of it. On average, medical cannabis passed with 72% of the vote in each district, and 75% of Nebraska's counties supported it. The message is clear: Nebraskans want legal access to medical cannabis. Now it is our responsibility to ensure that access is safe, responsible, and well-regulated. LB677 is the result of previous work done by this body, stakeholder collaboration, and careful study of best practices from across the country. This bill strikes a balance between patient access and strict regulatory oversight. We are not the first to take this step. According to CDC, 47 states, the District of Columbia, the three U.S. territoys-- terr-- territories allow medical cannabis use in some form or another. 38 states and three territories have

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

comprehensive medical cannabis programs while 14 states and two territories operate medical-only programs. Nebraska now has the opportunity to learn from the successes and missteps of these programs to create a system that works for our state. LB677 provides a strong regulatory framework to do just that. It creates the Nebraska Medical Cannabis Commission, which will oversee licensing and compliance for cultivators, dispensaries, manufacturers, testing facilities, and transporters. The bill ensures patient access while prioritizing public health and safety through strict regulations, product testing, and a seed-to-sale tracking system to prevent diversion and misuse. There will be confidentiality protections for patient data and clear guidelines for packaging and labeling that includes child-resistant packaging. In an effort to guarantee control and a responsible rollout, LB677 limits the number of medical cannabis licenses and dispensaries to ten per congressional district. This measured approach allows for a committed oversight, prevents oversaturation, and keeps the program focused on medical needs rather than commercialization. The track and trace requirements for all cannabis products in this bill is a key. At the request of the voters, LB677 will make sure that qualified patients and registered caregivers are protected from legal penalties for possessing and using medical cannabis. While the use of medical cannabis is permitted, a patient and caregiver registry will be established with clear application requirements, fees, and registry card issuance. Cannabis use will remain prohibited in schools, public places, and while operating a vehicle. Employers will also retain the right to enforce drug-free-- drug-free workplace policies. It is important to remember that the people voted for medical cannabis specifically. Because of this, limitations establish a system that does not promote recreational use. However, it does value the benefits and relief cannabis can bring for medical ailments and conditions. I also want to be aware and sensitive to how different communities will react to this change. Local governments will have the authority to regulate cannabis businesses within their jurisdictions, including imposing taxes, conducting inspections, and reviewing these applications. This keeps each community involved and active in its response. Medical cannabis sales will also be subject to a statewide special tax, with the revenue allocated towards property tax relief-- specifically the Property Tax Credit Relief Fund-- ensuring that all Nebraskans benefit from this new industry. You will notice I brought an amendment for the bill, AM297. I hope you read all 97 pages of it. This reflects ongoing collaboration with stakeholders and incorporates best practices from

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

across the country to strengthen the safeguards in LB677. I have worked extensively with Senator Conrad and would like to come to an agreement on language we can get passed to the floor. We will need the committee's insight as well. The goal is to secure a reg-- rel-- well-regulated medical cannabis program for the state of Nebraska. The fiscal note is also something I'd like to mention. Right now, we have to-- we have it being taxed at 4%. Since this rate is different from other sales tax, implementation will be complicated and costly for the Department of Revenue. If we increase that tax to 5.5%, like other sales taxes in Nebraska, though, it is estimated the fiscal note would drop significantly. The bottom line is that the people have spoken. They want safe, legal access to medical cannabis. It is our turn to act responsibly, establish clear and reasonable regulations, and giving the Nebraska Medical Cannabis Commission the tools it needs to oversee this industry safely and effectively. I look forward to working with the General Affairs Committee on this bill. And I urge your support for LB677. But first, I wanted to mention a couple things about-- specifically, somebody talked about-- I think it was Senator Cavanaugh-- about the op-ed that was produced earlier. I'm sure many of you maybe read it or saw it. Any time I get a chance to tell my good friend, AG Hilgers, that he's wrong-- which is not very often-- this is the chance I get. And so he was right about a few things in the op-ed, but he was also wrong about a few things, in my opinion. And so I'd like to hand out maybe a couple responses and go through them about that op-ed, if I could. Will you hand that out for me, please? So specifically, a few assertions that were noted that I'd kind of like to go over a little bit. And he, he's-- they're handing them out so you can read along with them. I don't have to go, go through them extensively because you can read them later. One thing that was mentioned in there, that no action by the Legislature is needed right now. That is true. Article III, Section 2 of the Nebraska Constitution states that, that the Legislature shall not amend, repeal, modify, or impair a law enacted by the people by initiative, et cetera. With voter approval, medical cannabis is now law in Nebraska. Sorry to say it, but it is. This is not a resolution, opinion, or policy. It is a-- it is legally binding. As a result, medical providers can prescribe cannabis for any condition, just as they would any other medication. However, because this is both a new industry and a new medication, a regulatory framework is necessary to ensure its safe and responsible implementation. That's what we're here for. That's our job. Assertion number two: the Legislature has no duty to act now. That is

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

false. The Legislature has an obligation to establish regulations, oversight, testing requirements, and a tax structure for medical cannabis. Failing to do so would be reckless and a direct re-- disregard for the will of the people. Medical cannabis is now a part of Nebraska law, and responsible governance demands that it be properly regulated to ensure public safety and industry accountability, as specifically mentioned in the initiative-- in the language. These deadlines are fast approaching, and the commission must have the necessary tools to implement safe, responsible, and well-regulated policies. The Legislature must act now to provide clear guidance and prevent uncertainty in the implementation process. We don't want the Wild West out there, gentlemen. So we pass something now. The federal government still classifies marijuana as a, as a Schedule I drug. I wanted to bring this one up because, yes, it is true. The DEA is currently considering rescheduling cannabis from Schedule I to Schedule III. As many of you are [INAUDIBLE] President Trump supporters, he-- that was a joke, by the way. I love how nobody laughs at that one. I, I [INAUDIBLE]. OK. Anyway. If you listen to what he said, he specifically mentions this, and he mentioned it just a few months ago. As president, we will continue to focus on research to unlock the medical uses of marijuana to a Schedule III drug and work with Congress to pass commonsense laws, including safe banking for state-authorized companies and supporting states' rights to pass marijuana laws like in Florida that work so well for their citizens. That is the current administration. And the idea that they're not going to do anything is not a gamble I'm willing to take. Another assertion: marijuana is classified as a Schedule I because it's easily abuse and unsafe under medical conditions. This is not exactly true. Marijuana's a Schedule I drug because it has been assumed to have a high potential for abuse and no accepted medical use. This classification is not based on scientific consensus but rather on outdated policy positions. Modern research, including federal studies, contradictions this assu-- contradicts this assumption, which is why sched-- rescheduling efforts are gaining momentum. I want to make sure we differentiate the fact that we're not talking about recreational marijuana here. I think that sometimes gets lost in the conversation here and people start assuming that's what we're talking about here. We're talking about a very well-regulated, specific bill. Assertion number five: possession, distribution, and use of marijuana remains a federal crime, making it illegal in Nebraska regardless of state law. Again, not exactly. While cannabis remains federally illegal, no Nebraska law enforcement agency has indicated

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

that enforcing federal law will be an issue. In practice, federal agencies have largely deferred enforcement to state governments where cannabis laws are in place. Assertion number six: legal uncertainty justifies patience. Fraud in the petition process and pending litigation cast doubt on the future of the law. And I think this is maybe where some of the concern might be coming from the AG's Office. I feel like this is not true. There is no legal uncertainty. Opponents have filed multiple lawsuits and lost at every turn. There is no reason to believe future challenges will succeed where others have failed. Judge Susan Strong has consistently ruled in favor of the petition, affirming its legal validity and dismissing challenges that sought to invalidate-- validate it based on insignificant claims of fraud. She also rejected last-minute legal amendments designed to strengthen appeals. Additionally, she [INAUDIBLE] an attempt by our governor by, by certifying the election results. Opponents are grasping at technicalities-- that's probably what you'll hear during some of the opposition testimony-- while supporters are working to build a solid regulatory framework. This law is settled. The focus should now be on implementation. A couple more here. This one has to do with something I think Senator And-- Andersen asked earlier. Legalization increases black market and cartel activity. Concerned about maybe crimes-- increasing crime. I think this is actually partially true. Let me tell you why. In states like California, where medical cannabis laws are loosely regulated, the black market has flourished. This happens when minimum oversight allows illicit growers and distributors to bypass regulations. Nebraska could face similar issues if the, if the Legislature fails to act. Without clear regulatory standards, testing requirements, and enforcement mechanisms, a black market will fill the void. The responsibly course of-- the responsible course of action is for lawmakers to establish a strong legal framework to prevent this outcome. As much as I don't like the government telling me what to do, as many of you probably know, this is a time when it is needed, to make sure that things are done right and appropriately, just like we would any other kind of pharmaceutical medication. And lastly, the Legislature should study the law and science of marijuana and slow down before acting. This is false. This legislation is already informed by extensive studies of what other states have done, both successfully and unsuccess-- unsuccessfully. This implementat-- im-- implementing medical cannabis laws-- when implementing medical cannabis law-- excuse me. According to the CDC, 47 other states are currently allowing cannabis for medical use, which I mentioned earlier. Medical cannabis

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

is not new to the U.S. It is only new to Nebraska. The time for studying has passed. The time for action's now. Thank you, gentlemen.

HOLDCROFT: Thank you, Senator Hansen. Are there any questions from the committee? Senator Storm.

STORM: Thank you, Chair Holdcroft. Thank you, Senator Hansen. So on your, your amendment here, looking through it, you have delta-8 in here. Is that correct? Do I understand that?

HANSEN: Yes. I'm going to have somebody talk about that a little bit more behind me, actually. I don't think it's the delta you're thinking of. If I, if I'm, I'm-- again, I was going to leave it up to somebody to mention behind me. I think that's more the CBD version of delta-8 as opposed to the formulary delta-8 that they're talking about in this, this aspect.

STORM: OK. That's one question I have. And I'll ask them later. And then, you know, you dropped a 116-page white-- page amendment the, the day before the hearing.

HANSEN: Mm-hmm.

STORM: Do you think that's a good policymaking to do that?

HANSEN: Well, first of all, when we're working with so many interested parties, when you have such a multifaceted bill that, that involves a lot of people, a lot of aspects of different parts of government, legalities, penalties, it takes a while. We want to make sure we do-- it's done right.

STORM: Right.

HANSEN: I want to make sure that we work with the committee to make sure that this is done the right way too. We have time to review this. We have time to discuss it. I'll bring up as many aspects of the amendment that I can right now, the important parts too. And any time anybody has any questions or concerns about any of this kind of stuff, even after the hearing, my door is always open.

STORM: So-- I mean, a lot of your proponents that maybe supported your bill don't even-- now it's been altered dramatically, wouldn't you say?

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HANSEN: From the original bill?

STORM: Yeah.

HANSEN: Yeah. Part of that had to do with bill drafting as well. I mean, there's only so much we could get out in time before we could drop it.

STORM: OK.

HANSEN: As you know, what happened early this year.

STORM: Been a challenge. And then my last question would be: so you modeled this after one state in particular?

HANSEN: Missouri was one of them, yes.

STORM: OK. Missouri went from medical marijuana to recreational in four years.

HANSEN: Yeah.

STORM: So what in your bill's going to keep Nebraska from going to recreational marijuana?

HANSEN: Nothing. And there shouldn't be anything. That is a totally separate issue that we'll have to deal with later. Maybe, maybe not. Do you know what I mean? It could be on the ballot in two years for all we know. And we have to deal with it then. That would be something that we, we can always stre-- you know, wrestle with later. But that's not a thing I wanted to put in my bill, because I don't think that's appropriate.

STORM: But you drafted this after Missouri, basically.

HANSEN: Yeah. A lot of the rules and regs we did, yeah. But also tailored it to Nebraska, the will of the people, what was on the ballot, what we can live with.

STORM: Sure.

HANSEN: What our constituents can live with to make sure that it's done appropriately. Like I said, we learned a lot from what states have done and what they-- what has gone right and what has gone wrong. I think

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

we're in a unique position because we've held off this while to see what is working and what hasn't.

STORM: OK. Thank you.

HANSEN: Yeah. Good questions. Thank you.

HOLDCROFT: Any other questions from the committee? Yes, Senator Andersen.

ANDERSEN: Thank you, Chairman. Thank you, Senator Hansen, for being here. In looking at your fiscal note, it is equally as ambiguous as the one that Senator Conrad brought. Do you have any other insights into it, including what the impact and the financial impact may be at the, at the local, at the city, and the county level?

HANSEN: Yeah. So first of all, in, in the, in the bill that we have, we do leave a lot of leeway for, like, cities and counties and villages to determine also certain fees. You know what I mean? Zoning requirements. And so one of the keys-- one of the things I want to do is think of localities in mind when it comes to fees but also small business owners as well. So that's why we allow for vertical license but also those who just wanna have a dispensary.

ANDERSEN: OK. Let me ask you a philosophical question. I'm not a law enforcement guy. But how does a state supersede from the federal government by legalizing an illegal substance? How, how are we able to legally say marijuana is legal to use here even in a medical capacity when it's considered an illegal substance at the federal level?

HANSEN: Let me leave that up to somebody behind me who might answer that legal question better. And if they don't, I will in my closing.

ANDERSEN: OK. Can I, can I ask one more question?

HANSEN: Yeah.

ANDERSEN: At the risk of being [INAUDIBLE] Senator Cavanaugh, I don't want to [INAUDIBLE]. Have you, have you discussed with local law enforcement, the sheriffs, and the city, city chiefs to find out how do they intend to-- just having a conversation, how they intend to deal with a situation where they pull somebody over that may have a prescription for medical cannabis but is carrying marijuana?

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HANSEN: Yes.

ANDERSEN: Right? How--

HANSEN: Great question. [INAUDIBLE] just talked to law enforcement today about that--

ANDERSEN: Fantastic.

HANSEN: --to fur-- to further our understanding of it, just to make sure-- in case that question was asked. And so treating it just like pretty much any other kind of altering substance, whether that is alcohol-- alcohol, before they had breathalyzers, did a standard test, inebriation test, you know. First of all, it's observance, right? The law enforcement observes the, the-- for the person and their inability to operate a motor vehicle. And then they can say, OK. Look. Now we need to, to test and see in some way or fashion if they a-- are able to operate that vehicle. We have breathalyzers currently for alcohol, but they also do, like, standard tests, like walk the line, spell the alphabet. They also do these kind of tests for anybody who might have taken too much of a-- like a barbiturate. Know what I mean? You know, those-- you ever see a prescription bottle that says, please do not operate heavy machinery or motor vehicle? Some people take too much of that, and you can see their inability to operate a motor vehicle. So there is a ways for the officer-- and they actually have standard ways to do it. And actually a lot of times-- with State Patrol specifically-- or, I'm assuming local government-- or, local law enforcement as well, they call in a certain person who's an expert in those kind of matters: a drug enf-- a drug-- I forget the, the specific name for the officer-- who has taken the classes to understand if somebody's under the influence of drugs or alcohol. They bring them in, and they can actually observe them and actually do more specific testing. And I think, I believe-- if I'm right-- if they do expect-- or, sus-- suspect somebody's un-- under the influence more than they should be or they're abusing it, and then they-- they take them back and do a bloo-- a specific blood test on them, which shows how many nano-- nanograms per deciliter of-- they have in their system-- almost similar to a breathalyzer-- that they can then show if they're-- had too much to operate a vehicle.

ANDERSEN: Do you know-- thank you. And do you know how many-- I think they're called DREs.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HANSEN: That might be it.

ANDERSEN: I don't know what they R stands for, but experts.

HANSEN: Yeah.

ANDERSEN: But they are the research [INAUDIBLE]. They can say, yes, we had these drugs in your system [INAUDIBLE] levels. Do you know only those they have around the state?

HANSEN: I don't know a specific number.

ANDERSEN: I think there's, like, five. Do you know how much they cost to create them? Because certainly they're going to be in-- widespread [INAUDIBLE] this point if--

HANSEN: I do not know, no, how much they cost.

ANDERSEN: That might be interesting for the-- adding to the fiscal note. But-- so that's a good conversation. But I, I think my original question was more along the lines of if a sheriff-- let's say in Sarpy County-- pulled somebody over, they believe that they, they have-- they're under the influence of cannabis. And they say, well, I have a medical card that says I'm allowed to take it.

HANSEN: Yep.

ANDERSEN: How does the-- what is the sheriff going to do at that point? How do they handle that? It's an illegal substance.

HANSEN: Yes. So first of all, the amount that they're going to be taking, which we actually specifically mentioned in the bill on page-- because I think that was a question somebody else had, about amount. Oh, I had it in here.

ANDERSEN: It's one of 96 pages, right?

HANSEN: Yep, and I wrote it down. Section 5, page 1, 1 and 2. We actually talk about allowable amount of cannabis: 5 ounces. From my understanding-- again, somebody else might be able to answer this better behind me. Any kind of amount that they're going to be prescribed, it, it should not affect their ability to drive. But sometimes it can, just like any other kind of prescription can. That's

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

why they say don't operate a vehicle if you take this. Again, somebody else might be able to answer that better. But either way, if they have a card and they're-- they have an inability to operate a motor vehicle based on the observation of the officer, I'm assuming the officer then has a, has a responsibility to take them out and then question them further and decide if they're able to, to operate a vehicle. Just like they would any other kind of substance. There's a lot of things we prescribe to people. Most people think of alcohol, right? Because that's just the easy one. But there's other things that people can take prescriptionwise that alters their ability to operate [INAUDIBLE].

ANDERSEN: Oxycodone, something like that, to [INAUDIBLE].

HANSEN: Something like that. And so if they had a prescribed amount-- know what I mean-- and then maybe they took too much of it or maybe that prescribed amount then affected their ability to drive, the officer would probably take the same exact steps they would or something like this. And, and they, they have a certain list or criteria, the DRE does, about what's required of the person operating the vehicle, what's required of the officer to then-- to take them out of the vehicle and do further testing.

ANDERSEN: Thank you.

HOLDCROFT: Yes, Senator Quick.

QUICK: Yeah. Thank you, Chairman. So my question's-- so if-- I'm going to say probably when, but if the federal government approves and makes this approved drug for medical use, does that change anything with the bill that we're passing now? Or would it help, help it or benefit it or--

HANSEN: I don't know specifically. I don't think it's-- you know, obviously it's not gonna make it more restrictive, you know what I mean? But I don't think it's going to open up anything that we already have in statute and allow for more than what's-- what, what we have already passed.

QUICK: OK. All right. Thank you.

HOLDCROFT: Senator Storm.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

STORM: Thank you, Chair Holdcroft. Thank you, Sen-- Senator Hansen. One more question. So your bill says up to 5 ounces of medical marijuana someone can have. So I did a little bit of math on that, looked at that. That's equal, equal to about 200 to 300 marijuana joints. And I don't know what other drug you can get where you can get quantities of that size to have on you. So 200 to 300 to 400 marijuana joints.

HANSEN: Depends on what you're talking about, right? Now, you're talking about--

STORM: Right.

HANSEN: You're talking about quantitative analysis here, so.

STORM: Yep.

HANSEN: People can get a prescription bottle of opioids.

STORM: Right.

HANSEN: Which is if you took that all in one day would be bad.

STORM: Right.

HANSEN: Just like taking an entire prescription of medical cannabis would be really bad.

STORM: Right.

HANSEN: So same aspect, right? They're not going to-- you, you're not-- you shouldn't have to go in to the dispensary or pharmacy-- you know what I mean-- depending on what, what we're talking about here-- every day to get your, you know, your one pill, right? They're going to give it to you in, in a certain quantity. And then-- this is-- where the onus is on the patient to make sure that they take it as prescribed, just like any other prescription that we do. And so, not surprising they would give somebody that, that amount in one-- you know, at, at one time to be distributed among a certain amount of time, right? Just like every-- everything else that we prescribe.

STORM: I would say a pharmacist, if you're talking opioids, will not give you a, a case of opioids to go take at one time.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HANSEN: Yeah.

STORM: They limit that. And then you have a prescription. You go back after a certain amount of time. 400 joints of marijuana is a substantial amount. 5 ounces is a substantial amount.

HANSEN: That might be a good question to ask somebody else behind me, whether that is a substantial amount. They, they might have a little more insight about the effects that it has and the condition that the person is using it for, because I'm assuming that's what it's all going to be based on.

STORM: OK. Thanks.

HANSEN: Good question.

HOLDCROFT: Any other questions from the committee? Senator Rountree.

ROUNTREE: Thank you, Chairman. Senator, I was looking at Section 76, where it talks about the number of licenses that can be issued.

HANSEN: Mm-hmm.

ROUNTREE: And you can issue vertical licenses and authorize a licensee to operate an integrated medical cannabis business, but each vertical license shall allow the licensee to operate one dispensary, one products manufacturing license, and one cultivation license. Then at number two-- I'm gonna go down to number three. It says, until January of 2030, the commission shall not issue more than ten vertical licenses statewide. And then it goes on down to how many you can issue in each congressional district. Do you think-- some of the district's-- the land size and land mass is a little bit smaller, different than that. Do you think it's going to pan out to be equitable across those districts or do you think you might have a little bit of pushback on that? That's on page 33.

HANSEN: OK. Page 33.

ROUNTREE: Yeah--

HANSEN: Oh. I thought you said Section 76. Sorry.

ROUNTREE: Yeah. It is in Sec-- Section 76.

Transcript Prepared by Clerk of the Legislature Transcribers Office
General Affairs Committee March 3, 2025

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HANSEN: Of the amendment?

ROUNTREE: Yeah-- I wasn't in the amendment. In the original billing.

HANSEN: OK. OK. What-- either way, I'm gonna answer your question.

ROUNTREE: OK.

HANSEN: The purpose of us keeping it kind of tempered initially is we want to make sure that the rollout is done specifically.

ROUNTREE: OK.

HANSEN: We don't want to kind of go full blown and have a whole bunch of dispensaries and, you know, licenses what-- we cannot keep track of. I think we need to make sure we do this specifically and well-regulated so we can then see, OK. What's the next step? Are there next steps? Do we need more dispensaries? Do we need less? Are people even applying for that many? I mean, I don't want to-- I don't want it this wide. We need something that we can kind of keep an eye on, I think, and make sure that's well-regulated. And make sure the Liquor Control Commission, the Medical Cannabis Commission can do their job appropriately.

ROUNTREE: OK. All right. Thank you so much.

HOLDCROFT: Any other questions? Senator DeKay.

DeKAY: Thank you. When we were talking about overseeing from the federal government, basically it says cannabis is illegal federally to-- because of the original Controlled Substan-- Substances Act, which included THC, and that's what the federal government has-- why it's a controlled substance at that point. I just got to point that out. The other thing is, is I have a medical marijuana group that had contacted me, and basically what they sent me was, take action today. And all the-- and all this week. There are four bills being heard before the Legislative General Affairs Committee on Monday, March 3, 1:30 p.m. While no legislation is required, as our ballot initiatives were self-enacting, we are supportive of good regulation outlining the private industries as well as strengthening protections for the patients. So you-- so if no legislation is required, it's self-enacting July 1, or-- is that how you interpret it?

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HANSEN: Yes.

DeKAY: Or do we have time-- because they also went on in this to say that there will-- they would be looking and supporting different amendments to all the bills that are being heard today.

HANSEN: Yeah. The-- per the language of, of the initiative, the commission shall no later than July 1, 2025 establish criteria to accept or deny applications for registrations, including adopt-- including adopting, promulgating, enforcing reasonable rules, regulations, and eligibility standards for such registrations. And two, no later than October 1, 2025, begin granting registrations to applicants that meet eligibility standards and other requirements established by the commission. So it is within our duty as a Legislature to set up these obligations that are put forward in the language. Or we don't do anything, and then-- when I talked about the Wild West earlier, that's what we're going to have.

DeKAY: So will we have time to work through the litigation that's out there to make sure that we do have the best, safest law going forward? Or how do we-- how do we work through all of that process?

HANSEN: So first of all, I think the litigation currently going on right now has to do mainly with the ballot measure. I'm sure that somebody will answer that behind me. And, and the-- how the ballot initiative was not done correctly or the language was not done correctly. And so just pretty much trying to kill the whole thing. Right now, it is passed and it is current. And so in order for us to make the best law, that's we're trying to do currently. And then if there are any issues, just like how the process works, we make a law, then all of a sudden the judicial branch then determines whether that law-- some people maybe have an issue with that law or determine that's not appropriate. And then it goes to judicial branch to make that decision. We need to make the law first.

DeKAY: OK. Thank you.

HANSEN: Yep.

HOLDCROFT: Senator Andersen.

ANDERSEN: Thank you, Chairman. Thank you, Chair Hansen. Have you studied any-- have you looked at any of the other states that have

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

introduced medical marijuana specifically to-- I, I think it was [INAUDIBLE] the transition from medical marijuana to recreational marijuana. And then also look at what effect that's had on society as far as crime rates and, and, you know, driving while under the influence kind of rates and prison populations, homelessness, all, all those kinds of things. Have you looked at that?

HANSEN: Yes.

ANDERSEN: Could you tell me what you found out?

HANSEN: Well, I think in certain states that have not done it correctly-- again, we're kind of veering off here a little bit, right? I think we're kind of getting to the aspect of, this is going to be recreational marijuana, so let's talk about recreational marijuana. I would prefer not to. I prefer to pay attention to what we're doing here. I'm more than willing to talk about it and maybe my opinion on it, but I think-- this is not recreational marijuana. There's nothing in here that says that's what we're going to do. That is up to us as legislators to make that decision or the people in a ballot, ballot initiative. All right? And so, yes, I'm assuming some states ha-- that have incorporated recreational marijuana has not gone so well. I'd use California as a good example from what I've heard from-- again, these are subjective observations, I guess, what I've heard. And so there could be issues. And I'm sure there's some states where there have not been issues and they kept it very well-regulated and tight. Again, we're talking about ret-- recreational marijuana. We're not talking about what we're trying to accomplish here. And so for us to say this is automatically going to turn into recreational marijuana I think is a falsehood. It's ultimately up to us to determine that. And your ability and your ability to convince your colleagues to say it's a bad idea. Know what I mean? I-- and, and so-- or it's up to the people to do a ballot initiative. But right now, I don't want to kind of talk too much about that because I think that clouds what we're trying to accomplish here.

ANDERSEN: Sure. I-- and I agree with you. I'm just kind of pulling the string a little bit, kind of walking the dog and saying, OK. Here's where we start. Let's look at what's next. Now, let's not just be myopic in our view of this one thing in isolation, but let's look at how it affects everything down the road, right, so you can be predictive and you can try and avert any potential crises down the

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

road. And that's why I asked the question. Not trying to cloud. But, you know, people are-- there's a lot of people having the same kind of conversation, so that's why--

HANSEN: I think it's a valid concern. Do you know what I mean? I, I, I'm, I'm not saying your concern isn't warranted. I mean, I mean, could it turn into something like this? Do you know what I mean? It could, it could become it without this.

ANDERSEN: Sure.

HANSEN: I have a feeling if right-- next year they start a ballot initiative to do recreational marijuana, I'd be curious to know what those numbers are in Nebraska. Could that pass on a ballot? It could. Right now, showing that we could do something responsibly and, and have certain regulations in place, make sure we're looking at-- for the taxpayer in mind, make sure we're looking for the people who are taking the substance in mind I think is an appropriate measure right now. [INAUDIBLE] responsible. Like I said, at any time the people can put a ballot together and get recreational marijuana, which is-- I'm assuming that's happened in a lot of the other states. This passed by 70-some percent. I'm assuming recreational marijuana will have the votes. Maybe it wouldn't. But it could happen any time with or without this bill. But it's a valid concern.

ANDERSEN: Thank you.

HOLDCROFT: Any other questions from the committee for this testifier? Thank you--

HANSEN: Thank you.

HOLDCROFT: --Senator Hansen. Will you be here for close?

HANSEN: I will.

HOLDCROFT: Excellent. We have six invited testifiers. And I'll ask the first one up here, LeeAnn Wiebe. We are holding the test-- invited testifiers also to three minutes.

LEEANN FOLKERS: OK. Awesome. Well, thank you, Mr. Chairman and members of the committee. My name is LeeAnn Folkers, L-e-e-A-n-n F-o-l-k-e-r-s. And I'm testifying in support of LB677 and AM297. I'm proud to say that

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

my family and I live here in Nebraska and we've planted our roots. My husband was born and raised here. We've chosen to raise our family in Omaha. We are ingrained in the community. My sons are very involved in sports with wrestling, football, and soccer. I coach a YMCA basketball team with junior high boys. We're active in the church and youth group. I'm passionate about making Nebraska a great place to live and raise a family. I also own and operate a multistate cannabis business: Apothecary Farms and Apothecary Extracts. We have ten dispensaries, two extraction facilities, two cultivation facilities, and we employ over 150 people. We're focused on quality, safe, and regulated cannabis. We've learned a lot from operating in multiple states, what not to do, and what states look like when they actually have regulation. Oklahoma was quick to the market. There was very little infrastructure or regulation. Far too many licenses were issued. Marketing, testing, tracking, and compliance systems were not in place. Regulators were not able to keep up with the number of businesses opening or cannabis being grown or sold throughout the state, leading to many issues. Patients and businesses could not be confident in products because strict standards and enforcement were not in place. After years, Oklahoma is still struggling to regulate cannabis being grown and sold. There's significantly more supply than demand. Too many companies were there that followed the rules, and they've withdrawn from the market based on the conditions. Looking at other states that we've operated in over the last ten years, there have been strict testing requirements for all cannabis products, a seed-to-sale tracking system so every plant from start to finish, as well as every cannabis product, was accounted for in the state mandated system. Licenses were limited to ensure there was not more supply than demand, and a dispensary was not on every street corner. Employees and owners were all vetted in a strenuous credentialing process, and cannabis was not grown or sold until clear rules and regulations were in place. There was a solid system to enforce those rules, and businesses were held to a high standard, with emphasis on public safety, education, and selling cannabis in a responsible way. There's nothing more important to me than my family and where we live. It is critical that a responsible and regulated program is put into place so patients can trust the medicine they're getting, businesses can operate in a clear and sustainable way, and the community is safe. Senator Hansen has struck the right balance with LB677 and AM297. Thank you for your time today.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Thank you for your testimony. Are there any questions from the committee? Senator DeKay.

DeKAY: Thank you. How did, how did you get started in that industry? Can you tell me about that?

LEEANN FOLKERS: Yeah. So I've been in the health and fitness industry for the last 15 years. And when the cannabis industry came to Colorado, I thought this was a really great opportunity to take this wellness, this holistic approach to medicine, and my health and fitness background, and thought this would be a really good opportunity to bring a responsible and professional way to what sometimes isn't seen that way with the career, and, and that's really why we got involved. We moved to Colorado for several years and then moved back to Omaha here about five years ago.

DeKAY: Would your business-- well, you're in health and fitness. Inhaling through a, a, a joint or what-- however you want to say it, would that be kind of contradictory to health and fitness with the smoking going into the lungs? Or would you be more in favor of an oil or pill based--

LEEANN FOLKERS: You know, I think that's a great question. There's definitely ways that I would personally recommend to use cannabis, but I think it's important to have a variety of ways from a medical standpoint where people can treat their ailments of what's best for them.

DeKAY: And then-- one more question. Last question. So do you feel that Senator Hansen's bill is where we need to be today or-- in order to-- do you think it's the, the right bill at the right time or do you think we need to make sure we dot all the I's and cross all the T's before we enact the proper legislation so we don't have to back up going forward?

LEEANN FOLKERS: I mean, I think having the right rules in places is, is critical from the beginning. I think what they've put together-- although this is not my expertise-- in, in bill writing-- really accomplishes the things that I'm aware of to ensure that you have a safe, regulated, tracked system and, and way to offer medical marijuana to patients. That's-- it's available, but it's also protecting the community.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

DeKAY: Thank you.

HOLDCROFT: Any other questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chair. Thanks for being here, Ms. Folker. Right? With your background and expertise, can you give us a picture of what 5 ounces is?

LEEANN FOLKERS: You know, it really depends on, like, what type of product that you're looking at. I, I think-- again, looking at the joint question, it-- generally, from our understanding, a joint is usually sold in a 1 gram increment. So that would be about 125 joints, with 5 ounces at 28 grams. So I think it depends on the product that you're, that you're using and kind of the type-- if it was an edible or a tincture-- I mean, that's going to be a little bit different. And also it is-- it's challenging to answer the question in, how many joints does a person need a day, and, and that same kind of analogy. But I think that's where the, the doctor recommat-- recommendation would come in, what's best for that person and their medical condition.

J. CAVANAUGH: And does it go up or down in terms-- I mean, there-- is it more at edi-- edibles than joints or less?

LEEANN FOLKERS: It really depends on-- and I don't know exactly the language in, in the bill, so I can maybe let Kevin Gallagher behind me answer that question. I think he's a little bit more familiar-- just so I don't misspeak.

J. CAVANAUGH: OK. Thank you.

LEEANN FOLKERS: Mm-hmm.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you. Does the medical marijuana as a-- differentiate between different steroids and stuff? Does medical marijuana-- would you say-- does that help cure the problem or does it mask the problem as it does in some steroid use? Or does it just make the patient more comfortable and tol-- and tolerate the pain or whatever they're in?

LEEANN FOLKERS: I mean, I'm definitely not a medical professional that's able to answer that question, I think, appropriately, so-- I don't know if someone behind me can, but have definitely seen or at

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

least heard from patients that it's not just provided them relief, but it has absolutely helped them get off other pharmaceutical drugs. And it's helped them, in their mind-- in their stories, at least-- solve the problem, the medical condition that they're, they're with. But I'm not their providing doctor, so I can't answer that question positively.

DeKAY: All right. Thank you.

HOLDCROFT: Senator Storm.

STORM: Thank you, Chair Holdcroft. Thank you very much for testifying. So you're-- you used to have stores in Colorado and Oklahoma?

LEEANN FOLKERS: Correct.

STORM: I'm looking at your website right here.

LEEANN FOLKERS: Yes.

STORM: OK. And this passes and goes through, you'd bring stores to Omaha? Is that the point?

LEEANN FOLKERS: I mean, ideally, we would, yes. Since we live in-- you know, this is our-- this is where our family is, and we're focused on the Midwest. Yes.

STORM: OK. So do they have recreational marijuana in Oklahoma?

LEEANN FOLKERS: They do not.

STORM: They don't? Just medical?

LEEANN FOLKERS: Just medical.

STORM: And Colorado's full blown?

LEEANN FOLKERS: It is, but our, our stores in Colorado Springs-- which we have two-- are just medical only.

STORM: OK. Yeah. You have Denver stores in Pueblo and-- [INAUDIBLE] isn't that based in Colorado. Not every county--

LEEANN FOLKERS: Correct.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

STORM: --can decide whether or not--

LEEANN FOLKERS: Correct. Every city, every cou-- county, every local municipality can make their own rules, zoning regulations, how many dispensaries, if it's, if it's medical or recreational. They have really a lot of control.

STORM: OK. Thanks.

HOLDCROFT: Any other questions from the committee? Thank you, Ms. Folkers.

LEEANN FOLKERS: All right. Thank you for your time.

HOLDCROFT: Our next invited testifier is Grant Wistrom. Welcome.

GRANT WISTROM: Wel-- thank you. Senator Holdcroft and the General Affairs Committee, thank you very much for having me here today. My name is Grant Wistrom, spelled G-r-a-n-t W-i-s-t-r-o-m. Some of you may be familiar with me. I played football here back in the '90s and then went on to a career-- a nine-year career in the NFL. But I started playing football when I was seven years old. And I knew as soon as I stepped on the football field I needed football in my life, and God put football in my life, and that was my purpose. I get asked quite often, would I do it again based upon all the evidence coming out about CTE and the, the things that the NFL have hidden from their players and things like that? And my answer every day is yes. It's given me everything. And once again, I know that that was my purpose here on Earth. Along with playing football, injuries come and things like that. I do wish at the time that I was playing that there were other options to deal with those injuries and the pain that comes along with them. At the time, the only option that we had was opioids. I've had numerous friends, great teammates of mine, great friends that were-- became injured in the NFL, had to take opioids, became addicted to it, and their life took a completely different path from there. This bill helps with things like that and would prevent things like that from happening. My father is a Vietnam vet. He was exposed to Agent Orange while there. He deals with a number of health issues from that. I've seen my dad, I've heard my dad wake up in the middle of the night, belly crawling across floor, throwing lamps, fighting people that aren't there, having night terrors from the things that he dealt with there serving our country. I talked to my dad when I started work--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

using marijuana playing to not use opioids to deal with injuries. And he started taking cannabis then again as well. When he started doing that, his night terrors subsided. He got peaceful rest. He's got a good night's sleep since then. And he's a-- he's having a much better fourth quarter of his life since he started doing this. I've been involved in cannabis in Missouri since 2018. I own a manufacturing facility there and a dispensary facility there. I've seen the rollout there. I think they do a good job. But we've recently moved to Nebraska at the beginning of the year. Our daughter's attending UNL and playing soccer here. And I'm excited to be a part of this program here in Nebraska and doing it better than it's been done everywhere else. I think with the bills you put on the table we have an opportunity to do that here, and I am truly excited to be a part of it here in Nebraska. Committee, thank you for your time and consideration. And if you have any questions, I'm here for you.

HOLDCROFT: Thank you, Mr. Wistrom. Any questions from the committee? Senator Quick.

QUICK: Thank you, Chairman. And I know with the op-- opioid epi-- epidemic that's going on-- could you see this as a, as a way for people who maybe are addicted to opioids that could-- they could actually use this as an alternative drug to maybe help them with cravings for that? I know there are specific drugs for that, but. Do you see that as-- I know you're not a doctor either, but, I mean--

GRANT WISTROM: Yes, sir. But anecdotic-- anecdotic-- excuse me-- anecdotally, I've seen it happen twice: one with-- once with a great friend of mine, and then another-- we employed a, a veteran at our dispensary in Missouri. And, you know, he was taking the other treatments, and now he's re-- recovering. And I don't think anybody has ever recovered from an opioid addiction. But he-- cannabis is part of his program. And he's got a great life now, married, beautiful daughter, and is recovering everything that he had once lost.

HOLDCROFT: Any other questions from the committee? Yes, Senator DeKay.

DeKAY: Thank you. I will ask the same question I asked earlier about if the cannabis helps cure the pain or if it's a mask. And if-- going back, I have-- I'm-- going back to the steroids, in, in particular Depo-Medrol and Demerol, were there more of a masking agent and you can take that drug and it will mask it for ten days, two weeks, and then

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

back at it? Wha-- but there are definite side effects with overabuse of that drug and-- I was just wondering what your thoughts were on that.

GRANT WISTROM: Yes, sir. I-- you know, once again, not a medical doctor. And, you know, I, I don't like to throw Band-Aids on things. I do like to get the cause of the things. In my family, we, we view, view food as medicine. We do view plants as medicine. We do our best to stay out of hospitals and not take pills. But, sir, I, I could not speak intelligently to that question. I'm sure there are some conditions where it does probably alleviate the problem and help fix the problem, but I can't speak intelligently to that.

DeKAY: OK. Last question. Do you think you had a successful career at Nebraska?

GRANT WISTROM: I think we did all right. I think we did all right.

DeKAY: Thank you.

GRANT WISTROM: I made two great decisions in my life: one was my wife and one was coming to school here. I-- those are two of the best decisions I've ever made, so.

DeKAY: Thank you.

GRANT WISTROM: Yes, sir. Thank you.

HOLDCROFT: Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chair. Thanks for being here, Mr. Wistrom. I-- and I remember those days and enjoyed watching it. So you, you talked about how you did use opioids for, for your issues related to probably football injuries. In your experience, did those opioids heal the issue or just deal with pain management?

GRANT WISTROM: No. There is no healing with opioids. And the side effects that come with it are much, much greater than anything else out there. And at the time, I knew that it wasn't good for me, but it was the only option available. You know, when you, you tear your shoulder apart in a game and you're on an eight-hour flight home, there's not a lot that you can do other than just try to mask the pain. You know, I think now that people are becoming more open-minded of things that

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

hopefully those-- there will be other options available to players.
But, no. It was just a Band-Aid.

J. CAVANAUGH: Yeah. And so then when you transitioned to use cannabis-related products, it was not in the hope that it would heal the tore-- tear in your shoulder, but it was, like, less, less side effect-laden pain relief?

GRANT WISTROM: Yes, sir. Yes. Yeah.

J. CAVANAUGH: All right. Thanks.

GRANT WISTROM: Yes, sir.

HOLDCROFT: Senator Rountree.

ROUNTREE: Thank you, Chairman Holdcroft. And thank you so much for your successful football career in Nebraska and the championship days. Hope we get those back again. But as you are-- you have a cannabis manufacturing plant down in Missouri. How did you get started in that process? And tell me how it's operational now.

GRANT WISTROM: OK. So when the citizens of Missouri passed to regulate medical cannabis in 2018, I had already had these experiences with myself in playing with-- dealing-- helping my father and my aunt and-- through-- when everything was going on with my dad and myself, his sister was-- had terminal cancer. And so getting the plant to her and seeing how it helped her deal with all the issues that come with her cancer. It would just-- been put heavy on my heart that this is something that I firmly believe in. And I just-- I started to reach out to people. And the dots just-- the dots just started to connect for me. People started entering my life with experience in different areas of this business, and everything just started to line up. And doors just continued to open for me to get into this space. So I, I, you know, was-- as much as it was in my heart to do this, I believe that the universe was telling me that I was supposed to be doing this as well.

ROUNTREE: OK. All right. Thank you so much. Appreciate it.

HOLDCROFT: Any other questions from the committee? Thank you, Mr. Wistrom.

GRANT WISTROM: Thank you.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Our next invited testifier is John Mueller. Welcome.

JOHN MUELLER: Welcome. John Mueller, for the record. Thank you, Chairman, senators, for having me. And despite my stature, Grant and I did not play ball together. So, so-- but we do, do business together in Missouri, so I'm-- he's a, a wonderful human and obviously was great for this state. Very, very quickly on my background: I was cofounder and, and also current CEO of a company called GreenLight. We have 30 open dispensaries today, 850 employees. We operate in seven states today and have a few more on the horizon here, including Florida and Kentucky and, and a few others. We all-- operate both adult use and medical marijuana locations. So in West Virginia, South Dakota, they're medical marijuana, and also in this state of Arkansas. And the balance of those are adult use states as, as we've seen it. And I've gone through this process before. And I, I can sit in front of you and say, as the 38th state doing this, we, we no longer have to practice. So looking back at my, my friends behind me as they talk about Colorado and you, you walk in there, you-- they, they went through a lot of brain damage that thankfully the, the great state of Nebraska doesn't have to work through. And I think that's what, that's what should be coming across here from Senator Hansen and, and Conrad is, we've got a Republican and a Democrat, which I have not seen. I've done ten states. I've never seen two people basically have a bill that's basically 95% the same, which is very unique. And maybe it's just the way things operate here in your state, but I've, I've not seen that before. And I think the other thing is, as we look at this, that-- both bills that are drafted, they put a limited license on this. And so most of the train wrecks that you hear about in our industry are associated without having a limited license state, basically verifying who those human beings that are operating these. And then also by limiting the license, you know, there's value in these licenses. Then you immediately eliminate any chance of a human being like myself or, or, or anyone behind me of going in and doing something in the black market. So you look at the Oklahoma that was just discussed. 25,000 licenses in that state versus the state of Missouri, that this was drafted around, which is 340-- man, that's a minute already? All right. Anyway, moving on here. I'm going to get to-- I really I want to address your-- a minute? So on the 4% tax, I want to address a couple of things you set up here before. And the 4% tax, we have that in the state of Missouri. This is what it's drafted on. And we ended up in the first year getting \$8 million to the veterans program, which was our designee on that

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

license-- or, that, that ballot initiative that we wrote there. And then also the application fees, which are, which are very extensive here, and it's going to eliminate people from submitting a lot of licenses, especially on these vertical ones, at \$100,000. That should cover all of your admin. So as you look at those stats, we also had very conservative number of patients on ours, and we ended up doing far greater than-- we ended up with 200,000 patients in the medical program. So you're about 1/3 the size there. So you can kind of do the math. So it just depends on how tough you make it for a patient to get a card. And a lot of these volunteers back there that actually brought this initiative, how, how easy do we make it for them to get a card so we eliminate that black market and stand up an industry?

HOLDCROFT: That's your time, Mr. Mueller. Can you, for transcribers, please spell your name? First and last name.

JOHN MUELLER: Yes. Oh, I'm-- I apologize. That was my one job they told me. John, J-o-h-n; Mueller, M-u-e-l-l-e-r.

HOLDCROFT: OK. And we'll see if we have any questions for you from--

JOHN MUELLER: Yeah. Thank you.

HOLDCROFT: --committee. Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Mr. Mueller. Do you have, I guess, any insight into the, the, the limit? We talked a little bit about the 5-ounce limit. Is that comparable to what other places have?

JOHN MUELLER: We, we had 3 ounces in the state of Missouri, and a, and a lot of other places have, have similar numbers. I've seen some, some other ones. I, I am one not to tell a, a patient or, or their doctor or, or nurse practitioner, whatever it is what, what the numbers should be. Like, you can watch a 60 minutes and it's 250 milligrams a day, which is a tremendous amount of product that's dealing with cancer and all these other things. And I'm a, you know, 5 milligram to go to sleep at night guy. So I think you have wide variations. And, you know, that big guy takes more than I do, you know. So I want to be careful of-- you know, obviously, I'm not a doctor. I've seen people that, that consume a significant amount. But when you look at the cost structure also associated with this, the number of people that will actually buy

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

5 ounces is, you know, less than a handful, probably, across these dispensaries that you're talking about.

J. CAVANAUGH: And is the normal way-- I mean, the-- when I-- if I go to the doctor to get antibiotics right now, they'll prescribe a ten-day course or something like that. Is that how this prescription would go? They'd say, I'm going to prescribe you a, a month, and that the amount you need would be up to 5 ounces for a month or--

JOHN MUELLER: You, you, you've got to be-- I think you got to be very careful in that. Most, most states do not do that. They'll have a-- basically a set limit. And, and the, the main reason for that set limit is so you're not buying and reselling to your buddy or-- you know, you're consuming it for whatever your ailment is, whether it's epilepsy, cancer, whatever, whatever the issue is. So usually it's set at, you know, a, an allotment in the seed-to-sale tracking system. You would track, and we would pull up at a dispensary to say, this, this human being's already bought 3 ounces or whatever the case is, so.

J. CAVANAUGH: So is that a monthly limit of 5 ounces is what we've recommended?

JOHN MUELLER: I, I don't want to talk-- vice chair-- I'll, I'll de--

J. CAVANAUGH: OK. In Missouri--

JOHN MUELLER: I'll defer to them. I'm, I'm not--

J. CAVANAUGH: In Missouri, is it 3 ounces a month?

JOHN MUELLER: What's that?

J. CAVANAUGH: Is that what it is in Missouri, is 3 ounces a month?

JOHN MUELLER: Yes. Well, now, now we switched to adult use. It was 3 ounces when it was in the medical program.

J. CAVANAUGH: When it was still there. And that meant that if you went to one dispensary and bought 2 ounces, you could go to the next one and they wouldn't sell you more than that an ounce.

JOHN MUELLER: Yeah. We, we would only--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: OK. Thank you.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you. Does it make a difference on which form it's prescribed to a patient, whether it be smoked, pill, or oil form?

JOHN MUELLER: Does it make a-- yeah. I mean, pe-- people have different preferences on, on how they consume, if they want to dose slowly or if it's an, an immediate need. And, and to your point and-- is, is-- and a consumable or smokable form, that's the quickest reaction that your body has to any marijuana product. So the vast majority of those are, are instant pain relief versus, you know, it's 45 minutes or so for-- you know, if you take a, a consumable.

DeKAY: And I will keep asking until a doctor or somebody-- but going back to the masking part of that with-- specifically some steroids and stuff-- and I do have some knowledge in that. I was diagnosed with rheumatoid arthritis when I was 19, and that's been a day or two ago. So I do know what Depo-Medrol and Demerol and the side effects of that can do if it's over-- if it is abused. And I just wanted to make sure that if our-- just masking a problem and not helping deter further degeneration of what the problem is, if that's part of what the process is, and make sure that it's not abused to make sure that there aren't health risks further down the line for those patients.

JOHN MUELLER: Yeah. I think-- you know, for the arthritis, my reverend mother uses a cannabis cream every single day. It helps with that. I would say it masks that in that case. I have had multiple people come in the dispensaries that have told me it's cured them of a lot of things. But obviously, I think our challenge right now-- and, and that's getting ready to switch as we go into Schedule III and that-- of we're going to get some real medical studies and clinical trials, and we're still going to be illegal because all these products have not gone through clinical trials. So that's something that people don't kind of understand. But, you know-- so I, I've had multiple people come in that-- you know, they've cured them from cancer, all kinds of other ailments. But I sure don't have the, the records to produce for you today.

DeKAY: And the reason I'm getting to this is, is, over the years, I-- you know, I never did use the steroids as much as I could have. I

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

didn't want to get addicted to them and need that shot every ten days to two weeks. And over the years, I've been able to eliminate that as part of my medical regimen because other medications come along and helped. Doesn't cure the problem, but it kept the problem from regressing and getting worse going forward. So that-- I just want to make sure that it's not going to be a potential-- as a masking agent just to make you feel better at the--

JOHN MUELLER: I don't think a proponent that sits in front of you would not say that taking a cannabis anything versus, you know, opioid would ever be a, a bad situation. There is-- any time we can replace one pill with one capsule or whatever else, we are winning the battle. And, you know, so-- let's get rid of the fentanyl. Let's get rid of the opioid crisis here in this state and every state. Any time you can switch one for one, you're winning.

HOLDCROFT: Any other questions from the committee? Senator Andersen.

ANDERSEN: Thank you, Chairman. And Mr. Mueller, thank you for being here and your testimony.

JOHN MUELLER: Thank you.

ANDERSEN: As I've gotten older, I try to learn lessons from other people's actions. Right? So I guess my question for you would be, because of your experience with bringing this industry online in Missouri and everything else, could you tell this committee what best practices, lessons learned, things you wouldn't do again? Just some of the insight of your experience.

JOHN MUELLER: Yeah. Well, I think-- you know, to, to his credit over there-- I mean, a lot of those are being incorporated in here, you know. So we look at-- you know, the places like that. We used to be in California. And, one, their regulation out there, their EPA, everything else is crazy. But they gave out licenses. They had no set system. You guys obviously have that opportunity instead of this sending it to the commission to make up their own rules. You guys are still in control versus them. So I think, you know, the lessons we learned there is, is I, I got to give them some input in, in what we've seen in those, you know. Like, I, I speak around the country about Missouri being a, a best-in-class. And you look at, you know, you know, we were doing \$200, \$250 million a year in, in the medical program there, which was about

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

double to look at your fiscal issues of what we thought we would be doing there. And, and, you know, got that up to 200-- 200,000 patients as, as I mentioned. And I think every one of those people was not taking an opioid. And more importantly, I think there's probably \$300 or \$400 million of black market that's coming in the state, whether we like it or not. And so every person that's buying legally tested-- like, the water you're drinking there right now is tested for four different things. We test for 54 different items. As you look at our, our market in, in Missouri and just about every other state, most of those testing requirements are, are pretty-- the same here. And, you know, when you go down that vape shop, it's tested for zero. I can promise you we've tested that product. It also doesn't comply with hemp bills. So send the law enforcement down there if you want. But I, I think as, as, as we look at, you know-- any one of these, if we can replace, you know, one, one for one, we're winning.

ANDERSEN: Thank you.

HOLDCROFT: Any other questions from the committee? Thank you, Mr. Mueller. Appreciate it.

JOHN MUELLER: Great. Thank you.

HOLDCROFT: Next invited testifier is Michael Johnson.

MICHAEL JOHNSON: Thank you, Senator Holdcroft and members of the General Affairs Committee. My name is Michael Johnson, M-i-c-h-a-e-l J-o-h-n-s-o-n. Appreciate the opportunity to speak to you today. I'm a proponent of both of the bills that have been introduced. Just to give you a little bit of my background: so I was born and raised in Lincoln and I'm currently a Nebraska resident. Live here, raise my kids here. And I also have the unique perspective in that I've been a cannabis executive for over ten years in a couple different markets. So as of today, I'm the CEO of a vertical cannabis company in Colorado. Over the last 15 years, I've really seen it all. I've operated dozens of facilities and employed hundreds of people, assisted lawmakers, drafted legislation, worked in trade industry groups, and helped to move this industry forward. What I'm here to tell you today is that when this is done right, the industry can benefit all stakeholders. When it's done wrong, it can be a real mess. And I think both of the bills that you have before you today are great opportunities for us to regulate this industry so that is safe, it provides patient access, and it's

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

something that we can be proud of as Nebraskans. I think we need to remember the, the question is not whether we should have medical cannabis or an industry here in Nebraska. The voters have already answered that question. The question for us is to-- how do we regulate it? How do we do this best? You know, the, the best cannabis markets are not those that are the fastest growing or the ones that are controlled the tightest. They're the ones that are developed in the right way, balancing the needs of all the stakeholders. That's why I support these two bills. I think, for me, when I look at cannabis regulation, I think of three priorities: we need safe access for patients, we need a well-managed industry, and we need a discreet and limited marketplace. What's that really look like? For me, we have countless Nebraskans who are suffering, and they need safe access. That's why we're here today, first and foremost. Second, what's a well-managed industry look like? We need an industry that controls access. We need to prevent diversion of product to nonpatients. We need to test and regulate products for patient safety. And we need something that keeps consumers, employees, and the general public safe from harm. When we talk about a discreet and limited marketplace-- you know, this industry needs to integrate into our community. We don't need facilities on every corner. And both of these bills address that issue. And we need to balance supply and demand where we can provide economic opportunity for entrepreneurs. We can prevent oversaturation that leads to an unstable market. You have the opportunity to build a program that meets all those goals. I support both of those bills, and, and I encourage you to do so as well. If you have any questions, I'm here. Thank you.

HOLDCROFT: Thank you, Mr. Johnson. Any questions from the committee? Seeing none. Oh. Senator Rountree.

ROUNTREE: Thank you so much, sir. I'll be more vocal in the future.

HOLDCROFT: No problem.

ROUNTREE: Thank you so much, Chairman. Yes, sir. Thanks for your testimony today. What is the name of the company that you work for?

MICHAEL JOHNSON: The parent company is called Dalwhinnie Enterprise.

ROUNTREE: Dalwhinnie Enterprise.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

MICHAEL JOHNSON: Mm-hmm.

ROUNTREE: OK. So in that particular business, do they do anything as far as like tracking your-- because I know we've talked a lot about the bills and about this medical cannabis and making sure that we can go from the seed to the plant and through that. Do you do any tracking in that particular area as well?

MICHAEL JOHNSON: Yeah. Absolutely. For the last ten years, every company I've run has had rigorous seed-to-sale tracking.

ROUNTREE: Seed-to-sale.

MICHAEL JOHNSON: The, the software program that's been mandated for us to use is called Metrc, M-e-t-r-c. And that tracks all product from a seed all the way through to a patient sale.

ROUNTREE: OK. So if anything goes wrong, you know exactly where it originated, when it went offtrack, and how to track it back down to the source.

MICHAEL JOHNSON: Absolutely.

ROUNTREE: OK. All right. Thank you so much.

MICHAEL JOHNSON: Thank you.

HOLDCROFT: Any other questions from the committee? Yes, Senator DeKay.

DeKAY: Thank you. As a parent, would you have any concerns about your kids using your product?

MICHAEL JOHNSON: Under, under the age of 21, absolutely. If they had a medical need as determined by a, a physician, then the answer would be no. So this bill is about medical marijuana. I'm not qualified to be able to determine whether my children or anybody else has that need, but I do trust my health care provider.

DeKAY: And with that, if they went for-- I mean, this is getting-- regressing just a little bit. So you would definitely be opposed to your kids-- probably if they couldn't get their medical needs covered with this, you'd be opposed to them going to the black market and, and buying it on the street corner.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

MICHAEL JOHNSON: Yeah, absolutely. You know, over my time in the industry, what you can see is that a black market has no testing for product safety. And there can be all kinds of contaminants, from heavy metals to pesticides to high or low potency that's not advertised. And so a regulated system addresses all of those issues, and that's one of the imperatives that we have to get right in Nebraska.

DeKAY: Thank you.

MICHAEL JOHNSON: Thank you.

HOLDCROFT: Any other questions? Oh. Senator Storm.

STORM: Thank you, Chair Holdcroft. Thank you much for your testimony. So are THC levels are on the rise as far as-- it's in the plant? Are they increasing and getting stronger? Have you seen that in the industry? You said you'd been there for a while.

MICHAEL JOHNSON: Yeah, I have. Over the last 10 to 15 years which I've been in the industry, I, I have not seen them on the rise. I think over the last 40 to 50 years, what you see in the data is that they have been on the rise. The, the plant is varied, you know. There are num-- innumerable types of cannabis in terms of strains, and there's been a lot of breeding to increase potency. That being said, there are lots of low potency options; and in a medical market, there's a lot of demand for those low potency options.

STORM: Right. But would you say there's a greater risk of, like, a cannabis disorder with higher levels of THC?

MICHAEL JOHNSON: You know-- again, I'm not a health care professional. I have seen the data that correlates, you know, ultra high potency products and some risk to patients who are predisposed to certain mental health conditions. I think that speaks to the need for patients and health care providers to be very closely aligned in terms of what's being prescribed and taken.

STORM: And I got one more question. I just thought of this. So, so you, you run dispensaries, right? You have locations.

MICHAEL JOHNSON: We're, we're a vertical operation. So we cultivate, manufacture, and dispense.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

STORM: So if somebody comes into your store, dispensary, buys product for recreational use, we'll say, or medical use, do they have to sign any kind of waivers saying that if anything happens to them healthwise that you're not held liable? Or is there anything like that in the industry?

MICHAEL JOHNSON: Not to my knowledge, no.

STORM: So when somebody comes in a dispensary, gets a product, if they have an adverse reaction to something, it's just on them, right?

MICHAEL JOHNSON: I, I believe that's true. I, I liken it to, you know, alcohol, pharmaceutical, or food sales. You know, if you have an adverse reaction to any one of those products, the retailer or the pharmacy in that case did not require you to sign a waiver.

STORM: OK. Do you sell delta-8?

MICHAEL JOHNSON: No, sir.

STORM: OK. Can you talk about delta-8 at all? I mean, what's your, what's your experience with delta-8?

MICHAEL JOHNSON: Yeah, I'd be happy to. So delta-8 is not a legal product in Colorado for retail sale. My understanding about delta-8 is that it is a naturally occurring cannabinoid, but it's in very, very, very light concentrations. What you see on the market today is, by and large, a synthetic product. It's made through a conversion in a laboratory. It's a cannabis-like substance, but it is not the same as what we do. I'm, I'm not a proponent of that. I'm about natural, organically grown cannabis products, just as they exist here on planet Earth, not synthetic derivatives that are made in a lab.

STORM: Right. Delta-8's in this bill from what I understand.

MICHAEL JOHNSON: Not to my know-- not to my knowledge. [INAUDIBLE].

STORM: OK. Well, I was re-- trying to read the 119. It's mentioned in there--

MICHAEL JOHNSON: Yes.

STORM: --so I don't know-- so maybe somebody will come up and--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

MICHAEL JOHNSON: I believe delta-9 is in the bill, which is the naturally occurring substance that's in the plant. I don't believe delta-8 is a part of [INAUDIBLE] medical bill.

STORM: I saw it mentioned in here, but I'll-- maybe I'm wrong, but that's--

MICHAEL JOHNSON: OK.

STORM: --I just-- and I thought Senator Hansen said somebody was going to come up and--

MICHAEL JOHNSON: The one mentioned that I've seen is acknowledging that, within the medical marijuana system, there's an allowance for nonintoxicating hemp cannabinoids, which would be CBD or CBN or CBG, which have no psychoactive effect but have therapeutic benefit.

STORM: Right.

MICHAEL JOHNSON: But those would be allowed inside the medical program even if they were cultivated or produced within a hemp program. It then calls out intoxicating hemp cannabinoids like delta-8 as not being allowed in the program. That's my understanding.

STORM: We'll have to look at this bill a little bit closer then.

MICHAEL JOHNSON: OK. Thank you.

STORM: [INAUDIBLE] dropped on Friday, so we haven't had a chance to--

MICHAEL JOHNSON: I understand.

STORM: --really look through it, so. OK. Thank you.

MICHAEL JOHNSON: Yeah. Thank you, sir.

HOLDCROFT: Senator DeKay.

DeKAY: Yep. Thank you. You talked a little bit ago, and I, I just thought of it. In a smokeable form, we talked about metals in it on the street marijuana. How does that get into the street drug, and do you-- can you extract it in a smokable form out of your--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

MICHAEL JOHNSON: It's a great-- it's a great question. So typically when heavy metals are found in cannabis, it's because of the substrate that it's grown in. And so there's lots of heavy metals, even naturally occurring, in certain farmland. And so the plant is a bioaccumulator, which means that cannabis will uptake anything that is in the soil. And so when that's tested for, you can keep that out of the regulated program. To answer your question whether it can be pulled out, it cannot be pulled out out of a, a, a flower or a raw material. It can be removed once it's extracted into an oil. And you are able to remove heavy metals in a process called remediation. It is, it is costly, and there is some loss involved, but that is a viable option for product that might be contaminated.

DeKAY: Thank you.

MICHAEL JOHNSON: You're welcome.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you very much, sir.

MICHAEL JOHNSON: Thank you.

HOLDCROFT: Next invited testifier: Kevin Gallagher.

KEVIN GALLAGHER: Thank you, Mr. Chair Holdcroft. My name is Kevin Gallagher. That's spelled K-e-v-i-n G-a-l-l-a-g-h-e-r. Thank you for hearing LB677 today and LB651. Special thanks to Senator Hansen for supporting the medical patient community by sponsoring this legislation, especially LB677, which I will be speaking on today. I am the Director of Compliance and Regulatory Affairs with Apothecary Farms, a vertically integrated multistate cannabis operator proudly serving the medical community since 2016. We support the legislation before you, along with AM297, and respectfully ask for your vote today. The benefit of Nebraska, which overwhelmingly voted to extend fundamental liberties to medical patients last November, is that we have learned so much from other states' programs-- what has ultimately worked long term and what has not-- to formulate the best, most responsible, most comprehensive medical cannabis legislation our nation has ever seen. LB677 is nothing short of thoughtful policies incorporating the will of the voters, high but operable business standards, tight guardrails, and providing our state regulatory bodies with the critical tools and flexibility to do their jobs efficiently

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

and effectively. This mature legislation ultimately allows access to our vulnerable patient population, reduces the illicit market, and protects public health and safety. Some of these provisions include but are not limited to mandating comprehensive testing regulations while integrating standard quality control methods drawn from commercial food and pharmaceutical industries to ensure product safety, requiring health care practitioners to register with the commission in order to recommend medical cannabis, directing the commission to establish a verification system that can be accessed by dispensaries and law enforcement to ensure the validity of qualified patients or caregivers, directing the commission to establish clear product labeling guidelines, including but not limited to total THC and total cannabinoid content so patients can make an informed decision when purchasing product, as well as directing the commission to set product display standards, licensing recordkeeping practices, a schedule of fines for regulatory violations, adopt rules to prevent the sale or diversion of medical marijuana can-- cannabis to-- I'm sorry-- medical cannabis to individuals who are not qualified patients, and other measures necessary for effective oversight. Lastly, it does implement enhanced track and trace requirements to maintain accurate, accurate monitoring of cannabis product inventory while providing businesses and regulators with useful reporting tools while flagging illicit activity. In short, we recognize the importance of complying with strict regulations that enhan-- enhance product quality, promote ethical practices, and, above all, protect public health and safety. Respectfully request your support and look forward to continue collaboration to further advance the well-being of Nebraska's medical patient community. And if you would allow, Mr. Chair, I do have some answers for outstanding questions from Senator Storm and Senator Andersen.

HOLDCROFT: Go ahead.

KEVIN GALLAGHER: Thank you. Senator Storm, you have a good question about delta-8 within the amendment, AM297. What you see is a list of what is called synthetic cannabinoids. There is a list of other-- delta's in there as well. And what it says is that industry cannot utilize these synthetic cannabinoids, including delta-8, for public health and safety reasons, and in fact gives unilateral authority to both the commission and state health department to, by rule, differentiate future novel cannabinoids, whether they would be considered synthetic or semi-synthetic, et cetera, just so the

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

commission and others don't have to go before you every single year to fix the problem.

STORM: I got a question on that. Do you want--

HOLDCROFT: Let's let him finish, and then we'll go back to questions.

KEVIN GALLAGHER: Senator Andersen, I think you had a couple questions around police being able to differentiate legal versus nonlegal product. What we have is very complex labeling regulations. So the product would be labeled in accordance with state-mandated regulations. So it would be fairly easy to determine whether or not that would be legal product or nonlegal product. Additionally, our bill would have a state-made verification system in which if a patient were to be pulled over, law enforcement would actually be able to verify through the state-run system that it is indeed a qualified registered patient, if that answers your question.

ANDERSEN: It doesn't, but go ahead.

STORM: OK. I got a question.

HOLDCROFT: Senator Storm.

STORM: Thank you, Chair Holdcroft. Thank you very much for testimony. So delta-8's no good in your opinion?

KEVIN GALLAGHER: That is correct. As the gentleman said before, it's made with a complex and really unsafe practice, both on an occupational health standard as well as potential byproducts that we still don't know exist. So that's why it's been a, a public health and safety epidemic for quite a while.

STORM: Do you know-- how do they make it? Because I'm on Judiciary and we listen to delta-8 in Judiciary.

KEVIN GALLAGHER: Unfortunately, I'm not a chemist and, and could not tell you. But I can tell you it's, it's some pretty, pretty extreme processes within a laboratory that require harsh solvents and, and other things in which, again, there's some pretty harmful byproducts left in those products.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

STORM: Do you know where they make at? Does it come from out of the country or is it made in the United States?

KEVIN GALLAGHER: What people are generally doing is, is taking various extractions and byproducts from the hemp market to convert that product to these intoxicating, synthetic cannabinoids.

STORM: And delta-8's illegal in Colorado as well?

KEVIN GALLAGHER: That's correct, yes.

STORM: Good to know. Thanks.

HOLDCROFT: Senator Andersen.

ANDERSEN: Thank you, Chairman. And thanks for attempting to answer my question. More specifically, it-- the way we-- our system of government is set up is we have, like, the U.S. Constitution, the Nebraska Constitu-- can't violate the U.S. Constitution, right? There's a hierarchy, right? And in law, it's the same way. So you have a federal law that says it, it's an illegal substance. How do you have a subordinate organization, namely the state, say it's legal? That really conflicts and violates what the, the, the hierarchy says.

KEVIN GALLAGHER: Yeah. Thank--

ANDERSEN: That's my question.

KEVIN GALLAGHER: Thanks for the great question, Senator. And, and for the record, I am not an attorney and, and cannot provide legal advice. But I would say that in no state have law enforcement encountered any sort of issues in which now you have a medical program and that they are wondering whether or not they should be implementing federal law. When that happens, I know that there's specific amendments in our own federal constitution that allows for state laws to be respected, but that has never been an issue. And these-- law enforcement personnels, right, they are directed to enforce specific state laws. And, you know, I think what we've heard from others where if we have the right regulations set and give the right tools both to law enforcement and our regulatory agencies that these products can be enforced effectively.

ANDERSEN: So it sounds like just look the other way or just--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

KEVIN GALLAGHER: Exactly. And, and I would say most law enforcement, they don't even consider it looking the other way. It's just, hey, this is our state's laws and, and we're going to respect our, our state's laws and, in this case, the will of the people.

ANDERSEN: Thank you.

HOLDCROFT: Any other questions from the committee?

STORM: One last one here.

HOLDCROFT: Senator Storm.

STORM: Thank you. This is a Banking question for-- so you have dispensaries too?

KEVIN GALLAGHER: That is correct.

STORM: OK. So is this a cash business, basically? I always hear that-- like, in Colorado, it's very much a cash business.

KEVIN GALLAGHER: So I would say in the beginning here, Senator-- and good question and thank you-- that was certainly the case. But since then, there's been multiple state-chartered credit unions, both in Colorado and really across the nation, who have been able to legally work with these regulated cannabis businesses. As you can imagine, these financial institutions certainly exercise their due diligence when working with such operators and require, you know, a lot of documentation upfront in terms of evidence of licenses, whether through state or local jurisdictions, as well as various compliance documentation to ensure that they are working with licensed, good actors.

STORM: So when somebody wants to open up a business in the state, you're probably not going to go to the bank and get a loan to open up a business that handles a Schedule I drug.

KEVIN GALLAGHER: That is correct. I'm not familiar with any financial institution that is loaning money, so unfortunately it does require someone or a group of people with, with deep pockets to start this-- these businesses. You know, hopefully under the new administration and with it becoming Schedule III and hopefully some open banking we can

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

have more everyday citizens get into the market and, and make it a-- certainly a more equitable-- equitable opportunity.

STORM: OK. Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Mr. Gallagher. Our final invited testifier is Crista Eggers.

CRISTA EGGERS: My testimony today is over 2,000 pages. And so instead of printing and killing a lot of trees, I went ahead and brought flash drives with me.

HOLDCROFT: And I'm sure our clerk will collect those.

CRISTA EGGERS: Good afternoon. My name is Crista Eggers, C-r-i-s-t-a E-g-g-e-r-s. Committee members and Chairman Holdcroft, I am here today on behalf of Nebraskans for Medical Marijuana. The 2,032 pages I've submitted in my testimony today includes the over 90,000 names of valid signers on our ballot initiatives. I'm here today representing them as well. This past November, over 71% of voters stood united in support of medical cannabis access, and they are demanding that we respect the lives of suffering patients in this state. A direct testimony-- testament to the overwhelming support on this issue is every legislative district passed this. In fact, it took the average of the eight legislative districts that are made up on this committee, and I can tell you it comes in at 71.3%. While no legislation is required, as our ballot initiatives were self-enacting, we have always been supportive of reasonable regulations outlining the private industries as well as strengthening protections for patients. We believe that LB651 and LB677 provide a good framework and align with our mission. We appreciate the work of Senators Hansen and Conrad. They have put a lot of time and effort into crafting these bills, and we commend their effort to respect the will of the people in this legislation. I'd like to highlight that both of these bills treat cannabis as a medicine. It should be. It provides strong patient protections for their caregivers and the patients themselves, and it places a decision between a health care practitioner and a patient, enabling them to provide guidance on the best treatment option for their patients. We support the overall intent of these bills and believe by adopting amendments on several small issues we can ensure that this bill provides a strong framework that prioritor-- prioritizes the well-being of patients while providing a clear and transparent regulatory environment for the industry. We are

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

hopeful that we can continue to have an open dialogue and offer education in this process, helping to amend and strengthen, but we will not offer concessions when it comes to limiting who is considered a patient or the form in which the patient may access their medicine. And to close, I'd like to leave you with one final thought. As one of the very last states to implement medical cannabis, we find ourselves with an opportunity. An opportunity to learn from the failures in other states and take guidance from those that got it right. Nebraska has the ability to create the best drafted medical program-- crafted medical program in the nation. But the question is, will you take this opportunity? Will you take the time to educate yourself, to listen and engage with the testifiers who have spoken before you today? And are you able to separate your own personal opinions on this issue to respect the 71% of voters in the state who have elected you to this responsibility?

HOLDCROFT: That's your time, Ms. Eggers. Any questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chair. Thanks for being here, Ms. Eggers. And thanks for all of your work over the years to get here. I would-- you I assume we've heard the conversation we've been having about what's the appropriate amount for each patient. Do you have any, I guess, insight into that with all the--

CRISTA EGGERS: Well, you know, I am by no means a physician. I have no medical background, but I do have a son who has a catastrophic form of epilepsy. And I can tell you that the doctors prescribe pharna-- pharmaceutical meds, that if many of you in this room today were to take his dose right now, you'd find yourselves on the floor. It is used off-label. It is used with side effects that include death and respiratory distress, but yet we put trust in his physicians to guide us as to what is best for him. And so when I hear concerns of amounts-- you know, senators, my son is on medications that suppress his respiratory system, and yet we do it because it is the only option we have. And so I, I don't know if I answered your question, but I believe this needs to be a-- between a patient and a physician.

J. CAVANAUGH: No, that's helpful. And I, I appreciate that point. I-- and I guess my interpretation was we've had a lot of conversation about people-- medical marijuana is for lots of different purposes-- medical cannabis, I guess, probably the more accurate word-- for, as Mr.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

Wistrom pointed out, pain and for PTSD. And in your son's case, we're talking about epilepsy. And I-- you know, you always hear about people taking it for-- during cancer treatment and things like that. They're not taking it, at least in cancer, not taking it to cure the cancer. They're taking it to deal with the symptoms. But there's lots of-- a wide variety of things. So I guess maybe the-- a number might differ based off of each of those.

CRISTA EGGERS: Absolutely. Absolutely. Again, with no medical background, I can tell you from, you know, being across the state, talking to patients, caregivers, individuals that felt this issue is very, very important to them in signing our petitions. You know, the ailments and the situations, you know, would go on and on and on. I could be here for hours and days speaking to you on the individual situations in which patients are begging for help. And so one patient who is undergoing chemotherapy, suffering from wasting syndrome may need a different dose and a different avenue-- often smoking it-- than my son who has epilepsy. The patient with PTSD or pain-- obviously a, a, a different situation. And so our ballot language clearly states that with a writ-- written recommendation, a patient is allowed to possess up to 5 ounces of marijuana--

J. CAVANAUGH: OK. That's the language.

CRISTA EGGERS: --for medical use. 5 ounces is what the ballot language read.

J. CAVANAUGH: And-- yeah. So you-- the-- your point there is that there's different dis-- different ailments, that it's to treat different people. And so different method-- delivery method and different amount is probably-- and that was contemplated in the ballot initiative.

CRISTA EGGERS: Absolutely. Our ballot language intended to make sure that all patients with a recommendation with-- working with their health care practitioner, just as we do with other medications, that those patients are taken care of. You know, the over 600,000 people that voted in support of our initiatives, that is what they are asking. It's not for-- and by no mean-- I don't mean disrespect, but for a group of individuals to try and dictate that they know what is best for a patient over the-- a doctor.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: And is the bill as written, does it-- or, both of the bills, I guess, or either-- do they both accomplish that or would there be a change we would need to make to make sure we're-- we are being faithful to that over--

CRISTA EGGERS: Yeah--

J. CAVANAUGH: --600,000 voters?

CRISTA EGGERS: Yeah. So obviously coming in supportive of Senator Hansen and Conrad's bill, they both respect and leave this ballot language as the people passed it, allowing the up to 5 ounces with a recommendation.

J. CAVANAUGH: OK. Thank you.

CRISTA EGGERS: Yeah.

HOLDCROFT: Any other questions from the committee? Senator Rountree.

ROUNTREE: Thank you, Chairman Holdcroft. And Ms. Eggers, thank you so much for your testimony. In your testimony, you said you didn't want to be limited in the delivery method. What would be-- what are the delivery methods that you'd be talking about?

CRISTA EGGERS: Yeah. So we talk about-- again, I want to preface that I do not have a medical background. This is not, you know, something that I, I know a great deal about. But in, again, working alongside patients all across the state, you know, someone may take a pill or a tincture, a salve to rub on their-- like, as a lotion. An individual may need to consume in an edible product, you know, often referred to as a gummy. But any forms of, of an edible product. And obviously, vaporization and smoking are very important. I can tell you that with cancer patients, I can tell you epilepsy patients that, that are of an older age, when they are getting ready to have a seizure, they can't wait for a pill or an oil or a salve to kick in. There is absolutely medically necessary reasons that a patient needs to smoke it. And I believe, you know, that we can work through concerns that we have on, on the smoking of it, on, on where it happens or how it happens and who can be around. You know, we have long been fighting for a medical program. Over a decade we have continued showing up, advocating for one thing. And so let's open the conversation to these concerns. I believe that we can all get on the same page and take this opportunity to do something good for Nebraska,

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

provide patients with the care they need. You know, establish a healthy and regulated industry to make sure that the black market does not completely, you know, go crazy. I mean, we have an issue around us right now. I'm not going to go down that avenue, but we want regulation. We want rules. And I believe that the individuals who are providing the medicine, they want the same. They're begging for you to tell them how to do this so they can follow and provide Nebraska patients with medicine.

HOLDCROFT: Any other questions from the committee? Yes, Senator Cavanaugh.

J. CAVANAUGH: Sorry. I just had one more. I apologize. Thanks again, Ms. Eggers, for being here. And you just said something that made me think about-- one of the reasons we're asking for a well-regulated system-- you know, this conversation tends to edge into conversations about recreational cannabis. And one of the exact reasons we want regulations is to prevent it from accidentally becoming recreational, right? And, and, and the ballot initiative is for fol-- was brought by folks like you concerned about the health and safety of their kids.

CRISTA EGGERS: Yeah. Medical has always been our focus. In fact-- and this is not directed to anyone, but I think it's downright disrespectful to continue bringing up the issue of, is this going to lead to recreational marijuana? We have been advocating for a medicine. For over a decade we have begged and pleaded. And so to now be at a point where the people have overwhelmingly passed this and said, we want this. You have a responsibility to enact good legislation, reasonable regulations. And that we're sitting here held up on the fact that recreational can come in the door-- I, I think it's downright disrespectful to the pati-- disrespectful to the patients who not once over the last decade have deviated from what we've been asking for. And now we are here. We have done it. And so do I think recreational's coming? I don't know. I can tell you I won't be running a ballot initiative for recreational marijuana or anything for the rest of my life. So I hope that answers your question. And I apologize for my, my passionate nature on this issue today.

HOLDCROFT: I have just a couple of questions. My concern are really centered around two things. You mentioned, you know, a health care practitioner. Who is that? And I think in Senator Hansen's bill, it's a physician, osteopor-- porosic--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

CRISTA EGGERS: Osteopa-- doctor of osteopath.

HOLDCROFT: Yes.

CRISTA EGGERS: Yeah. So our ballot language and, and both of the senators--

HOLDCROFT: So really, there are only four.

CRISTA EGGERS: Abs-- yep.

HOLDCROFT: So that's--

CRISTA EGGERS: That's correct.

HOLDCROFT: Those would be the people you would be depending on for prescribing for a qualifying medical condition which is currently not listed. So we, we're not limiting this by a, a medical condition right now.

CRISTA EGGERS: Correct. That's--

HOLDCROFT: And in your case, it would be pediatric epilepsy.

CRISTA EGGERS: Yeah. For my, for my son's case. Absolutely. I can tell you that something like PTSD for a parent that watches their child go through horrific, horrific suffering every day, I would love to be able to talk to my doctor about something like PTSD as well.

HOLDCROFT: And you, and you have a physician who qualifies then to prescribe?

CRISTA EGGERS: You know, senators, it's a tough question because up until this point it has not been legal in this state.

HOLDCROFT: Uh-huh.

CRISTA EGGERS: And practitioners, especially with pediatrics, are very, very hesitant to offer any guidance on this issue. And I think I can speak for myself and many of the patients behind me that, that we want to do it with guidance. I need to know that that practitioner knows every medication my son's on and that when we end up in the ER that I can, I can, you know, be transparent with what my son's on. And so I hope and I, I want to make sure that we allow a program that does not

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

make it burdensome on, on physicians to recommend. Because at the end of the day, if we don't have physicians that are good and knowledgeable, experts in the field of-- whether it's epilepsy or cancer-- you know, this, this program doesn't thrive. It, it doesn't-- it's not successful for patients. And so I think we need to look at regulation surrounding, you know, how these recommendations are made and, and, and the burden that we put on a patient or on practitioners just the same.

HOLDCROFT: Thank you very much, Ms. Eggers. Josephine, you're up.

JOSEPHINE LITWINOWICZ: Anyway. My name is Josephine Litwinowicz, J-o-s-e-p-h-i-n-e L-i-t-w-i-n-o-w-i-c-z. And just from the standpoint of the pain, I have MS, neurological pain. I've got neuropathy and-- on my neck. I played for a major 5A football program in New Or-- in New Orleans. You know, don't judge a book by its cover. And I got-- my neck. You know, it was a hard hit. And I'd like to see you ask my coach if he thought I was going to go to Division I. The point is, you do get messed up if your-- football is a sport where that's what happens. And so I got all that stuff and I have to-- I go up and down all the time. And I'm just in a lot of pain all the time. In fact, speaking of PS-- PTSD, I have to deal with all the negative body language from people that, you know, like to, you know, just look at me and-- with disgust and contempt. And I just want to say, you know, I'm-- I have-- don't look at me for who you might think I am. Look at for the other people like me. And, you know, I have to come here every-- you know, I have to be-- I have to take a little bit of marijuana before I come here all the time. I mean, I don't-- I titrate it, you know? It's just a little bit all the time. So I want to be able to smoke it. I want it to be fast. I did medical marijuana from another state. I don't care. I, I need it. I don't care if I get in trouble. I, I, I don't-- none of that. And I just hope, you know-- and as far as masking the pain goes, that's good enough. I, I don't see-- I don't see the need for a cure, although it does, you know-- and it, it gives me pause when Senator Crawford's bill back in-- was it '20? I don't know. About ten years ago-- that was specifically designed to help kids with epilepsy. You know, the-- that didn't pass, and it was specific to that. So I just hope we don't beat around the bush here. And if there's amendments, it comes back to committee. I just-- and the PTSD from Donald Trump. My-- I don't want to get on to that because that's-- but this is the only thing more important than, again, what I'm talking about. And even with my pain. My God. You know, I hope you have an open letter. It should be

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

signed already. This is so damn disgusting. And I, I-- it bothers me-- that-- it, it brings me down. And it, it, it actually helps with that because it makes me sick. Just like Senator Murkowski. Anyway. I don't know. I'm going to-- I'm going home right now. I got to go to bed. My health aide comes at 5-- 4, so thank you for letting me speak. And I just want to get across to you, you know, the amount of pain I'm in. I take Lyrica too. I need both. And it still doesn't work all the way. OK. Any questions?

HOLDCROFT: Yeah. Are there any questions from the committee? Yeah. Oh, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Ms. Litwinowicz. I just want to ask-- you mentioned about just the reason, you know, masking the pain, but-- so I guess my question is, pain management is a quality of life question, right?

JOSEPHINE LITWINOWICZ: [INAUDIBLE].

J. CAVANAUGH: Yeah. So by being able ju-- even just to mask the pain allows you to go about your day.

JOSEPHINE LITWINOWICZ: Yeah. I don't think I'd still be alive without-- I mean, I, I don't-- I think I'd be gone by my own hand. And so it is a problem.

J. CAVANAUGH: Yeah.

HOLDCROFT: An-- any other questions from the committee?

J. CAVANAUGH: Thanks for being here.

HOLDCROFT: Thank you very much, Josephine. Next testifier. So you can be a proponent, opponent. It's both. And how are you going to testify?

ANDREW DOUVLIS: I'm going to be handing out some handouts. I'm going to be a proponent to both LB651 and LB677.

HOLDCROFT: OK.

ANDREW DOUVLIS: Good afternoon, members of the General Affairs Committee. My name is Andrew Douvlis. That's spelled A-n-d-r-e-w D-o-u-v-l-i-s. And I am testifying-- testifying today in support of

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

LB651 and LB677. I'd like to start out by introducing myself as a resident of Nebraska who is a business owner here and today hope to bring light to my support to both of these bills but also suggest some important changes to the Nebraska Medical Cannabis Act. I represent a group of Nebraska busine-- business owners who wish to pursue a medical license and hope to establish Nebraska as a leader within the cannabis industry and ex-- and example for responsible legislation that should resemble a nationwide framework. I believe we have a rare opportunity to look at those who have done this before us and learn from both their successes and shortcomings and shape the regulatory viron-- environment in a way that bolsters the industry-- the-- bolsters the industry and empowers Nebraskans to receive the products to help them in their everyday lives. This legislation should treat cannabis as the medicine that it is to ensure we allow patients to ingest these products in whatever manner that is best suited to treat their underlying conditions and symptoms in a safe and well-regulated manner. In order to ensure that these patients are indeed getting this level of care, we must ensure a regulatory environment that protects patients from seed to sale. This means ensuring only groups with precise industry knowledge are ones afforded licenses, and legislation should reflect clear and-- should reflect a clear preference for that. Additionally, we must ensure the rules that limit the amount of negative externalities that might arise from the process, from potting your first plant to delivering to the customer. As such, we must ensure all cultivation activities are done in a highly controlled environment, just as all other medicine is, to limit variables that can lead to final products from containing harmful pesticides, chemicals, pathogens, and foreign bodies that would turn this medicine into something that could potentially harm patients. As a result, it is vital that all cultivation activities are done in controlled indoor facilities to ensure the smallest level of variance and the highest level of quality for those who need it the most. Furthermore, I have been encouraged to see an openness to allowing as many forms of this product to be avel-- to be available to consumers, as different conditions require different solutions to their underlying problems. In order to ensure this, two important changes I think should be made. From Senator Hansen's bill under Section 136, where it both bans harms-- harmful substances along with the addition of nicotine or alcohol. If we were to adopt these regulations, it would "obtensively" make it, make it unable to produce high-quality tinctures and extracts. This is due to the underlying chemistry of the manufacturing process

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

involved in both of these products, as tinctures needs a solvent to hold the active ingredients within the cannabis plant, and extracts require hydrocarbons such as butane in order to complete the extraction process. However, they are removed in their final form. As a result, the regulate-- the regulations need to reflect the scientific reality of producing these medicines and allow for reasonable allowances that reflect the reality of the manufacturing processes.

HOLDCROFT: I'm sorry. That's your time. See if there are any questions from the committee.

ANDREW DOUVLIS: No worries.

HOLDCROFT: Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Mr. Douvalis [SIC].

ANDREW DOUVLIS: Yes. That is correct.

J. CAVANAUGH: So what was the next point you were making-- or, I guess the last point you were making?

ANDREW DOUVLIS: Yes. So it was basically-- I was going to say that butane is part of the extraction process to make these extracts. It is removed in its final form, but it is still tested for. So for instance, in Colorado they have an acceptable allowance of 2,000 parts per million in the final form. I believe we should have a stricter regulation, which would allow up to 500 parts per million in the final form of the extracts, so that way we are ensuring the safest possible product for this particular form. And extract is, of course, something that will be smoked and is fact-- fast acting. So those who need immediate relief from the THC can then use a particular product like that. Kind of similar really with the tinctures. The way that you're able to get high-quality tinctures is you have it in the alcohol solution, and that allows for a homogenized product, meaning that you're going to have consistent dosages throughout the bottle. And so you actually know what you're getting. And so when you're being prescribed a tincture-- so for instance, like when Crista was talking about her son-- if she was going to use a product like a tincture, she would want to know that every single drop from that is a consistent dose. And if you weren't going to allow alcohol and did an oil-based

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

solution instead, the likelihood of having it as homogenized and as accurate for dosages is going to be less likely, meaning to a lower quality product for the patient.

J. CAVANAUGH: OK. And that-- so that was all 1-- Section 136 of the amendment or the bill?

ANDREW DOUVLIS: Of the bill. Yes. I have not read the amendment yet.

J. CAVANAUGH: OK. And then was there another section you had a comment on it or was that it?

ANDREW DOUVLIS: That was the-- I have a, a quite a few comments. I've actually handed out a printout of many different things I have, but of course I only had three minutes to testify today, so I figured I'd give one example of the many things that I believe would help produce, like I said, a, a robust, well-regulated cannabis set of regulations that we can pull from many different states. I think a really good example-- for instance, my partners who have gotten licenses in California, New York, Florida, Missouri, and Colorado, they've seen a lot of good practices and a lot of bad practices. One of the things being, like, for SLPs. So if you are going to get a manufacturing license, you need to ensure that you know what you're doing and the proper processes along the way to end up producing the correct final form of the product. And so if you don't have a regulatory environment that requires those SLPs to be done correctly, then you can have groups that come in and don't make the proper products. And again, if we're going to be treating this as medicine, we need to ensure that the products themselves are of really high quality, are limiting any negative externalities, and so that way they can have best outcomes for the patients.

J. CAVANAUGH: All right. Thanks.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you very much, sir.

ANDREW DOUVLIS: Thank you.

HOLDCROFT: Next testifier. How are you testifying? Proponent for both?

ZACHARY POHLMAN: Opposition for both.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: OK. Go ahead.

ZACHARY POHLMAN: Good afternoon. My name is Zachary Pohlman, Z-a-c-h-a-r-y P-o-h-l-m-a-n. I serve as Acting Deputy Solicitor General in the Attorney General's Office. I am here to testify in opposition to LB651 and LB677 for two primary reasons. First, unlike initiatives that amend the constitution, the marijuana statutes do not create an affirmative duty for the Legislature to act. Proponents argue that legislation is needed to carry out the will of the voters. In fact, the opposite is true. Because the voters passed two specific statutes into law, the Legislature should ultimately respect their will by leaving those statutes untouched. The reason the Nebraska Constitution puts such a high bar-- 33 votes-- before the Legislature can modify a law passed by the voters is because the only true expression of the will of the voters is the law that they passed. In this way, the marijuana initiatives are different than initiatives that amend the state constitution and task the Legislature with carrying out their provisions, as with gambling and voter ID. Second, the marijuana statutes are subject to legal challenges. As the committee is likely aware, the Attorney General's Office uncovered misconduct in the petition process, which led to a criminal conviction and ongoing litigation. That case is pending in front of the Nebraska Supreme Court. If the court decides that the petitions should not have been on the ballot, then any changes made this session will be ineffective. More legal challenges exist or are in store. As one example, federal law makes it illegal to distribute marijuana. This office has long held that any attempt to license entities to dispense marijuana in Nebraska violates the federal ban. If the Medical Cannabis Commission tries to do so, the Attorney General's Office will challenge that action as preempted and unenforceable. Because the petitions do not compel the Legislature to act and because litigation will continue through 2025, the Attorney General urges the committee to hold these bills into the 2026 session, when the legal landscape will be clearer. A final note on the 116-page amendment to LB677 filed on Friday. One major concern to flag is that the amendment might create a path to legalizing synthetic recreational THC, an issue the Judiciary Committee is actively considering. Legalizing synthetic THC would be an enormous negative change for Nebraska. Synthetic THC products have led to hospitalizations and mental health breaks around the state. The Attorney General strongly opposes the amendment and urges the committee to vote no. I welcome the committee's questions.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Any questions from the committee? Senator Cavanaugh. Yes.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here. So my first question is-- you've made reference again to the criminal conviction. What was the conviction for?

ZACHARY POHLMAN: The conviction was for malfeasance in the circulator process. So there, the circulator was copying names from the phone book, and he was--

J. CAVANAUGH: And it, and it was one person?

ZACHARY POHLMAN: That-- one person has been criminally convicted, yes.

J. CAVANAUGH: And, and what was the penalty that they received for that conviction?

ZACHARY POHLMAN: No, I'm not sure. I'm not on the criminal team.

J. CAVANAUGH: OK. And were those signatures counted as part of the petition process?

ZACHARY POHLMAN: The signatures from that particular circulator?

J. CAVANAUGH: Right.

ZACHARY POHLMAN: I am not sure on that either.

J. CAVANAUGH: OK. And so-- and the criminal-- the, the ongoing litigation that you're saying we should postpone any decision on this, who's litigating that?

ZACHARY POHLMAN: Well, there's a, there's a handful of existing cases. So one is currently pending at the Nebraska Supreme Court. The Attorney General's Office is on that case. If the Supreme Court agrees with us in that case, then the effect will be that the petitions should not have been on the ballot in the first place and any amendments made this legislative session would be void.

J. CAVANAUGH: OK. So--

ZACHARY POHLMAN: There, there's also-- I, I, I said there's multiple. The other one is pending in Lancaster County District Court right now. That is brought by a private party, but it raises federal preemption,

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

state constitutional, and state regulatory arguments. Those I want to be clear as well are separate from whether the petitions should have been on the ballot in the first place. One is a process argument, and then the one that's pending is a substance argument. And then I alluded to a third potential lawsuit in my opening, and that's the argument that if the commission were to grant a license to an entity to dispense marijuana that that action would be preempted by federal law. So that hasn't happened yet. But if it were to, the Attorney General is prepared to challenge that action as unlawful.

J. CAVANAUGH: So you're telling us-- well, first off, you, you are representing the Attorney General's Office, and one of the arguments to us is that the Attorney General is suing, so we shouldn't take action. Is that a-- just accurate summary?

ZACHARY POHLMAN: I would say that the summary is that the people enacted two statutes last fall, and the Attorney General is here asking the committee to let the statutes that the people enacted rise or fall on their own merits. The best evidence of the will of what the people want is the language of the statutes that they enacted into law. And so it's possible that the people chose to adopt a statute that is unlawful. In fact, it happened before when the state tried to amend-- well, did-- amend the state constitution after putting it on the ballot to put term limits on our federal congressional delegation. That went into the state constitution. And then it was challenged. And the Nebraska Supreme Court said, following U.S. Supreme Court precedent, that's unlawful. So it would not be unprecedented for a statutory initiative to subsequently be struck down by a court.

J. CAVANAUGH: Sure. OK. Was the Attorney General the one who litigated that case?

ZACHARY POHLMAN: That is a good question. I'm not sure. He was named in the case, but it was a mandamus case, and so-- it gets confusing. I, I'm not sure. I would have to look and could get back to you.

J. CAVANAUGH: Well, the Attorney General is the lawyer for the state of Nebraska, right?

ZACHARY POHLMAN: That is generally true, yes.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: So if somebody brings suit against the state of Nebraska, the Attorney General would be the one to defend the state of Nebraska?

ZACHARY POHLMAN: Generally, that's true. But if someone-- if, if the Attorney General would be put in a position where he would have to defend an action by, say, a state agency that violates the constitution-- the Nebraska Constitution trumps state law to the contrary. And so if you have a situation where a state agency is acting in a way that violates the Nebraska Constitution, the Attorney General, in upholding his oath to the constitution, could not defend that statute and must instead defend the Nebraska Constitution. And that's exactly what we're saying would happen with future preemption challenges.

J. CAVANAUGH: OK. And then if the Attorney General filed suit against the state of Nebraska, who defends the state of Nebraska?

ZACHARY POHLMAN: So, so I want to be-- it's, it's a technical point, but the way it would work is the Attorney General would sue the unlawful actor. And that, that is something that happens all the time. The Nebraska Supreme Court has been very clear about the Attorney General's common law powers to enforce the constitution. So the Attorney General would sue the state agency. Obviously-- I mean, you're a lawyer. You know that you can't appear on both sides of the "v." And so the state agency would then hire outside counsel to defend that particular lawsuit.

J. CAVANAUGH: OK. I guess my issue with your testimony here is that it seems like we're being threatened by the Attorney General into not-- into trying to get us not to take action. Is that-- am I misinterpreting the threat of a, a later lawsuit if we do pass this?

ZACHARY POHLMAN: Yes. We, we are not threatening anybody. And if that's the impression I gave, that is incorrect. What the Attorney General is saying is that when the people exercise the power of initiative to pass not one, but two statutes pertaining to medical marijuana, we should let the people's voice be heard by letting those statutes stay into effect and let the legal challenges that are pending settle before this body takes any future action that would actually be contrary to the will of the people, contrary to what we passed. And I, I mentioned it in my opening, but when the Legislature amends a statute that was adopted via the initiative power, it requires 2/3 to adopt that

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

initiative, not a simple majority, as for other legislation. And the reason is that we want the will of the people to be upheld. And if the will of the people is to enact a law that violates the fundamental law-- the constitution-- then it must fall. I will point out too that the sponsors of the marijuana "petitive" could have amended the Nebraska Constitution. They could have pushed for a constitutional amendment, and that would have gotten rid of potentially at least some legal challenges. They didn't do that. And so when we the people act as a coequal branch with the Legislature, we-- like you all-- are bound by the strictures of the Nebraska and federal constitutions. And all our office is saying is that we take seriously the duty to uphold and defend the constitution, and we'll do that when statutory law is inconsistent with the constitution.

J. CAVANAUGH: I think that we're going to-- we could do this forever, so I appreciate your time.

ZACHARY POHLMAN: OK.

HOLDCROFT: Anybody else from the committee have a question? Yes, Senator Andersen.

ANDERSEN: Thank you, Chairman. And thank you, Mr. Pohlman. I am not an attorney, so I'm finding the conversation fascinating. So I'll ask you the same question I asked somebody earlier. How do you rectify a federal prohibition on a substance and then a state recognizing it as legal? How do you-- how do you-- how do you just-- how do you recognize or rectify the two?

ZACHARY POHLMAN: Well, I think it's difficult to reconcile the two, and courts around the country have also found it difficult. There have been a number of preemption challenges brought in other states. Some have succeeded and some have not. And whether a case succeeds will turn on the particulars of how the state law is written. So just to make it really concrete, I'll give you an example from Colorado. Colorado, in its state constitution, had a provision that when police officers seized marijuana from someone during a traffic stop, if the person was ultimately acquitted of the crime on the grounds that they had a medical marijuana card, the state constitution required the police to return the marijuana to the acquitted individual. Now, that provision was challenged. It went to the Colorado Supreme Court in 2017. And what the court held was that the police officer could not lawfully

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

distribute marijuana to a private citizen because federal law prohibits the distribution of marijuana. And so, in that particular case, that portion of the Colorado Constitution was struck down as preempted by federal law. There's other similar cases out of Maine and Oregon in the employment context. There's a case in the Eighth Circuit about criminals who are out on probation, whether they can possess medical marijuana. The answer is no because it's an illegal drug under federal law. So there are lots of cases like this. And what we're pointing out is that, under the marijuana initiatives that passed last fall and as amended by the bills we're considering today, there are serious legal problems raised by them along these same federal preemption grounds.

ANDERSEN: So representing-- thank you. So representing the chief law enforcement organization for the state, the Attorney General, if there was a sheriff pulled somebody over and there was a, a, a bag of marijuana on the driver's-- on the seat and the officer realized it and he went-- is he then bound-- and the guy says, hey, wait a minute. I got, I got a medical marijuana card. So regardless of why he had a sitting in the car, is the sheriff still responsible-- legally responsible to have to arrest that person for being in control of a illegal substance? Is that correct or no?

ZACHARY POHLMAN: I can't speak to that particular hypothetical. I'm not on our criminal team. But what I can tell you that might help is that the possession, manufacturing, and distribution of marijuana is illegal under Nebraska state law, and nothing about the initiatives changed that. It's still a crime to possess marijuana. It's also still a crime to possess marijuana federally. And so I think, I think I'll leave it at that for now.

ANDERSEN: OK. One last question. If you-- so you talked about the litigation and the lawsuits underway right now. If, if none of these bills come forward and this committee does nothing, nothing goes forward, and that litigation fails, what would be the result?

ZACHARY POHLMAN: The result would be that the two statutes that the voters passed into law last fall would remain the law, just like they are now. And if I could just address something that Senator Hansen said earlier along these lines, he suggested that we might have the Wild West-- basically, no regulation unless this body acts-- that's just not true. There were two particular statutes that passed last fall. There was an Initiative 437, and then there was Initiative 438. And 438 was

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

the regulatory piece, was the regulatory component. And what it does is create and delegate authority to the newly constituted Nebraska Medical Cannabis Commission to promulgate rules and regulations to govern cannabis in the state. So that's no different than any other time that the Legislature has a policy goal and then chooses an executive agency to enforce it. So if we want safe roads, we create the Department of Transportation. And then the Department of Transportation is tasked with, you know, filling in the details. That is the system that the voters voted on last fall. And so to say that there would be absolutely no regulation or the Wild West is just not true. And it's our view that we should let the legal landscape become much clearer before this body rushes into legislation and acts before we know what exactly the law looks like in Nebraska.

ANDERSEN: Thank you.

HOLDCROFT: Any other questions from the committee? I have a couple. So as you say, I mean, if we do nothing, 1 July, the Liquor Control Commission is going to have to promulgate its, its procedures going forward. And I expect the executive director-- who's in the room, who's coming up later-- is going to tell them, probably can't do that. I mean, there's not enough time to set up the rules and regulations. So we are helping. We are directing the Liquor Control Commission with some guidelines on how it can be done. And one of the first thing-- it's in both bills for Hansen and Conrad, is to postpone the, the actual implementation of their licensing until 1 October-- well, the, the procedure till 1 October and then the actual issuing of licenses starting in January, give time. And we're, we're trying to help here by giving some guidance to the Liquor Control Commission on how to, how to set that stuff up. And then, you know, other, other ways to help him from other agencies. So my-- what I'm hearing here on-- and I'm, I'm not coming to a question for you, but is-- the, the Attorney General wants us to keep this, this law stupid and-- where he can find some loopholes in it and make it illegal. So, you know-- and, and the Legislature just isn't that kind of body. I'm here to tell you. So I appreciate your testimony. And we'll see what happens.

ZACHARY POHLMAN: I, I certainly don't think that the Legislature is stupid or that the statutes as they exist are dumb. What, what we're saying is that, under the statutes as they exist and under the bills that we're talking about today, the federal preemption challenge that I was talking about with Senator Andersen remains the same. And so the

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

further down the line that the regulations are promulgated and that registrations or licenses are granted will only prolong the legal uncertainty. The question that's going to be teed up could be decided soon. But if there's a brand-new law that gets enacted this May-- goes into effect a little bit later this year-- all that does is push the litigation timeline down. And so now we're looking at another year, possibly two, of uncertainty, when right now we have cases on, on the presently existing timeline that could answer the questions that we're talking about today.

HOLDCROFT: Any other questions from the committee? Thank you for your test-- testimony. Next testifier.

DON LEASE II: Good afternoon, gentlemen. My name is Don Lease II, L-e-a-s-e. I hail from Banner County in Nebraska, which, for those of you that don't know where it's at, we see Wyoming every day. It's a pleasure to be here. If I-- I, I wrote down that I would testify as neutral on LB677. I would testify for it, but I don't think it's quite strong enough. My concern, senators, is that we are not doing enough to protect the children in the state of Nebraska. We need strong rules that schools can enforce to keep the marijuana out of the schools, whether it's medical or not. Now, I don't know how you're going to do that if it's medical, because we do distribute aspirin through our school nurses. I think it's unfair to ask a school nurse to distribute a, a federally controlled substance, but we'll have to deal with that, I suppose. My second problem with the bill is it's probably not strong enough, although it is the best of all bills in relation to the, the employers of CDL truck drivers in safety-sensitive positions. We need some ironclad stuff. I am a county commissioner. I do not represent Banner County at this time. But I understand the need to employ people as CDL drivers. I myself am a CDL driver. And the federal law says you can't drive a truck when you're under the influence of marijuana. It's pretty simple. And we do drug test randomly. We're all subject to random drug testing or we're in violation of the law. So we need to have some really good wording, some language, some law in there that allows us to terminate people who have CDLs and are using cannabis. A final thing is we need to figure out how we're going to treat all the new mental health cases. We know that marijuana can, when used heavy, create psychosis and schizophrenia. And we're already struggling to support all our mental health issues in western Nebraska. I really would appreciate if we had some extra money also for prevention. We don't spend a lot of money in the state of Nebraska on marijuana

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

prevention, because it hasn't, it hasn't been legal. We would like to have some money allocated, whether it's through an amendment to one of these bills or through Health and Human Services or through Appropriations to help do prevention, mostly for kids. We need to, to have them not doing marijuana if we can help. It really does affect their mental, mental health. So if you have any questions.

HOLDCROFT: Thank you, Mr. Lease. Any questions from the committee? Senator Rountree.

ROUNTREE: Thank you, Chairman Holdcroft. And thank you, Mr. Lease. I was just looking at where you are. You are looking over at Wyoming.

DON LEASE II: I know. Every day. Yes, sir.

ROUNTREE: Without having a marijuana problem out there, we're talking about mental health. But what are the items then that are affecting your children out in, in Banner County?

DON LEASE II: What, what are the problems?

ROUNTREE: Yes. What, what is really causing a lot of the mental problems out there now? I know marijuana would be one of the things that would help to increase that, but what are they going through right now that you see a lot of mental health issues and we'd fund money out? What's going on?

DON LEASE II: You know, I, I think there's a lot of illicit drug use that leads to mental health issues. Legalizing a drug isn't going to cure that. We have alcohol. Alcohol is responsible for a lot of mental health issues.

ROUNTREE: Right.

DON LEASE II: Absolutely. It's, it's a stressful time for youth. I, I'm almost 65 years old. And it was stressful when we were kids, but they're just a lot more consistent pressures throughout the society, quite frankly. I, I think we could tie a, a substantial amount of our mental health issues in the state of Nebraska or anywhere to drug use, whether it's alcohol or, or marijuana or opioids, as far as that goes, so.

ROUNTREE: All right. Thank you, Mr. Lease.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

DON LEASE II: Thank you.

ROUNTREE: I appreciate it.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Mr. Lease. Next testifier.

PAUL DORENBACH: Hello. My name is Paul Dorenbach, P-a-u-l D-o-r-e-n-b-a-c-h. I'm a proponent of both of the bills. I'm an analytical chemist. I'm born and raised here in Nebraska. And in 2017, I moved to California to work for a laboratory test-- cannabis laboratory, testing for regulatory, you know, cannabinoids, pesticides, residual solvents, heavy metals. So I, I have-- my expertise lies in developing analytical methods to detect, to dede-- detect these compounds. I don't have expertise in all of the legal battles going on here, but I also-- I do have some kind of just expertise in the chemistry but also kind of some firsthand experience with how the regulations kind of look, in reality, I suppose. So, you know, there can be good rela-- regulations that have reasonable limits for these pesticides and, and require testing for cannabinoids, but if they're not enforced, if they're not-- if these, if these labs aren't audited and whatnot, you know, the regulations don't mean much without, without proper enforcement. And then, you know, that kind of leads into stuff that has happened in California. So I have experience in California, Arizona, Michigan, Oregon, and Colorado. So I worked for a lab that had labs in all those states, separate labs. And, you know, each lab has its own set of regulations, and some are more stringent and others are less. But I found that in California, while they had relatively stringent regulations, there was a really-- it took a long time for California to actually enforce properly. And so that's why you saw kind of an uptick in black market. And it-- or, at least it didn't go down. And that's because, you know, it, it, it really wasn't rolled out in the best way. Whereas Colorado-- actually, the auditing system in Colorado was a lot better than other states'. So there, there's just a-- kind of a wide range of, of, of quality of enforcement. And I, I suppose I just wanted to bring light to that and make sure that the bills-- and it seems like these bills are setting the regulatory framework for doing that properly. And we have a lot of states to look after and, and, you know, find the good ones and, you know, ignore the bad ones. So I just want to put that out there.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Thank you, Mr. Dorenbach. Any questions from the committee? Seeing none. Thank you for your testimony. Next testifier will be a fight.

ADAM MORFELD: Thank you, Chairman, members of the committee. My name is Adam Morfeld. That's A-d-a-m M-o-r-f-e-l-d. And I am here to testify in a neutral capacity. I was planning on not testifying until the Attorney General's representative came up here today. So I thought I'd shed some light on a few different things. And I'm happy to answer questions, if I may. First, Chairman Holdcroft, you're exactly right. That is the AG's strategy, is to make it so that you do not pass guardrails, guidelines, regulations so that the commission can responsibly roll this out. The reason why there were not more guardrails and guidelines created under our two initiatives is that we have what's called the single-subject rule. We have to keep our language to one single subject. And when I was a ballot sponsor six years ago or so, we got kicked off the ballot because of a single-subject violation even though our entire proposal was really limited to, to marijuana. So we decided to go with two statutes, but we still had to be careful. The AG's Office also noted, well, they could have brought a constitutional amendment. Well, we did do that the first time, and it was kicked off the ballot by many of the Attorney General's allies that was funded by that. And so that's why we went to a statute. I would also note-- and I have to correct the record here a little bit. The Attorney General's representative said that they found a ton of fraud and all this other stuff. They found one individual who admitted that he acted alone and decided to fill out some ballot pages. And they were an isolated incident that was not connected to the campaign whatsoever. But what instead the Attorney General has done, quite frankly-- which to me is the most despicable thing that I've seen in my 20 years in public policy and politics here-- is terrorize a bunch of Nebraskans who had never been involved in the process before with ballot initiatives and accused them of things that they had never done and tried to imply that they had done things that were not proven in court. And I have never, ever recommended anybody who's not an attorney read a district court opinion, but I will recommend that you read Judge Strong's opinion. It is 57 pages that are well-reasoned and detailed, striking down each and every one of the Attorney General's arguments. I have never seen such incredible nonsense brought before the court used to terrorize and attack just regular Nebraskans, most of which, almost all of which are volunteers. This initiative is on its third iteration. It was passed

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

overwhelmingly by the people. And I urge you to consider reasonable, thoughtful regulations that have been brought to you today. I do not take an opinion or a stance on those regulations, but it will help make sure that we have a successful system in the state of Nebraska and one that is safe and restricted as well. And so I'm happy to answer any questions that you may have. As you can tell, I'm fairly passionate about this. I've been working myself on this for six years. Not because it's my number one issue, but because of all the people behind me and many of the people I worked with, their children and themselves needing that medicine.

HOLDCROFT: That's your time, Mr. Morfeld.

ADAM MORFELD: Thank you, Mr. Chairman.

HOLDCROFT: See if there's any questions from the committee. Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Mr. Morfeld. Good to see you. And I appreciate that context. And maybe you could answer the question I asked Mr. Pohlman, I believe, is his name from the Attorney General's Office. That individual you referenced who did admit to bas-- filling out the forms and took them-- and I think he pled guilty, right?

ADAM MORFELD: Yes, he did.

J. CAVANAUGH: Those forms that he filled out weren't counted as part of the 90,000 that Ms. Eggers mentioned.

ADAM MORFELD: They were never counted. And a real testament to our election officials: they identified that they were suspicious right away, forward them on to law enforcement, and took care of him. And he, he pled guilty. And, you know, he was given some type of sentence or fine. And that's the way the process should work, and the process did work.

J. CAVANAUGH: So none of the suspect petition signatures were included in, in the ti-- the total.

ADAM MORFELD: None of the suspects' signatures were included at all. And what the Attorney General's hanging their hat on-- which the district court roundly struck down, essentially-- was essentially

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

saying that because one or two notaries, they suspected malfeasance or whatever, that should strike down all the valid signatures that have been submitted. And if you have ever worked on one of these campaigns, you usually have four or five primary notaries that are notarizing all the petitions. And then sometimes you have a bunch of volunteers out there that you don't even know are collecting signatures or notarizing signatures. And so they're attempting to-- they're attempting a fairly novel legal argument that has never been adopted in any petition initiative state. And I cannot predict what the Nebraska Supreme Court will do, but the district court did not buy that argument and did not go along with it.

J. CAVANAUGH: Thank you.

HOLDCROFT: Any other questions from the committee? Senator Andersen.

ANDERSEN: Thank you, Chairman. Thank you, Mr. Adam Morfeld, for being here and your testimony. Just out of curiosity, are you representing yourself or are you represent a client?

ADAM MORFELD: I'm representing myself here today. I am the legal counsel to Nebraskans for Medical Marijuana, though.

ANDERSEN: OK. Thank you.

ADAM MORFELD: Yep. You bet.

HOLDCROFT: Any other questions from the committee? Thank you, Mr. Morfeld.

ADAM MORFELD: Thank you, Chairman.

HOLDCROFT: Next testifier.

ROGER DONOVICK: Good afternoon, Chairman Holdcroft and members of the General Affairs Committee. My name is Dr. Roger Donovan, R-o-g-e-r D-o-n-o-v-i-c-k. I am the Executive Medical Officer of the Department of Health and Human Services. And I am here to testify in opposition to LB5-- LB651 and LB677. At the federal level, cannabis is currently classified as a Schedule I drug under the Controlled Substance Act. Schedule I drugs are substances determined to have a high potential for abuse and no accepted medical use. There is currently no U.S. Food and Drug Administration approved medical use for cannabis. Further, due to

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

the federal criminalization of cannabis, rigorous scientific study on the effectiveness of medical cannabis, cannabis for any purpose is lacking. The FDA has approved some cannabinoid compounds found in cannabis for the limited treatment purposes of specific forms of epilepsy, chemotherapy-induced nausea, and anorexia associated with weight loss in AIDS patients. Cannabinoids are cannabis derivatives but lack the psychoactive and other potential harm of-- harmful effects of cannabis. The harmful effects of cannabis include an increased risk of car accidents, interference with memory and learning, altered brain development in adolescents, and an increased risk for psychosis. Both bills expand protections further than the voters approved on Ballot Initiative 438 to include the individuals using medical cannabis and to the recommending health care providers beyond criminal sanctions to exclude any manner of penalty. The bills further extend civil and criminal immunity to individuals in the presence or vicinity of cannabis use, as well as those individuals who allow usage on their property, in accordance with the act. LB-- furthermore, LB651 transfers authority from the commission as required by the ballot initiative to DHHS. We respectfully request that the committee not advance either of these bills to General File. And thank you for your time. And I would be happy to answer any questions on either of these bills.

HOLDCROFT: Thank you. Any questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Dr. Donovanick.

ROGER DONOVICK: Yeah.

J. CAVANAUGH: Well, I guess I'm gonna start with the easy one first. Is your opposition that the DHHS would be responsible instead of the commission?

ROGER DONOVICK: Well, that's, that's one of the-- yeah. That's one of the oppositions, that we don't, we don't view cannabis as a, a medication or health care, and therefore it coming to the DHHS would, would not be appropriate.

J. CAVANAUGH: You don't want to be responsible for it.

ROGER DONOVICK: Yeah.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: OK. And a lot of your testimony was about that-- basically you don't believe in the, as you just said, the medical validity of cannabis as health care. That decision's already been made by the voters of whether medical cannabis is legal, right?

ROGER DONOVICK: Yes.

J. CAVANAUGH: OK. So then the rest of your com-- your negative testimony was more about just sort of the mechanical implementation of that. So are you here in a-- I guess your testimony is-- I-- to-- with your medical expertise, right?

ROGER DONOVICK: Yes.

J. CAVANAUGH: So whether or not someone who's standing near someone who is administering it has legal protections is not really under the purview of your medical expertise or DHHS, especially given you don't want responsibility for it.

ROGER DONOVICK: Well, one, it, it's not a-- it hasn't been approved as a medication. Correct?

J. CAVANAUGH: By the federal government, but it has been by the ballot initiative.

ROGER DONOVICK: It's not even with the ballot initiative. It's not prescribed. It can be recommended. Medications are things that go through an approval process and are prescribed. And the ballot initiative also is preventing any sort of sanctions of, of somebody who's recommending it. So that's problematic, right? Typically, if somebody's-- if you have a, a pro-- a provider, a clinician who's prescribing-- or, in this case, would be recommending, and they're recommending or prescribing to somebody where it's contraindicated, there's consequences to that. And there could be sanctions. And-- so there's problems with this coming over as health care for, for, for mult-- multiple reasons.

J. CAVANAUGH: But I guess I would again ask, didn't the ballot initiative already make that determination?

ROGER DONOVICK: It made the determination that it's, it's legal, allow-- allowable, yes.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: OK. Thank you.

ROGER DONOVICK: But, but also, the ballot initiative, it, it was kept in the, the Liquor Commission, correct?

J. CAVANAUGH: I-- and, you know, I'm not here to tell you where it should be held. I, I probably prefer the Liquor Commission especially--

ROGER DONOVICK: Yeah. I'm, I'm not here to say where it should be held either. I'm just-- I'm, I'm just talking about why, why there's problems with DHHS.

J. CAVANAUGH: OK. Thanks.

ROGER DONOVICK: Yeah.

HOLDCROFT: Yes, Senator Andersen.

ANDERSEN: Thank you, Chairman. Thank you for your testimony. Thank you for being here. Is it, is it a nor-- normal state that the general public would determine how to use other medicines--

ROGER DONOVICK: No.

ANDERSEN: --like Oxycontin, opioids--

ROGER DONOVICK: No.

ANDERSEN: --any pain relievers? So they don't do that as a matter of course. So this isn't normal--

ROGER DONOVICK: Yeah. This is not-- yeah. As a normal course, there's other ways where medication comes to the public. There's approval processes and things like that.

ANDERSEN: Well, medical professionals decide, not the general public.

ROGER DONOVICK: Yes.

ANDERSEN: Thank you.

HOLDCROFT: Any other questions from the committee? Thank you, Dr. Donovanick. Appreciate it. Next testifier.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

SHELLEY GILLEN: Good afternoon. My name is Shelley Gillen, S-h-e-l-l-e-y G-i-l-l-e-n. And I am here on behalf of Nebraska Families 4 Medical Cannabis, which is a 501(c)(4) nonprofit. And we are here in support of LB651 and LB677. First of all, we'd like to extend our gratitude to Senator Hansen and Senator Conrad for coming together to collaborate on creating an efficient, patient-friendly medical cannabis system for our state. Since 2015, our organization has been dedicated to advocating for legal, safe, and compassionate access to medical cannabis for individuals and families suffering from chronic illnesses, debilitating conditions, and life-altering pain. We firmly believe that every patient deserves the right to explore natural doctor recommended treatments without fear, stigma, or legal barriers. Through education, community engagement, and legislative action, we strive to promote policies that protect patient rights, ensure product safety, and expand medical cannabis accessibility. Our goals are to empower individuals with knowledge, support families navigating treatment options, and work alongside health care professionals to integrate medical cannabis into their patient's care. Ballot Initiatives 437 and 438 were very specific as to what a safe and effective medical cannabis program would look like in our state. These specifics were what the people voted on and were passed with a 70% majority. We feel that LB651 and LB677 closely align with what the people voted on. In conclusion, Nebraska Families 4 Medical Cannabis has always advocated for compassion, science, and justice. We strongly feel that no human being should have to suffer when relief is within reach. We appreciate your time and consideration. Thank you.

HOLDCROFT: Thank you, Ms. Gillen. Are there any questions from the committee? Seeing none. Thank you.

SHELLEY GILLEN: Thank you.

HOLDCROFT: Next testifier.

LIA POST: My name is Lia Post, L-i-a P-o-s-t. I wish senator-- the senators that were out of the room would be here. I feel like it's high school and I got all you men here on a committee judging this woman, so. Hello. I'm certainly glad you're not part of my medical team. Far as I'm concerned, you're not doctors. And I'm really happy that the doctor representing the Department of Health and Human Services isn't on my medical team because I'd probably be dead. So for the last ten years, I've been dragging myself up here under the influence of

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

cannabis instead of opioids, benzodiazepines, sedatives, ketamine, which is a horse tranquilizer. I'm the piece of crap in the room because I don't want to use those 15 prescription drugs that I was prescribed. My doctors think I'm a hero. My medical team thinks I am winning at life. And I come up here and I'm treated with no respect. And Senator, I appreciate-- Senator Holdcroft, you're my senator, and I appreciate what you have said in this room. But, you know, for two years you did not think this way. And people have suffered and died. And people are going to continue to suffer and die. Arrest me. Let's make a statement. Come on. Come on, sir. Arrest me. I'm a terrible person because I don't want to be an opioid addict. Oh. What? All the killers are out of the room. Aw. Wonder how they're going to react. I know you got your marching orders, Senator. Not all of you did. How many patients are you going to be responsible for? How much blood is going to be on your hands? I love these people. I love their children and the fact that children have been suffering for over a decade in this state is unacceptable. And look-- and if you don't give a shit, I wish you'd tell me right now because I can go out in the streets and petition and I can hear people that say, I don't care. I don't care about your disabled kid. I don't care about your kid that has seizures. I don't care. I do. I do. Please. How many years do we have to beg? Please. Hear these people. See them as the humans that they are.

HOLDCROFT: OK. Thank you for your testimony. Any questions from the committee? Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Ms. Post. Well, first, I, I would say, you know, I, I think the people of Nebraska agree with you. Over 70% of Nebraskans signed the petition. And in ev-- or, I mean, voted for the petitions. And in every legislative district, it passed, right? So it's across the board the people of Nebraska agree with you that this is something we should be doing for you and for their kids. And the que-- and the question we-- here is whether this committee and the Legislature thinks we should make it workable, make it function as you had-- you guys all asked us to do.

LIA POST: That is all we wanted from day one, was a regulated system to help patients so they don't die. That is it, sir. I have volunteered every single minute of my time. I don't want anything but for other people not to suffer. Period. This is such an easy way to help people. And you guys can be heroes. Heroes. We need a hero.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: Thanks for being here.

LIA POST: Thank you.

HOLDCROFT: Any other questions? Senator Quick.

QUICK: Yeah. Thank you, Chairman Holdcroft. And thank you for your testimony. And I appreciate your passion. I have a son who's addicted to opiates.

LIA POST: I'm sorry.

QUICK: He just overdosed on Sunday. And so we're trying to get him into treatment now. So, you know, it's, it's, it's a struggle because you can't find opioid treatment in the state. It's hard. There's only a few places. So we need to, to find other-- we have the three medications that you can use for MAT treatment, but this could be another one that could be used for such things. And I don't know if you want to expand on that or not, but thank you.

LIA POST: Senator, if there's any time you need me to talk to your son and tell him he's not a nothing, I will tell him. And I will love him for you, because that's what he needs. And I can see that he has that from you, but a lot of people don't. And that's why it's so important we use our voice and we advocate for the voiceless. Your son shouldn't suffer, and I'm sure he didn't go out searching for opioids.

QUICK: They find him.

LIA POST: Amen. Amen, sir. I will pray for him. Thank you.

QUICK: Thank you.

HOLDCROFT: Any other questions? Senator Rountree.

ROUNTREE: Thank you, Chairman Holdcroft. And thank you, Ms. Post. I thank you for coming and testifying today. And first off, I want to just tell you that you have great worth and great value and you have a great love. And I'm not a scripture quoter, but as I'm listening to you, all I can say is that the greater love has no man than this but a man who'll lay down his life for his friend. And so all of these that are out suffering, they need somebody to stand in the gap. You said we need a hero. You're standing up and making your voice heard, and that's

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

what's going to move us down our line to get some action. And I can't tell you how it's going to turn out, but all I know is that we're here, and you're speaking, and you have worth, and you have value, as well as all those that are out, out that are suffering. And we want to try to come to a place where we can get you to live your best life that God has given you. So thank you for coming and testifying. And don't stop testifying.

LIA POST: Thank you, sir.

HOLDCROFT: Any other questions? All right. Thank you for your testimony.

LIA POST: Thank you for your time, Senator.

HOLDCROFT: Next testifier.

JOSH EGLE: Thank you. My name's Josh Egle, E-g-l-e. I'm here in support of LB651 and LB677. I've been involved in medical cannabis for over 20 years. I'm currently an owner of a medical marijuana dispensary in Jonesboro, Arkansas. I'm also the owner of a hemp company located on the Nebraska-Wyoming border that produces THC-free CBD pills and works with organizations helping people to opiate addiction and depression. I got involved in medical cannabis because my mother has been battling MS since the 1980s. My mom's family homesteaded along the Nebraska-Wyoming border in the late 1880s and have owned roughly 2,000 acres in Nebraska for over 130 years. After my father graduated from the University of Wyoming Law School, they moved to Denver, where I grew up. And in 1985, my mom was diagnosed with multiple sclerosis. Back then, her neurologist told you, I probably shouldn't be telling you this, but you might want to try marijuana to help with your MS. She was also told that she shouldn't expect to live past 40. My mom, who's a staunch Republican, made the decision to break the law because she felt she had the God-given right to do what was best for her health. Throughout the '80s and '90s, my mom found poor quality, overpriced marijuana on the black market to help her fight or disease. In 2000, when Colorado passed its medical marijuana law, my mom became one of the first patients in Colorado to receive their medical marijuana card. When I was done with college in 2004, I became my mom registered caregiver and started growing her a lot of plants in her backyard greenhouse. It was around this time my mom decided to get off her inexpensive-- or, incredibly-- incredibly expensive pharmaceutical drugs that made her

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

constantly feel lousy and only treat her MS with the cannabis she grew in our backyard. Since then, her doctor's been amazed as the lesions created by MS in her brain have stopped fusing together, and in some cases even shrank in size. Last November, my mom turned 68. Although LB651 and LB677 aren't perfect bills, I'm here today in support of them because the people of Nebraska who live in a free country also have the God-given right that when facing a dire diagnosis, chronic pain, or mental distress to fight their battles how they see fit. Imagine being a 25-year-old mother who was told she might not live to see 40. And imagine being told by your doctor that a plant grown with water and sunlight might help but your government will throw you in jail if you use it. I'm also here today to share a perspective from someone in the industry in a state with similar values and beliefs of that in Nebraska. Since 2019, I've been involved in the industry in Arkansas, and the laws in Arkansas are very similar to the framework set up by LB651 and LB677. In Arkansas, there aren't any-- there aren't dispensaries on every corner. The stores are clean, safe, and dedicated to helping people. Our store has been managed by a former sheriff and a state trooper. Our employees are caring, well-trained people who are dedicated to helping our patients find the best cannabis options for them. There have been very few problems with the industry in Arkansas. And while Arkansas also doesn't have a perfect system, it has a system that offers a wide array-- array of products that help with people with a wide array of medical conditions. In closing, I urge the committee to work to provide the people of Nebraska a safe, well-regulated medical industry. I urge you not to limit the products offered and not to limit the conditions applicable for a medical marijuana card. Over my years, I've learned that this plant helps people with all kinds of medical issues, and I've seen it firsthand every day in Arkansas.

HOLDCROFT: That's your time, Mr. Eggle. Eagle? Eggle.

JOSH EGLE: Eggle.

HOLDCROFT: Eggle. All right. Any questions from the committee? Seeing none. Thank you very much.

JOSH EGLE: Thank you.

HOLDCROFT: Next testifier. Welcome.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

SHARI LAWLOR: Good afternoon. My name's Shari Lawler, S-h-a-r-i L-a-w-l-o-r. I'm here always representing my daughter, who has suffered with epilepsy since she was 15 months. She's now 32. We started coming down here when she was 21. I was, you know, one of the original ones with Tommy Garrett's first bill. And I guess-- with some of the questions that haven't really been answered today, I wanted to talk about is that most patients who take daily medicine, you know, they have to carry it on their person. And-- just like somebody who has a heart condition and takes nitroglycerin, they must have it on themselves. And I know Storm's bill, it was treating it more like alcohol where it had to be in the back of the car and you had to pull over if you're driving, which most of my daughter's seizures occur when I'm driving because she's sensitive to sunlight and bright light. And so if I had to pull over and pull her out of the car when she's seizing and stiff and shaking and get her to the back and-- to get the medicine, it's just not workable. And another thing that hasn't been answered is about five month's supply. And some people take different forms even as one patient. Some people take a oil form on a-- daily or twice daily, just as all day long. You know, just like you would take a medication. You have-- like, if you're on high blood pressure, you take it in the morning, you take it in the evening. The same with oils. You take it in the morning, you take it in the evening. But there are times when you need another form and-- a, a capsule or, or the smoking. And smoking-- also, people don't understand that it-- the immediate nature of that goes right into the bloodstream so you don't have to wait 45 minutes for it to go through your whole digestive system in order to feel any effects. I guess-- and the 5 ounces would be a 90-day supply. Like, let's say-- again, you're on a regular medicine for high blood pressure. Your doctors will give you a prescription for 90 days, and that's so you don't have to go to Walgreens and those big, old, long lines that you see now and continually have to get your prescription. Besides that, it's just so I could have a different form of maybe-- for oil. I have a different form of weed for smokable. I have a-- and when you add all that up, that could be 5 ounces, but it may last three months. So, I mean, there is a reason why-- and it-- and caregivers are stressed. And besides that, their patients are sick. They can't get out to the store. And another thing about driving: most of these patients, they don't drive. Some of them are in a hospice bed. You know, some-- like my daughter. She can't drive. So there's a lot of people that are not even going to be driving. So that won't be a factor. But I would think that--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: That's your time, Ms. Lawlor.

SHARI LAWLOR: OK.

HOLDCROFT: Are there any questions from the committee? Yes, Senator Rountree.

ROUNTREE: Thank you, Chairman Holdcroft. And yes, you were talking about her not being able to drive. Did you have some more to offer?

SHARI LAWLOR: Oh, no. I was just trying to make the point that not everybody who is going to be taking medical marijuana is going to be out driving. You know, there-- we're very sick people. Cancer, you know.

ROUNTREE: Yes, ma'am.

SHARI LAWLOR: So.

ROUNTREE: All right. Thank you.

SHARI LAWLOR: Uh-huh.

HOLDCROFT: Any other questions from the committee? Thank you very much, Ms. Lawler. Next testifier.

SHANNON CORYELL: Hello. My name is Shannon Coryell, S-h-a-n-n-o-n C-o-r-y-e-l-l. And I have been a volunteer for the campaign since the beginning. And I just wanted to address some of the methods of delivery. Some of the people that I spoke to are stroke patients who have trouble swallowing liquids. My grandpa was one. He would gag after every meal. So inhalation worked best for him. Also, I'm going to assume most of you all do colonoscopies now. That liquid is horrific. Like-- so, yeah. I've got-- between that and the grape medication I used to have to take when I was a little kid for ear infections, doesn't work for me. So there are reasons, valid reasons for different forms. Pills are sometimes hard to swallow, especially the big horse pills. So over-- yeah. Over these past few years, a lot of them prefer inhalation. And it also is easier to dose. When you take an edible, you don't get the effects right away. So it's easier to dose when you-- you're like, OK. I'm good. Without, oh, now I've gone too far. Now I'm just going to be stuck at home forever. So there are good reasons for inhalation. So that's all I wanted to add, my \$0.02. And I met Cameron

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

the cat outside for the first time ever. I've been looking for him every time I come. Sweet as can be. He does exist. No questions?

HOLDCROFT: OK. Are there any questions from the committee?

SHANNON CORYELL: Perfect.

HOLDCROFT: Seeing none. Thank you very much. Next testifier.

ODILIA UNDERWOOD: Good afternoon. My name is Odilia Underwood. That's O-d-i-l-i-a U-n-d-e-r-w-o-o-d. I'm a registered nurse with over 12 years of experience in nursing and over 20 years of experience in health care. I've mostly worked with cancer patients, the elderly, and the very sick, like patients in long-term acute care. I am now a board-certified nurse coach with a specialty in the endocannabinoid system. And I'm here today to speak to support LB651 and LB677 and strongly oppose LB483 because Nebraska patients deserve access to safe, effective medical cannabis without unnecessary restrictions. Like I said, I'm a nurse, a cannabis educator, and patient advocate, and I know firsthand what it's like to navigate chronic illness while fighting for access to care. I'm also a veteran. I personally live with lupus, an autoimmune disease that causes chronic pain, inflammation, and debilitating fatigue. I was once prescribed 12 medications daily, and they came with side effects that left me barely functioning. And I've managed through lifestyle changes and access to plant medicine to completely take myself off all of my medications. But here's the issue: Nebraskans like me shouldn't have to struggle. We shouldn't have to leave the state or turn to unregulated sources just to access plant-- a plant that has been medicinally used for thousands of years. Why LB561 and LB677 matter, both of these bills take the right approach by creating a structured, well-regulated medical cannabis program in Nebraska that ensures safe and legal access to tested, high-quality cannabis, a Nebraska Medical Cannabis Commission to oversee regulation and prevent bad actors, a fair and competitive industry so that big corporations don't monopolize the market and push out local entrepreneurs, economic opportunities, tax revenue, and job creation instead of forcing patients to spend money in other states. Why LB483's harmful, meanwhile LB4-- LB483 would create unnecessary barriers by limiting cannabis use to only pills and tinctures. That is not realistic for all patients. Patients in severe pain or having seizures need fast-acting relief, which inhalation provides, but this bill would deny them that choice. People with gastrointestinal disorders or cancer

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

who experience severe nausea may not be able to swallow a pill or keep a tincture down. This bill's not based on patient needs or medical science. It's about control. My final thoughts: for too long, Nebraska has criminalized patients instead of caring for them. We have a chance right now to do the right thing. LB651 and LB677 create a responsible, regulated cannabis program that Nebraskans desperately need. But LB483, it's another unnecessary restriction that ignores real patients and real suffering. So I urge you to vote yes on LB651 and LB677 and no to LB483 because every Nebraskan deserves the right to safe, legal, and effective medicine. Thank you for your time.

HOLDCROFT: Thank you. Any questions from the committee? Senator Rountree.

ROUNTREE: Thank you so much, Chairman Holdcroft. And thank you so much, Ms. Underwood. Thank you for coming and testifying today. I wanted to listen just a little bit more about your testimony. And you said you-- through lifestyle changes and access to plant medicine, you've been able to reduce all of those 12 medications down to 0. Can you walk me through that process a little bit?

ODILIA UNDERWOOD: I was diagnosed with lupus about ten years ago, and I started noticing that I was having some kidney issues and I was on barbiturates, I was on NSAIDs-- like, nonsteroidal anti-inflammatory drugs. I've been-- I'm on migraine medica-- or, I was on migraine medications. I was on a migraine-- like, preventative medication. So all of those com-- like, the combos of medications were making me have really bad side effects and ruining my kidneys. So once I got to that point, I knew I needed to do something to try and reverse that process. Because, you know, kidneys are really hard to-- you know, you can't really recover your kidneys. I just didn't want to go down a slippery slope. So I just used what I know as a nurse and about my knowledge about pharmaceuticals. And I decided to just wean myself on against maybe, like, what my physicians wanted for me. They urged me to continue to try to take my hydroxychloroquine. But in the end, they ultimately told me that they see that I am thriving, so just to continue to do what I'm doing.

ROUNTREE: All right. Thank you so much. And thank you for being a good, strong member of District 3. I appreciate you.

ODILIA UNDERWOOD: Thank you. I appreciate you.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you for your testimony. Next testifier. Welcome.

PATRICIA PETERSEN: Welcome. Good afternoon. Thank you for allowing me to testify. My name is Patricia Petersen, P-a-t-r-i-c-i-a P-e-t-e-r-s-e-n. I do not have written testimony to give you because I wanted to speak from the heart, and I wanted to be able to see your faces rather than reading a paper. I have been involved since 2019 with Nebraskans for Medical Marijuana gathering signatures. There were times when I was speaking with the public when they weren't sure how, sure how they felt, whether they wanted to sign it or not. And I had a simple question I asked them: what if? What if someone you know and love or you yourself are diagnosed with an illness or disease that your doctor says cannabis can be helpful for? What if? That question came back to haunt my family in 2023 when I noticed my husband, who could have been sitting up alongside any one of you gentlemen, 69 years old, strong, incredibly intelligent, healthy. I started to notice a men-- a mental decline to the point I took him to our family doctor he had seen for over 25 years. This was 23 years of marriage to this man. She gave him a cognitive test. He failed, but she also noticed his gait looked funny. She had him walk, and that was the first time we heard the words ALS uttered. Amyotrophic lateral sclerosis, Lou Gehrig's disease. She sent us to our neurologist-- this was in the winter-- who we finally got to see in March, who diagnosed him after many tests with bulbar ALS. Bulbar ALS affects 10% of the population. It starts in the brain, thus the cognitive decline very quickly, very quickly, aggressively hits your limbs. In March-- and I wrote this down so I could keep track. In March, by the end of March, he was using a cane. By mid-April, he was using a walker. By May 1, he was unable to support his weight. His doctor asked if we wanted to aggressively treat with pharmaceuticals or if we wanted hospice, and we chose home hospice. We immediately got the cane, the walker, the hospital bed sitting in our living room that this gentleman got to look at every single day. May 1 was the last day he could walk. We put him into that hospital bed, and he died early in the morning May 5. He was diagno-- he was prescribed opioids, that they handed me a liquid bottle and said, use it however you need it. That was a bottle large enough for me to kill both myself and him if that's what I'd chosen to do. No directions. Use it as you need it. It causes constipation. So this man who had to wear an adult diaper was now constipated, which they counteracted with laxatives. So this man who I was taking care of singlehandedly with a little home

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

health then got diarrhea and had to have the injustice of his wife cleaning him down. Nothing was working. We chose cannabis. I got him cannabis illegally, and he was comfortable until the day he died.

HOLDCROFT: Thank you, Ms. Petersen. Any questions from the committee? Seeing none. Thank you for your testimony.

PATRICIA PETERSEN: May I ask Senator Storm a question?

HOLDCROFT: No.

PATRICIA PETERSEN: No? OK. Thank you.

HOLDCROFT: Next testifier.

MARCIE REED: Hi. My name's Marcie Reed, M-a-r-c-i-e R-e-e-d. Mine's just short and simple. I don't understand why things can't be black and white, why money talks, why over 71% of Nebraskans voted to legalize medical cannabis-- regulated medical cannabis, in fact-- and why can't we work together and get this up and running and regulated. People are going to continue to access cannabis whether it's legal or not. The only people you're go-- you're going to hurt by everyone not working together are people like my son. My 11-year-old takes many meds daily. One is a controlled substance. Why, why should that even be a question on whether or not he takes up natural or a chemically made drug? What if one day he had kidney problems, health issues, or something worse from the meds he's taking now? Then who's going to care? Nobody's going to care. It's just going to be me. I'm the one that is there to take over what happens. I'm the one that cares. Let's work together and get this safe, effective for Kyler and others that need this as an option. I also wanted to comment on the guy that said that it not be in schools. My son, who is 11, takes a controlled substance every day in his school. They give it to him. So-- because he needs it.

HOLDCROFT: OK. Thank you for your testimony. Any questions from the committee? Seeing none. Thank you for your testimony.

MARCIE REED: Thanks.

HOLDCROFT: Next testifier. I guess it's you.

HOBERT RUPE: That's what I get for being polite, I guess. I figure they came down here and I'm still being paid to be here, so I better let

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

them go first. My name is Hobert Rupe, H-o-b-e-r-t R-u-p-e. I'm the Executive Director of the Nebraska Liquor Control Commission. Testifying neutral on both of the bo-- the bills. I'm primarily here because we did the fiscal note, at least-- or, a part of it. Just so how everybody knows how fiscal notes work, it's an arcane science. The Fiscal Office will send us the bill and ask for a note, give us a time frame, and then when they want it. We'll have to try to read it and come up to-- with a, with a fiscal note. And I can tell you the burn time to get one of those out is relatively small a lot of times because they want to get those notes out done and fast. So-- but I think we've done as much-- as good a job as we could on the fiscal notes. The problem with the fiscal notes on this bill were-- there's a couple-- you know, and if you'll notice, the two fiscal notes' a little bit different because in LB651, in, in our opinion, it wasn't really clear they were limiting to the ten dispensaries per district. I mean, they since have clarified that, much as how Senator Hansen's bill was. So that's only reason why the number of law enforcement officers shifted quite a bit. [INAUDIBLE] also how many licenses would be available, so. When we do fiscal notes, we, we take the data points that we were given. We try to get forward. And knowing, in this case here, that a-- probably there would be a comprehensive amendment of some sort which would clarify it, and then there'd be a fiscal note request on that. And that would sort of winnow it down. One of the things that was interesting in these bills is we're-- are-- the direction we had was to treat it as if we're having a whole separate agency. Because if you read the peti-- the passed initiatives, they create a medical cannabis board. Three members of the Liquor Control Commission are three of the five members of the, of the five potential members of that board right away. It doesn't create a budget, doesn't create a staff. It just creates a commission. So it creates a commission with absolutely no way to do its job. And so the fiscal note and the anticipation would probably be that if it's not a separate com-- commi-- commission, I think the intent would be to have a lot of its job duties-- at least the, the back-end stuff-- done by the Liquor Control Commission because we regulate a-- regulate a comp-- a product already. So I just wanted to hear-- I, I don't ever put up those kind of fiscal notes and then don't have the, the, the courage to show up and, and answer those-- any questions about that. I, I seen too many state agencies throw fiscal notes in and then say, OK, and then try to walk away from them. We didn't do that on this one. But we knew that, that-- would probably-- the final fiscal note be whatever bill, I guess, you know, probably--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

amendments get crafted by this commission in conjunction with the two sponsors of the bills. Whatever comes out there will probably be the fiscal note, which will go forward, for how many staffing would be required, what court of-- sort of information. One of the important parts that we had to look at is there would be a law enforcement component right now. Currently, the commission has a division of the Nebraska State Patrol assigned to do its liquor enforcement. There is no such provision in any of the acts, so therefore we had to have law enforcement officers because-- sworn officers, much like state deputy sheriffs would be-- were, were, were factored into that. Especially if we're looking statewide, right? They have to have at least some coverage statewide. I see I'm going into my yellow. And I don't want to be-- belabor or, you know, bore you anymore, but be happy to answer any questions about the-- and-- about the admini-- po-- the potential administration of the bills.

HOLDCROFT: Thank you, Hoby. Any questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Mr. Rupe. All right. I'm just looking at the two side by sides here. And the revenue in LB651 is essentially 280-- or-- I'm sorry-- \$28 million in the first biennium, first year, I guess. And then the-- in LB677, it-- the revenue is \$1.3 million. That's just totally accountable by--

HOBERT RUPE: If you'll notice, we looked-- their-- with the way my staff and I read it, they-- although there was, was an intent, there was no clear nature that there would be a limitation on the number of dispensaries. And given the fact that those dispensaries would co-- would generate a lot of revenue even on, on application, that was why-- that's where that number came from. So since-- so if you're looking at those, ignore that one and go with LB677. I think that's probably more valid, close to it.

J. CAVANAUGH: So-- and then the-- I guess that makes my second question, the expenditure's \$5.6 million under LB677. And the revenue's \$1.3 million. So is the application fee not sufficient to cover the entire cost--

HOBERT RUPE: You'll notice, as I said, we were told to basically duplicate the commission and also put in the law enforcement

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

provisions, which aren't there. I believe that whatever bill comes out, the cost would be far lower than that.

J. CAVANAUGH: OK. So if we clean-- if we actually pass this bill and clean it up, that-- it will lower the overall cost.

HOBERT RUPE: Absolutely. I mean, because, because right now the bill says I may be the director of both. But because it doesn't say I will, my salaries in both bills double down.

J. CAVANAUGH: Yeah.

HOBERT RUPE: So.

J. CAVANAUGH: So you heard a couple of folks advocate for us not passing anything this year. What would the co-- would the cost be [INAUDIBLE] \$5.6 million if we don't pass anything?

HOBERT RUPE: If we don't pass anything, there's nothing for-- there's no, there's no-- you know, there, there-- if, if, if, if this-- there's no way the agency or whatever the, the commission that's created by the initiative process, doesn't have a way to gather the taxes that are comple-- well, of course there are no taxes in the initiatives. Initiatives create the board. But you've-- the way I always look at this-- I mean, they, they gave us the, the cinderblocks. You guys have to do the mortar to put those cinder blocks together to make a wall because, you know, right now, it creates a commission with no staff and no budget. They can't even have a public hear-- meeting yet because they can't even access the state public website to have a, a, a, a meeting. So the three commissioners have done nothing because they have no ability to do anything right now.

J. CAVANAUGH: OK. So the Attorney General's Office was here telling us, you know, basically this is self-executing, so there's-- it's not necessary for us to do this and that we should just let the, the ballot initiative play out. It sounds to me what you're saying is if we don't do anything, then the ballot initiative has essentially legalized medical cannabis with no ability to regulate it.

HOBERT RUPE: That's not true. I be-- I believe that somebody would be able to self-grow--

J. CAVANAUGH: Correct me.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOBERT RUPE: Somebody would be able to self-grow.

J. CAVANAUGH: No, no. I'm talking about-- yeah. I'm--

HOBERT RUPE: I mean, if somebody, if they were to receive a recommendation from their, from their health care provider would probably be able to grow their own cannabis. I-- and I don't-- I mean, that would be a very interesting lawsuit to see how that would go becau-- you know.

J. CAVANAUGH: So-- and, and I-- so that's kind of my question, though, is that the state would not have any standing or position to intervene there and say, you can't do this.

HOBERT RUPE: I, I, I will defer to your expertise on that one [INAUDIBLE].

J. CAVANAUGH: I want your expertise, Mr. Rupe.

HOBERT RUPE: I'm a mindless bureaucrat, Senator Cavanaugh. I haven't done criminal law for a while.

J. CAVANAUGH: Well, so I guess-- I'm trying to understand whether the folks that have been telling us that everything will be hunky-dory if we don't pass a bill.

HOBERT RUPE: I, I don't see that-- the, you know. Potentially, I think, I think we heard was it could be the Wild West because there's absolutely no guardrails out there other than, hey, it's legal. Medical cannabis is now legal. And then you're going to have a case-by-case bo-- trickle down how it's implemented.

J. CAVANAUGH: So it would be regulation through litigation.

HOBERT RUPE: Yes.

J. CAVANAUGH: OK. Thanks.

HOLDCROFT: Anyone else? Yes, Senator Storm.

STORM: Quick question, Chair Holdcroft. Missed part of your testimony here, but. So the liquor control board, three people, and the, the governor appoints two more. Is that who will regulate--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOBERT RUPE: The, the way that the petitions were passed were that the three members of the Liquor Control Commission were-- came automatically and the governor may apply two more. So, you know, it's [INAUDIBLE] commissioner said. Wow, I got a job I didn't even apply for. So the, the-- so that's what it is. And so that's the reason where I'm sort of involved is, because, you know, [INAUDIBLE] three commissioners, but I'm going, well, technically, we don't have a role until the bill passes because, you know, we're not the medical cannabis board. That's one of the reasons we're testifying neutral, primarily because we were asked by the Legislature to do the fiscal notes. Because the theory that they're going to be probably trying to replicate-- if you look at the-- both bills parrot a lot of the language found in Chapter 53 for, like-- for, for distance and background and that kind of stuff.

STORM: So one more question. So wouldn't, wouldn't it make sense to maybe have some medical-- a doctor on this commission, somebody that's-- or a pharmacist?

HOBERT RUPE: I'm, I'm thinking-- you know, that, that's a definite possible. I-- you know, I'm not, I'm not the governor.

STORM: Right.

HOBERT RUPE: You know, he, he can appoint whoever he would like to in those other two positions, you know. And-- the, the-- and one of the differences I think that you'll see the two bills is Senator Conrad's bill has a role for HHS where Senator Hansen's really doesn't I, I-- that I can see. And I have not-- in full fairness, I've not had a chance to go through the full amendment, so I, I apologize for that. On the issue of the medical coverage, it seems that, the-- that in Senator Conrad's bill, HHS would issue the medical coverage. And, and that those criteria for what was medical we would handle the distribution, manufacturing, growth, and any-- and possible taxes. It's unclear too. If it was a sales tax, Department of Revenue would have to collect it. If you make it an excise tax, we would probably collect it. So there is a role for HHS-- and, and, and the other one, we do both those jobs, so.

STORM: OK. Thanks.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Any other questions from the committee? I've been informed you did not fill out a green sheet.

HOBERT RUPE: Oh. I did have a green screen and I put it away. I honestly thought I'd be going a lot further down in the queue than I ended up going, so.

HOLDCROFT: There's a \$5 fine for not getting it in.

HOBERT RUPE: You know, how far-- [INAUDIBLE]-- you know how hard it is to get reimbursed for anything.

HOLDCROFT: Thank you very much--

HOBERT RUPE: Thank you.

HOLDCROFT: --Mr. Rupe. Next testifier. Welcome.

ABIGAIL OSTERHAUS: Hello. Thank you all for being here today. My name is Abigail Osterhaus, A-b-i-g-a-i-l O-s-t-e-r-h-a-u-s. I am a member of Prevention Means Progress, a prevention coalition of over 50 partners who are united in our mission to stay ahead of substance abuse. I am here today on behalf of Prevention Means Progress Coalition in opposition of LB677 and LB651. These bills do not put enough restrictions in place to effectively regulate a medical marijuana program. The limited re-- restrictions on the various methods of consumption are concerning and may lead to misuse and unintended health risks, particularly relating to flower, vaping, and edibles. It would be preferred if flower, vaping, and edibles were removed as methods of consumption from the bills. Additionally, doctors or health professionals should play primary role in the patient/cardholder process of a medical marijuana program, like a medical board, instead of giving the regulatory power to the Liquor Control Commission, which does not have extensive knowledge of medicine. Lastly, the limited local control proposed by these bills fails to ensure dispensaries are in line with the values and needs of their residents. Nebraskans voted to legalize marijuana for medical purposes, and these bills do not go far enough to actually treat it as such. We would like to see these concerns addressed in an amendment before reconsidering our position on these bills.

HOLDCROFT: Any questions from the committee? Seeing none. Thanks for your testimony.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ABIGAIL OSTERHAUS: Thank you.

HOLDCROFT: Welcome.

GARRETT CONNELLY: Hi. Hello, senators. My name is Garrett Connely, G-a-r-r-e-t-t C-o-n-n-e-l-y. And I wanted to start today by talking about someone I met while petitioning. Shelly [PHONETIC] lives in Eagle, Nebraska, which is in Cass County, and she has a rare condition that causes her extreme pain. Her spine is deteriorating. And she told me her story while she signed the petition. She used to be a nurse, and for her entire career was adamantly opposed to cannabis for medical purposes. However, after being diagnosed with her illness, she found that cannabis was the only thing that helped her. In fact, she told me that it was the only thing that kept her from killing herself. All of us that petitioned heard stories like these across the state. The stories of people where medical cannabis was the only thing that made their loved ones' final days tolerable. The stories of people that have had to continue to illegally cross into Missouri, Colorado, and other states to bring back medicine that they need access to. People across this state are using marijuana legally or illegally whether the opposition believes it to be so or not. This is not a partisan issue, and these programs are overwhelmingly popular. If the opposition truly cared about Nebraskans' safety and well-being, they wouldn't continue to allow for patients in this state to suffer, and they wouldn't continue to allow Nebraskans to die from an unsafe, unregulated market in the state. I would also like to address something that Senator Andersen brought up earlier. I've actually spoken to a couple different law enforcement officials. My mom, as a matter of fact, works in law enforcement. And one of the issues that they're having is the Attorney General's Office is neglecting to do their job in telling them what direction to take. They have no idea what they can and can't do, if they're supposed to be enforcing cannabis or not. And I think that that sets up a lot of problems, not only for law enforcement in the state but also for doctors that don't know what direction they can take. And so I do adamantly believe that LB651 or LB677 or a combination of both would help give law enforcement, medical providers, other people in this state a direction to go in. Lastly, a lot has been said about how overwhelmingly Nebraskans supported this issue. However, I wanted to take a second to point out the percentage from each of your legislative districts. Senator Storm, 67% of voters in your district support-- voted to support LB437. Senator Rountree, 78%. Senator-- oh. Senator Close [SIC] is not here, but 62%. Senator Quick, 68%. Senator

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

Cavanaugh, 86%. Senator Holdcroft, 77%. Senator DeKay, 55%. And Senator Andersen, 79%. To act as though Nebraskans don't know what they voted for is a slap in the face, especially considering that your constituents-- five of them-- five of you were elected last year at the same time that they voted to pass this measure. They know what they approved, and they used their judgment to send you here. And in the same breath, you're questioning that judgment that they passed a bill.

HOLDCROFT: That's your time, Mr. Connely.

GARRETT CONNELLY: Thank you.

HOLDCROFT: See if there's any questions from the committee. Any questions for the testifier? Seeing none. Thank you.

GARRETT CONNELLY: Thank you.

HOLDCROFT: Welcome.

LORELLE MUETING: Thank you. Good afternoon, Chairperson Holdcroft and members of the General Affairs Committee. My name is Lorelle Mueting, L-o-r-e-l-l-e; last name, M-u-e-t-i-n-g. I'm the Prevention Director at Heartland Family Service. I have over two decades of experience in substance abuse prevention work. I've studied this topic for years, looking at both sides of the issue and wanting to talk with policymakers and decision-makers to ensure that the public health and safety side of this issue is considered. I'm here on behalf of our agency in opposition to LB651, LB677, and AM297. I spent a majority of my weekend reading AM297. As I was reading it, I had to keep reminding myself that I was supposed to be reviewing a bill that would provide structure to a medical marijuana program. The bills and the amendment read like they are intended to legalize and commercialize marijuana. The language in this bill is certainly not for medical purposes only. For example, in Section 174, it's talking about the types of products that can be part of the medical marijuana program in Nebraska. These product formulations include but are not limited to edible cannabis products; topical formulations such as creams, balms, and lotions; concentrates such as oils, waxes, shatters, and distillates; transdermal patches; suppositories; pre-rolled cannabis; infused pre-rolled cannabis; and pre-filled vapor cartridges. It makes me wonder why we're calling this medicine. Or are we just paving the way for legalized, commercialized weed in Nebraska? In this bill, there's

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

no mention of pills, capsules, tinctures, or liquid medications that many Nebraskans think of when they think of medicine. Instead, we have language that will allow medical marijuana to come in the form of edibles, concentrates that are named oil, shatter, wax, distillates, pre-filled vapor cartridges, and pre-rolled cannabis, which, according to rollpros.com are simply cannabis joints that have been rolled ahead of time for you. This is simply not medicine. I would venture to guess that the majority of Nebraskans do not consider vaping marijuana or smoking a joint truly a form of medicine. A condition that someone could get a medical recommendation for in this bill is any condition that a registered health care practitioner decides can be appropriately treated with medical cannabis, and the potential benefits of medical cannabis outweigh the potential harms. This means that patients could be recommended marijuana for morning sickness, migraines, a hangnail, or any other condition that one could imagine. There needs to be some safeguards in place for a medical marijuana program, and these bills and the amendments don't go far enough for that. We also believe that DHHS should be involved in the cardholder process. If marijuana is truly a medicine, we should have a medical cannabis commission that consists of physicians with different specialty areas who are overseeing the cardholder process, the forms able to be part of the program, and the amount of available product. Additionally, the allowable amount of marijuana in these bills are, are up to 5 ounces, which is too much. Also, measuring in ounces doesn't really translate to the other products that are allowed in the bill, in the edibles or the forms. Those are usually measured in milligrams or grams. So there aren't restrictions on potency of THC, no restrictions on serving size, no servings per package, no restrictions on forms of products--

HOLDCROFT: That's your time, Ms. Mueling [SIC].

LORELLE MUETING: OK.

HOLDCROFT: See if there are any questions from the committee. Senator Storm.

STORM: Thank, thank you very much. So are you about finished? Do you have a little bit more reading or what?

LORELLE MUETING: No, I'm good.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

STORM: OK. So do you-- in your job, what exactly do you do? You're in prevention?

LORELLE MUETING: Yes. I'm the prevention director.

STORM: In-- out of Omaha?

LORELLE MUETING: Yes. So our agency oversees southwest Iowa and, and six counties in Nebraska.

STORM: So how's Iowa do this? No one wants to talk about Iowa. But [INAUDIBLE]. How do they do it? We want to talk about Missouri. Let's hear what Iowa does.

LORELLE MUETING: So in Iowa, there is a medical CBD program. And it is-- it's over-- so the legislature enacted the, the law, the statute. And then it has a medical CBD or a medical cannabidiol board that oversees a lot of things and makes recommendations to the legislature. And so the medical cannabidiol board is-- consists of eight different physicians of specialties neurology, pediatric oncology, pain management. So there's eight different specialties that I don't know off the top of my head. And then a law enforcement officer is the chair of that board. And so they meet, they meet four times a year, and they hear petitions to add qualifying conditions. Most other-- a lot of bills that I've read, they also include a list of qualifying health conder-- conditions in the bill versus just saying it can be recommended by a health care practitioner. So in Iowa, doctors certify patients to have a certain condition that then-- that's in the-- that's in the law. Chapter 124(e) is the code in Iowa. And so if you have that condition and a doctor certifies that you have that condition, then, then you get your medical card. And so it works a little bit differently in that-- it's-- there's kind of a checks and balances system because the medical CBD board makes recommendations. And if they recommend that a certain form be added-- which they have-- or a certain condition be added to the list of qualifying health conditions, then it goes to the Board of Medicine in Iowa for approval. And if the Board of Medicine approves it in Iowa, then it goes into the law. And so there's, there's a lot of oversight-- regu-- regulatory oversight by doctors who have a vested interest in making sure that, you know, dosing is good. And these conditions are-- can be helped with, with medical marijuana.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

STORM: So they truly look at this as a medicine in Iowa, correct? That's how they're looking at it.

LORELLE MUETING: Yes. I mean, they're--

STORM: They're trying to regulate it as medicine.

LORELLE MUETING: Yes. They're trying to regulate it as medicine and make sure that it is, it is, you know, available for people who need it with some of these--

STORM: Absolutely.

LORELLE MUETING: I think right now there's maybe 14 qualifying health conditions in Iowa. I think there were ten to begin with, and they've added four along the way.

STORM: Right. So do you work with Missouri at all in, in--

LORELLE MUETING: The only connection that I have to Missouri is a, a prevention coalition in Missouri. It's called Keeping Missouri Kids Safe. And I know a director of the prevention coalition there that I was able to just call and have a conversation with about what they've seen in Missouri.

STORM: Has there been any push to recreationalize marijuana in Iowa?

LORELLE MUETING: Yes and no. I mean it-- we don't ha-- in Iowa-- I don't understand all of this part, but you-- it can't be a constitutional amendment in Iowa. So it has to go through the legislature. So there's no way to put marijuana-- recreational marijuana on the ballot in Iowa. I don't know why. I don't understand that. But they don't. And so it has to come through the legislature. So every-- I mean, every year, the marijuana industry-- Kemin Industries is the-- one of the manufacturers in Iowa. And they bring, they bring things to the table to increase their client numbers and to increase their profit. And, you know, so that-- it's a business for them, right? And so they want to make a profit. They don't want to be in Iowa if they can't make a profit, right? And so they're always talking with our legislators about what could make them more money. And so every year, they, they try to bring flower marijuana to the table. It's, it's currently in the legislature in the House, in the Senate in Iowa right now. Because it would make-- it would increase their profit if they

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

could have flower in the medical marijuana program. So they, they, they bring it every year. And so far, it hasn't, it hasn't passed.

STORM: So the cannabis board in Iowa doesn't want flower in the state.

LORELLE MUETING: They have, they-- yeah. They have not. They have not. They've denied that petition several times. And it-- they're not in favor of that.

STORM: Did they ever say why they deny it?

LORELLE MUETING: Well, I think as a, as a general rule, we don't light things on fire and inhale them into our lungs and consider it medicine for other things.

STORM: OK. Thanks.

HOLDCROFT: Thank you. Any-- oh. Senator DeKay.

DeKAY: Thank you. Excuse me for not knowing, but you said in one part of it concentrates, such as oils, waxes, shatter, distill-- what are sha-- what is shatter?

LORELLE MUETING: So shatter and dabs and wax, they're a concentrated form of THC. So it's THC that's been extracted from the marijuana plant. And so it can look like-- I mean, concentrates can look like kind of a waxy earwax form. Shatter is a more-- it looks kind of like rock candy, like hard rock candy thing. And so it's concentrated THC, and so it's really high potency THC. So-- yeah. I should have included some pictures. I'm sorry.

DeKAY: In Iowa, do you think there is more support for medical cannabis in regards to that it would take a vote of the legislature to pass it rather than being a constitutional amendment?

LORELLE MUETING: My understanding is it can't ever be a constitutional amendment in Iowa. I don't know-- and I don't know-- I'm not a lawyer, so I don't know exactly why that is, but that's my understanding from the legislators that I work with on the Iowa side, that it can't be-- it has to go through the legislature to get on-- to get to be a constitutional amendment. I'm sorry. I can, I can look into that, though.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

DeKAY: I'd appreciate if you would.

LORELLE MUETING: Yeah. I absolutely can do that. I'll get back to you.

DeKAY: All right. Thank you.

HOLDCROFT: Any other questions from the committee? Yes, Senator Rountree.

ROUNTREE: Thank you so much, Chair Holdcroft. Thank you, ma'am, for your testimony today. As you are in substance use prevention work and you've monitored Iowa, what have been the negative impact of their legalization?

LORELLE MUETING: Yeah.

ROUNTREE: Because we hear that come up quite often and-- about the children too. I'm specifically-- from the other gentleman's testimony, I'm specifically interested about the children as well.

LORELLE MUETING: Yeah. So-- yeah. Thank you for asking that question. And I think in, in Iowa, one of the things that, that we've learned is that-- you know, this-- Iowa's program started in 2017, and loopholes existed then in 2017. And what ended up happening is we-- this was supposed to be tightly regulated CBD only, low THC program. And because of some of the loopholes in the legislation when it was passed, there were ways that the industry got around making only low concentrated THC. And so now in our program, we have high concentrated THC. It really, truly isn't a medical CBD program anymore. The medical CBD board has recommended to change it to the Medical Cannabis Board because it's really-- they're really trying to regulate now higher concentrated THCs, and it's not just CBD anymore. So I would say that's one of the unintended consequences that's happened, is we now have in our dispensaries in Iowa there's only-- there's two manufacturers and five dispensaries across the state. We don't allow home delivery. And in those dispensaries, they have shatter, wax, things like that because of-- our legislation wasn't tight enough to keep it to just tinctures, pills, capsules, things like that. And so with, you know, with our young people, what are, what are we seeing is I think that-- they're seeing those highly concentrated THC products, right, that are then being used. And so, again, it just kind of-- it's confusing, right? Because I think we-- as, as Nebraskans, when you put-- or anyone-- when

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

you put the word medical in front of something-- a, a word, right-- you have a certain connotation. I've heard several times today about prescribing. Marijuana isn't prescribed. It can't be prescribed because it's a federal one substance. It can be recommended. And if these bills were to be adopted, that's what we would be doing here. In Iowa, no doctors wanted to sign on to that. They didn't want to recommend marijuana. They, they said, OK. We'll certify patients that they have a certain condition, but we don't want to recommend it because someone else talked about the contraindications with other medications and things like that, so.

ROUNTREE: All right.

HOLDCROFT: Yes, Senator Storm.

STORM: Couple more questions here. So the, the-- this is all confusing for anybody to understand, even for me. TH-- THC versus CBD. Can you tell everybody what the differences are in those?

LORELLE MUETING: Well-- again, I, I'm not a chemist, but THC is the psychoactive component in marijuana. So it's the part of marijuana that produces a high, right? Psychoactive means produces a high. CBD is nonpsychoactive, so it does not produce a high. So it is the-- it is the-- like, when we're talking about Epidiolex, that is an FDA-approved CBD that's been purified and standardized and dosed for, for pediatric seizures, Lennox-Gastaut Syndrome, and, and other kinds of epilepsy. And so it is available as an FDA-approved medication currently already that can be prescribed. But that's-- but it, it's-- but it's CBD, right? So it's not the psychoactive component.

STORM: OK. One last question. So then in your opinion is Iowa the-- we like to throw this word around-- the, the Wild Wild West for marijuana in Iowa? Or is it pretty well kind of contained?

LORELLE MUETING: I would say other than the fact that we now have some high potency THC products in our dispensaries, I would say that it's pretty, it's pretty well-contained. I think the program is doing well. In 2013, I believe they had, like, \$13.2 million in taxable sales in their, in their-- in the program. And there's a-- I can provide you guys a link with a report. Every year, the medical cannabidiol board puts out a report on the program in Iowa. And if you're interested in

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

that, I can surely send that out. And it talks-- it has all the data from the year before.

STORM: And are they truly helping people in Iowa that-- with cannabis? Are you seeing people being helped?

LORELLE MUETING: Yeah. I mean, I, I visited our dispensaries. They don't let you go into the product room and see all the products that are in there, but they-- you can go in and talk to the employees. And they are all really adamant that their pro-- that their products are helping people and they talk about their, their people that come in to get help with their conditions.

STORM: So if the Attorney General's lawsuits all fail here, don't come to fruition, would we be wiser, in your opinion, to take the Iowa model and look at how we could make that a little better, to make that be the way to do it? In your opinion.

LORELLE MUETING: In my-- in, in--

STORM: With your-- because you have experience with all this. We all don't here.

LORELLE MUETING: Yeah. Thank you. In, in my opinion, I feel like there are some good provisions in all of these bills. There's just-- from what I've seen in other states, especially Iowa, it feels like it would be-- there could be some things that would be better to put in some of these-- in the bills. Yes.

STORM: That's all I had. Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you for your testimony.

LORELLE MUETING: Thank you.

HOLDCROFT: Next testifier.

EDISON McDONALD: Hello. My name is Edison McDonald, E-d-i-s-o-n M-c-D-o-n-a-l-d. I'm the Executive Director for the Arc of Nebraska. The arc has been Nebraska's leading advocate for intellectual-- people with intellectual and developmental disabilities and their families for over 70 years. Today, I'm here to support LB651 and LB677. These bills

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

take a pragmatic, patient-centered approach to ensuring individuals with disabilities and chronic health conditions have access to medical cannabis. Medical cannabis has been proven to provide relief to individuals experiencing conditions such as epilepsy, multiple sclerosis, chronic pain, and other debilitating conditions. Many Nebraskans with disabilities have exhausted all traditional treatment options with little to no relief. Denying access to this form of treatment when other states have shown its effectiveness has been unjust and harmful. These bills help to ensure that medical cannabis is accessible and regulated, controlled, and safe manner, giving physicians and individuals the opportunity to make informed decisions regarding their health care. I want to address two pieces of this in particular in our handout. In addition to encouraging support of this bill, we do think that the Medical Cannabis Control Fund and directing profits need to be directed towards those this initiative was intended to support, particularly people with disabilities, behavioral health needs, rural communities, and minority communities. To that end, the listed tax amounts are a bit low, as you can see from the table I've provided, with most states from our research. This has been how other states have been able to fund items like increased funds for their developmental disability wait list, education programs, and other broader supports. If we set up these corporations to come into Nebraska, then we want to ensure that Nebraskans benefit from these funds. In particular, given Governor Pillen's proposed plan to eliminate the wait list takes \$11 million from the Health Care Cash Fund in areas that may protect the lives and safety of people with disabilities, we would prefer to see those funds come from this tax, like other states have. The second piece is contrary to the previous testifier. We really appreciate that these bills, unlike previous bills, have a much broader array of eligibility. As we've looked at previous bills, there have been things like severe autism definitions that are very limiting. If you set up a more limited definition, then you're going to have myself coming back to you consistently asking to add a number of rare conditions-- Duchenne, fragile X-- conditions that there are only seven kids in the world who have. That's not good legislation. That's not good policy. Instead, the broader definition that allows Nebraskans to work with their doctor in a trusted fashion is the much better approach. With that, I'll close.

Transcript Prepared by Clerk of the Legislature Transcribers Office
General Affairs Committee March 3, 2025

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Thank you, Mr. McDonald. Any questions from the committee? Seeing none. Thank you, Mr. McDonald. Next testifier. Next testifier. Welcome.

BILL HAWKINS: Senator Holdcroft, members of the General Affairs Committee. I appreciate you being here. My name is Bill Hawkins, B-i-l-l H-a-w-k-i-n-s. I'm with the Nebraska Hemp Company, which is a nonprofit that's been working in the Legislature here for about a dozen years, educating senators and the public on the benefits of the cannabis plant. I'm a lifelong Nebraskan. I'm an herbalist and organic farmer. And for over 40 years-- I don't talk about this much, but I have Lyme disease. I was bitten by a tick. I had fever and chills for a week. And my mother looked at the top of my head and claimed that that was a bullseye. Before Lyme disease was popular. Being undiagnosed, I just lived with it. I have no medical physician. I have-- I'm an herbalist, so I treat myself with herbs. And thank the Lord that I was a cannabis consumer. Because in reviewing the symptoms of Lyme disease-- I'm a crippled old man. I don't know what old age is because I have pain constantly. The 5 ounces of cannabis, that's about a month's supply for me. I'm a heavy cannabis user. I use edibles, topicals, and consume cannabis by smoking constantly. This bill doesn't do me any good because of the vertically integrated off businesses that it favors. It doesn't allow local, sustainable businesses. If you really look at the bill-- I haven't read the 160 pages that were dropped, so I can't speak to that-- but it seems that the lobbyists who represent the out-of-state multistate operators that all left that were the invited testifiers are going to control this. The other issue I have with this is being controlled by the Liquor Commission. They know nothing about medical cannabis, and yet they are going to control this. There is not a health care practitioner on the board. There is no patient advocate. There is nothing but language that benefits the multistate operators that are already profiting from this. So in a neutral position, we need this. These handouts I gave you are from a news article in 2010 that we, the Hemp Nebraska, went to the Pharmacy Board about medical cannabis. That was 15 years ago that I have been working on this issue. And so I'm out of time and I appreciate the time. And it's been a long evening. So I will take--

HOLDCROFT: Any questions from the committee?

BILL HAWKINS: --any questions. Seeing none. I thought not.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Seeing none. Thank you very much, sir.

BILL HAWKINS: Thank you. And have a pleasant day.

HOLDCROFT: Next testifier. Welcome.

SARAH LINDEN: Hello. Good afternoon, Chairman Holdcroft and members of the General Affairs Committee. I was not planning on testifying today because everybody who came before me test--

HOLDCROFT: I see you have the red light already.

SARAH LINDEN: You're done. You want to go home. I'm sorry. I'm going to be very quick, I promise. I just couldn't keep sitting there without talking-- getting up here and talking more about Iowa because it was brought up. And I do have some experience with what's been going on in Iowa. And so I just wanted to share a few things. One, the previous speaker talked about Iowa being-- like, they're doing \$13 million in revenue. Well, a normal state based on the population and what we would, like, project Nebraska to do would be, like, \$100 to \$120 million. So the fact that Iowa is so restrictive, they're, they're really, like-- especially only having five dispensaries across a whole state is really putting constraints on the industry. And therefore-- and if it's doing that, then it's really not serving the people in Iowa as they should be served. They also only gave, like, three companies licenses. One of them went out of business and the other two merged. So those-- there's really a monopoly. And it, it's kind of disheartening actually. But that monopoly, it's called, like, Bud and Mary's. They've been trying-- they've been petitioning, like, actively, every single year trying to get the government in Iowa to, like, give them more licenses for more dispensaries or loosen the restrictions so that they can actually serve the public as they want to. And unfortunately, because they're not able to serve the public, the public is, you know-- the patients are being served by the hemp industry in Iowa, and that's where the money's really going. So they've also been petitioning to shut down the hemp industry in Iowa to, like, try to funnel the money back into them. Because what happens is they're really not profitable. So eventually, they're going to go out of business, and the patients in Iowa are going to have nowhere to go for medical marijuana. And that's what-- I think these bills do a really good job of, like, preventing that from happening by, by having looser restrictions and allowing patients to really get the products that they need the way that they

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

need to be able to take them. I'm not saying this very professionally, but I apologize. I also just wanted to say one more thing quickly, and that is, I do agree with Senator Storm. When he brought up that, you know, on this commission of five people, there's no doctors, there's no pharmacists. I personally would love to have that added to these bills because I do think that it's important to have experts when regulating these products. And-- I mean, I've talked to some of the members of the Liquor Control Commission, and they're really trying to understand and educate themselves so that they can regulate it, but they really don't know a lot. And so it would be really helpful to have even someone who maybe is a doctor or pharmacist who also is an expert in cannabis would be great.

HOLDCROFT: OK. Thank you for your testimony. Any questions from the committee? Yes, Senator Quick.

QUICK: Thank you, Chairman. So I'm taking what you're kind of saying in Iowa is that-- are people doing-- you know, getting it through the black market then if they want it? Is that what they're doing?

SARAH LINDEN: Yeah. That's exactly what's happening, is that they've been getting it from the hemp stores. There's been a bunch of hemp dispensaries who have popped up, and they're actually selling products that are actually illegal in Iowa. But there's a lack of enforcement. And then there's also, like, the black market that's servicing the same people. So because it's so restrictive and, and patients aren't actually able to get it from legitimate sources, they're finding other places to get the products. And the company that is supposed to be servicing these patients isn't really able to do an adequate job. And they keep petitioning, trying to get the government, the state to loosen the restrictions so that they can service them properly.

QUICK: OK. Thank you.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you. With the dispensaries in Iowa, does the state dictate the location of where those dispensaries are throughout the state or not?

SARAH LINDEN: I, I don't think that I can answer that and know that I'm 100% accurate. I do think that they did restrict the location, but I--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

the locations-- I know there's one in Des Moines. There's one in Iowa City. There's one in Council Bluffs. I think there's one in Sioux City. And I can't remember where the fifth one is, but I think that it's somewhere on the east.

DeKAY: OK.

SARAH LINDEN: Maybe Cedar Rapids or something.

DeKAY: All right. Thank you.

SARAH LINDEN: But they did spread them out.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you for your testimony.

SARAH LINDEN: Thank you very much.

HOLDCROFT: Next testifier. Any other testifiers?

***SHANNON CORYELL:** I support good regulations. We have an opportunity to do this right. We also have an obligation to do this for the voters who overwhelmingly approved the measure.

***ANGELA CORNETT:** Thank you for hearing my testimony. My name is Angela Cornett. And I am a nurse from Norfolk, Nebraska. I appreciate the work of our senators to fulfill the will of Nebraskans by bringing forth bills to help provide safe and regulated access to medical cannabis. I am in support of bills LB651 and LB677. Although, I do have concerns that in some ways, these bills do not treat cannabis in the same manner that we treat other medicines. If the taxation was in regard to a recreational market, I would have no opposition to that, but I do not think Nebraskans should have an additional tax burden when accessing medical cannabis. No other medications consumed by Nebraskans are taxed. I also feel that any additional requirements, beyond the written recommendation from their health care practitioner outlined in the ballot initiative, would be undue burdens we would not impose for a patient to utilize any other medical treatment in Nebraska. Let's treat this as a medicine, not a vice, because that is what this is all about. I was beyond disappointed to see the AG and former governor attempt to dissuade our representatives-- who are elected by the people-- from working to ensure the will of the voters was respected. Nebraskans have spoken loud and clear. It is simply unacceptable to continue attempting

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

to subvert the will of the people on this matter. Nebraskans are tired of waiting. The AG and Mr. Ricketts say we need to be "patient." Some of these families have patiently waited for over a decade with no relief in sight. While their loved ones needlessly suffered daily. Many patients, like Lisa Kovanda, died while waiting for relief in Nebraska. I urge our representatives to end the taxpayer funded war on Nebraska patients and to begin putting patients before profits. Thank you.

***JENNIE CALENTINE:** Good afternoon, senators and members of the public. I am a disabled person with chronic nerve pain not fully controlled by my prescribed medications. I take Lyrica 225 milligrams twice daily and low-dose naltrexone for pain. My days are unpredictable, and I can wake up in severe discomfort during sleep. After five years of pain, imaging of my lower spine showed moderate to severe degeneration. I now understand why the pain shoots down my left leg. I fully support LB651 because natural and nonaddictive medication would help to achieve better pain control. I trust that Nebraska's voters know what they want and will consume responsibly. Nebraska's physicians know what is best for their patients. Please vote for this important bill to allow our state to help medical patients who need legal and safe medication.

***JENNIE CALENTINE:** Good afternoon, senators and members of the public. I am a disabled person with chronic nerve pain not fully controlled by my prescribed medications. I take Lyrica 225 milligrams twice daily and low-dose naltrexone for pain. My days are unpredictable, and I can wake up in severe discomfort during sleep. After five years of pain, imaging of my lower spine showed moderate to severe degeneration. I now understand why the pain shoots down my left leg. I fully support LB677 because natural and nonaddictive medication would help to achieve better pain control. I trust that Nebraska's voters know what they want and will consume responsibly. Nebraska's physicians know what is best for their patients. Please vote for this important bill to allow our state to help medical patients who need legal and safe medication.

HOLDCROFT: OK. I don't see Senator Conrad, so I'll invite up-- first, I'm going to read-- for LB651, there are 107 proponents, 9 opponents, and 2 neutral. Also, in accordance with our ADA policy, we had three ADA submissions, one from Shannon Coryell-- she was a proponent; Angela Cornett, proponent; and Jennie Cala-- Calentine, a proponent. Next, before you start-- for LB677, there were 108 proponents, 5 opponents, 2 neutral. And there were also ADA inputs-- just one from Jennie Calentine. She was a proponent. Senator Hansen, your closing.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HANSEN: Thank you, Mr. Chair. I'd like to thank the testifiers in support and opposition. I think this is one of the best ways we can make a good bill better, by listening to opposition and listening to [INAUDIBLE] in support to see where we can tweak some things if we need to or approach things from a different perspective, so I appreciate that. Just a few things I would just want to bring up. I know some of the questions that committee members had. I know Senator Storm talked about-- and I think this was also a concern maybe of others, is the idea that this could eventually turn into recreational marijuana. But just of note, Oklahoma and Florida, just recently, the voters rejected recreational marijuana. And they have medical marijuana. South Dakota, the legislature overturned recreational marijuana, and I'm pretty sure they have medical marijuana. So it's definitely plausible and not unacceptable for us to have medical marijuana and then either us as a Legislature or the, or the voters of Nebraska don't want recreational. It's happening in all the other-- it's happening in other states and states around us. Senator DeKay brought up the idea of masking a problem. And I think in some instances with medical marijuana, yeah, or medical cannabis. It will mask a problem, just like aspirin does. Just like opioids do. Just like many prescription drugs, if not most, if not all of them in some form or fashion, mask a problem and don't really ever treat the problem. I think that's up to the patient a lot of times to help do that themselves if they can. Senator Andersen, there are 85 certified DREs in Nebraska. We looked that up. I didn't really know for sure. I thought that was a good question that you had, so. I know from the Attorney General's Office they were concerned that this statute is open to legal challenge. Every statute we pass is open to a legal challenge. This is not uncommon. If there is a valid concern that this is unconstitutional or something is going wrong, it goes to judicial branch and they make that determination. They did have a concern about synthetic THC. In my bill, we have an outright ban on synthetic THC, Section 165(5) (a) on page 79. And we actually do include DHHS and the commission in that part of the bill. So when I talk about a collaborative effort, we also have-- where did I see that at? Make sure I get this right. I wrote this down somewhere. That we do have other agencies working in tandem. And I believe it's Ag and Department of Revenue we have also working on aspects of the bill as a part of the, the, the Medical Cannabis Board, working in, in conjunction with them because we're talking about revenue that we're going to bring in. You know what I mean? Department of Ag has some involvement. And so this is a collaborative effort among state agencies and not just the Liqua--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

Liquor Control Commission. I thought-- I, I wa-- I was trying to think-- maybe I'm wrong, but it seems like from the AG's concern that if we do nothing and then they are not successful in litigation that this would pretty much in a back way be controlled by the executive branch because they would be the ones determining who's on the Medical Cannabis Board. And for my understanding, we don't really control any other kind of substance that way, whether it's alcohol or cigarettes or anything else. It's always the Legislature who determines a lot of those. Even the Controlled Substance Act. We determine what's legal in the state of Nebraska and what's not. Typically not the executive board-- or, executive branch. Plus, there would be no limitation if we don't passing any-- there'd be no limitations on number of licenses or dispensaries, state of Nebraska. So at the very least, we got to do that. We had a question about schools. I thought that was a good question. In my bill on page 17, Section 69, we have that-- we talk about schools specifically and we say there is, there is no smoking in schools. And I just wanna make sure I get this right. We banned that. I'll see if I can get my right-- you know, out of a hundred-some pages, let's make sure I get the right one here. 69, was it? Oh. Page 17, for crying out loud. Yeah. We talk about schools there. School facility are not responsible for-- they're not responsible for providing cannabis. Cannabis may not be smoked. Cannabis may be inhaled using vaporization. I-- except that this shall not, not prohibit the use of an aerosol inhaler. So basically what we're talking about is when somebody has a-- like, an asthma attack, those aerosol inhalers, they will allow that in a school. But also the school then can determine or adopt restrictions on the ma-- on the ma-- no. They can't determine restrictions, but they can also-- but they can determine where it's going to be used in the school. So we still give the schools a lot of leeway in determining-- on, on their ability to then control the use of it in the schools. But definitely not smoking. We had a question about employers. I think one had to kind of-- to CDL licenses. We do have on page 14-- page 16, line 14, we talk about employers specifically. Nothing in this act requires an employer-- or, affects the ability of an employer to restrict the use of cannabis by employees. So an employer then also has the ability to determine how they want to have it implemented, if anything, on their premises or not. I'm glad somebody brought up Iowa. I thought that was pretty good. Iowa has made their-- and I think somebody brought this up. Iowa has made their laws so restrictive that there is really actually no market available. And I think previous testifiers talked about that. But what they do have is a thriving delta market.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

That has almost no testing and no standardized dosing. That's what has happened. And they mentioned also some parts about the black market creeping in there too. This is one of the things we're trying to prevent. Talk about the ter-- we talk about the term prescribing. Yes. We don't say prescribing because that's kind of more semantics. That's what a medical doctor does [INAUDIBLE] a pharmacy. Ours is very similar. They do have to have a written permission. And we talk about the form that they have to use and all the address and names. So it's, it's tracked very well. I do appreciate some of the opposition that came in. They were very honest, actually. They did say, yes. There actually, there actually people are who are being helped by medical cannabis. And there's a lot of aspects of the bill that they actually think are appropriate and good. But I think that's how we collaborate and kind of find how we make, make something better. The bill does address that local businesses are the ones who own these dispensaries, and the, the growers and cultivators as well. And they do have to be a resident in Nebraska for four years. And the majority of the company has to be made up of somebody in Nebraska. I like the idea of possibly having a registered MD on board, and I think that's something we can discuss and see if that might be a possibility. And I do want to remind the-- we, we were trying to-- I was trying to figure out more about how much-- again, I never like to pass a bill because of how much revenue we're going to make off something, but I think this is an aspect of the bill that we can discuss and where it's going to go, because the sales and use tax from medicinal cannabis is, I've heard, ranges between \$10,000-- or, \$10 million up to \$25, \$28 million a year. That's just at the beginning. And that's at 4% sales tax. If we decide to go up to 5.5%, which is up to the committee and us as a legislative body, like we tax pretty much everything else, that will be-- that will be higher. And all of that goes to the Property Tax Credit Relief Fund. So. I do want to remind everybody that this is a Nebraska-led effort. It's grown, cultivated, tested, prescribed, distributed by Nebraskans for Nebraskans. My philosophy has changed quite a bit since first being-- getting here as a senator. I would have been more restrictive on this, I think, when I first came here. But listening to the families, understanding my role as a government and what-- my responsibilities to tell people what to do and what not to do to help treat an ailment has changed over the years. So I just want the members of this committee to just imagine, because I'm not going speak for you, even though I have an idea. If this was your child who had epilepsy, what would you do? Even if it was illegal to stay in Nebraska and you found out they're on

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

multiple medications that's hindering their ability to even be cogni-- cognizant, think, reason. And somebody comes along and says, hey. Maybe you should try medical cannabis. I've heard it helps out a lot. Would you even try that as a parent? Sure as hell know I would. What if it's your spouse with cancer? What if it was your friend with PTSD? What if it's your parent with Parkinson's? These are the people we're talking about. If this was a better alternative with less side effects, better outcomes, it was cheaper-- you know, wouldn't you consider it? That's what we're talking about here. And to my conservative colleagues, when was the last time we ever had the federal government tell us what to do? We didn't with abortion. Roe v. Wade got overturned. Even before that, we still would have fought for a pro-life cause no matter what the federal government said. That's what this is about. Thank you, Mr. Chairman.

HOLDCROFT: Thank you, Senator Hansen. Senator Storm.

STORM: Thank you, Vice Chair Holdcroft. Thank you, Senator Hansen. I got a few-- couple questions, one comment. You talked about inhalers for-- that, that-- they have a-- you can have cannabis in inhalers?

HANSEN: Yes. Yeah.

STORM: Just like an asthma attack and you can get it right into your lungs?

HANSEN: Yeah. That was, I think, [INAUDIBLE] discussed about three, four years ago when we were trying to pass this before. That alleviated even some of the Nebraska Medical Association's concerns by involving that.

STORM: So wouldn't that be better than smoking it if you could just inhale it? Because that's the way to get it in your system quick in your lungs, correct?

HANSEN: It could be, yeah.

STORM: OK. The other thing is-- and I don't know in your bill. Like I said, it's 90 or 160 pages. What about pregnant women? Is there any reference in there talking about pregnant women purchasing cannabis?

HANSEN: That's a good question. I have to look a bit-- look at it further and see.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

STORM: Because everything I read said pregnant women shouldn't be smoking marijuana or taking it. So that would be something that would--

HANSEN: I tried, I tried to think if we have laws like that for alcohol and smoking. Do we have that specifically in statute? I don't really know for sure that pregnant women can't do [INAUDIBLE].

STORM: I think that that would be something. Then the last thing I'd say is delta-8's illegal in Iowa. So it's-- you said it's legal and it's thriving. It's illegal in Iowa.

HANSEN: Delta-9?

STORM: Delta-8 is. And we're trying to do away with it in Nebraska.

HANSEN: Yeah. I think-- from my understanding, delta-9's-- I think-- well, I can't remember which one is the more che-- chemically synthesized.

STORM: Well, delta-8 is the synthetic one that's really, really bad and-- yeah. The one testifier that came up from Colorado that said that it's not even in Colorado. It's legal in Nebraska, but we're trying to work on that a little bit. So that's all I had.

HANSEN: Yep. Thank you.

HOLDCROFT: Any other questions from the committee? Senator DeKay.

DeKAY: Thank you. You will probably know the answer to this. If you don't, I'm sure I will get the answer before I leave the building tonight. When it comes to the inhalers in school, is that student that would benefit from that, are they able to carry that on their person or would that be in a nurse's office or the school main office or-- where would that be held?

HANSEN: I think it, it probably depends on the school, because we've put specifically in the bill the school determines where it can be used. So they might say we want to keep it in the nurse's office, maybe like they do for other inhalers, for, like, steroids or asthma attack kind of inhalers. Or they might allow it to be on the person of the student. I, I'm unsure, but I know the school has the discretion to determine where they can use it.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

DeKAY: All right. Thank you.

HANSEN: Mm-hmm.

HOLDCROFT: Any other questions from the committee? Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Senator Hansen. It was an interesting conversation. I assume you heard the conversation I had with Mr. Rupe about-- well, maybe you missed-- the Liquor Control Commission.

HANSEN: Yes.

J. CAVANAUGH: And I asked him, if we don't pass your bill or Senator Conrad's bill or something, what does it-- the landscape look like? And he posited-- not to put words in his mouth-- that someone could just, if they had a recommendation, they could grow their own. And that would basically be the state of play, I guess, in the state of Nebraska. Is that a good system?

HANSEN: I would prefer it not to be. That's just my personal preference, because then I don't know-- that-- I think you're getting a little bit more away from the medicinal purposes of the cannabis and the control that we have, the seed to the patient tracking system that I really appreciate.

J. CAVANAUGH: Yeah. Thank you.

HANSEN: Yep.

HOLDCROFT: Any other questions? Thank you, Senator Hansen.

HANSEN: Thank you.

HOLDCROFT: Senator Conrad. It's against my better judgment, but would you like to close?

CONRAD: I did reserve the right. All right. Very good. No, I know-- thank you so much, Chair. And thank you, members of the committee. And thank you, Senator Hansen, for collaborating to combine the hearings so that you're not here for double duty, but we can compress it into one, at least, because they're so very similar that I think that a lot of

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

the testimony would have been repetitive for the committee. I want to thank everybody that took time to be here today. I know a lot of people that are impacted by these issues are in pain, have disabilities, are caregivers, and have traveled great distance time and time and time again to peacefully petition their government for access and opportunity to a treatment that might work better for their ailments and that have been approved in well north of 30 of our sister states in similar medicinal-- medicinal cannabis programs. The-- that's the other thing that I just want to perhaps underline or, or reaffirm for the committee, which of course is apparent on its face. But, you know, since we aren't out in front on this issue, we do have a lot of learning from our sister states about what works and what doesn't work. And we don't have to play the what-if game, so to speak. We can really look at concrete examples in our sister states that show the right way to do it in terms of respecting the doctor-patient relationship, in terms of recognizing different patients have different needs when it comes to delivery method, and some-- those kinds of matters which I know are at the heart of, of the implementation bills before you. The other thing I neglected, unfortunately, to mention in my opening was I did present each of the committee members with a lengthy amendment to consider in regards to my legislation. I know Senator Hansen has filed one on his as well. But the primary objectives and the amendment that I presented and the bill upon introduction is it really took in the feedback from that point of introduction. I heard from a lot of patients about just some practical concerns about what wouldn't work in the bill is introduced. And the, the amendment presented to you was an attempt to try and make it just work a little bit more practically for, for patients in their, their daily lives and their daily routines. So that was kind of at the heart of, of each of those matters. The last piece that I believe-- you know, just kind of a general thread that we heard a lot about today was there's just so much confusion between the ballot initiatives and the litigation and federal law and state law and the citizen initiatives and these implementing bills. And that's not an accident. It's a, it's a political strategy so that this Legislature does not act and does not move forward and is confused and scared. And that's wrong. The people have spoken. We need to carry out their will. We need to put aside our personal and political differences. And I can tell you look no further than just last biennial. I've spent the majority of my professional career as a civil rights attorney fighting against things like voter ID. And you know what? The people of Nebraska had a different opinion than me when it came to whether or not we

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

needed to have voter ID in the state of Nebraska. And I respected their will. And moving forward with smart implementation legislation, we all did in a commonsense, thoughtful, bipartisan, nonpartisan way. I think you had north of 40 votes there from across the political spectrum saying the people have spoken on this, and now we need to move forward and get everybody on the same page in relation to that clear and decisive vote and in recognition of the fact that the right of the petition is precious and our relationship to the second house should be sacrosanct whether we personally or politically agree with it or not. And that's also at the heart of a lot of these issues. The last piece I will let you know about is just the interplay or the confusion amongst federal law, hierarchy of authorities, and what's going on with, with prosecution there. It's well-established that both major political candidates in the most recent election committed to a path of essentially de-- or, rescheduling cannabis and/or being more open-minded to a sensible approach to our drug laws, including medical marijuana and recreational marijuana. Some of those efforts are moving through on the federal level as we speak. Nevertheless, about 38 states of our-- or, 38 of our sister states have some sort of medical marijuana program on the book. Those are not hiding. They are in plain sight. They are well-publicized. They are on the radar screen of federal authorities. And I'm not aware of widespread utilization of federal prosecution to shut down those states' efforts. So I think that speaks for itself. And that's really a product of prosecutorial discretion that you have either on the federal or state level to say, I'm going to look and see kind of what's going on here. We have limited resources, and I'm going to figure out where I can get the most bang for my back, so to speak, and in terms of advancing public safety activities. So for whatever reason-- I don't speak for the federal government over the course of many different presidential administrations. But the facts are clear and speak for themselves that there hasn't been a widespread weaponization of federal law against states either through legislative or citizen initiative that it's just the medical marijuana program. So the last piece being it is a very deeply conservative principle grounded within the text of the U.S. Constitution in both the Ninth and Tenth Amendment, which say whatever's not delegated or specifically directed to Congress or federal branches of governments to take a peek at, those rights remain and reserved for the people and the states. And we've seen states' rights issues pop up time and time again in a lot of different contexts-- some very fraught and very problematic, but that's also at

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

the heart of measures like this. And those are very conservative principles that are baked into our constitution. So I'd ask you to advance this strong citizen initiative and state-sponsored initiative. I'm happy to answer questions.

HOLDCROFT: Thank you, Senator Conrad. Any questions from the committee?

CONRAD: All right.

HOLDCROFT: Seeing none. Thank you. That will conclude our hearings on LB651 and LB677. We will now move on to LB483 with Senator Storm. Welcome, Senator Storm.

STORM: You ready?

HOLDCROFT: Ready.

STORM: OK. Good afternoon, Chairman Holdcroft and members of the General Affairs Committee. I'm Senator Jared Storm, J-a-r-e-d S-t-o-r-m. I represent District 23. I'm here today to introduce LB483. Before I start, I want to first of all say I have sympathy for everyone we've heard of today talk, like all of you do. I can't-- I have five children at home. I can't imagine if they "suvered" with-- suffered with some of these ailments. I would do whatever I could to help them. So I want to make that clear to everybody. I truly do have sympathy. LB483 would permit-- limit permissible cannabis products to tinctures and pills while also setting the allowable amount of marijuana possessed to a total of 300 milligrams. This limit would allow a two-week supply of around 20 milligrams of cannabis a day. And how I came up with that number-- most prescriptions are for a two-week supply of two doses a day. A normal dose of marijuana would be 10 milligrams. Therefore, 20 milligrams a day for two weeks is roughly around 300 milligrams. I feel as though we have to set some type of standard with this and not just open it up to huge amounts. We have to do that. Furthermore, under LB483, in order for a practitioner to recommend medical marijuana to a patient, the physician must practice in Nebraska and be licensed under the Uniform Credentialing Act. I don't think we want doctors from California, Colorado, Oregon doing telehealth to people in Nebraska to get a card to get 5 ounces of marijuana. And the Credentialing Act means if you have a doctor at a VA hospital, then they can help, help with this as well. Under this bill, smoking or vaping medical cannabis would be prohibited. To me, it does not make

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

sense that we would allow-- be allowing the consumption of cannabis in a form that could do more harm than good, especially when there are safer alternatives. According to the American Lung Association, smoke from cannabis combus-- combustion has been shown to can-- contain many of the same toxins, irritants, carcinogens similar, similar to those in tobacco, smoke. According to the Mayo Clinic, marijuana contains a mixture of compounds and chemicals such as tar, ammonia, polycyclic aromatic hydrocarbons, carbon monoxide, cyanide, benzene, and others. Further research has indicated that smoking cannabis can cause chronic bronchitis, has been shown to injure the cell lines of airways, which would explain why smoking cannabis can lead to symptoms such as chronic cough, phlegm production, wheezing, and acute bronchitis. The American Lung Association also notes that smoking cannabis can also affect the immune system, especially those who are taking immunosuppressive drugs or those with HIV. Also, secondhand-- this wasn't mentioned. The whole day no one mentioned secondhand smoke. OK? We know from big tobacco secondhand smoke is deadly. Secondhand smoke from smoking cannabis can give-- have negative health effects to loved ones in their home. So if a person goes home, they smoke marijuana for medical reasons, what about their two-year-old child sitting right there on the couch beside them? What about their wife? Secondhand smoke is a real issue. Wasn't mentioned the whole day with the other two bills. Similarly, vaping ca-- cannabis may also cause further respiratory problems. In a study done by doctors from the University of Montreal and published by the Oxford University Press, it is noted that the use of high potency concer-- concentrates of cannabis, like those found in vapes, correlate with a higher incident in mental and physical health problems. Specifically, these higher concentrates can lead to a higher risk of developing acute adverse effects like paranoia, psychosis, and cannabis hyperemesis syndrome. And I had a doctor come into my office here couple weeks ago and we talked about hyperemesis. I had no idea what that, what that is. That's chronic vomiting. A side effect of using too much marijuana is you vomit and can't stop. So you go into the emergency room vomiting and asking for help. And this doctor said-- and he's from a rural, small-town hospital in Nebraska-- says he sees it on a weekly basis. So there's some real side effects to marijuana, especially with higher THC levels and the amounts that people can get that. The Mayo Clinic and the CD-- CDC also have noted that vaping marijuana was linked to the 9-- 2019 outbreak of e-cigarette or vaping product use-associated lung injury, called EVALI. Many of these cases were linked to indi-- individuals vaping THC cartridges. Ultimately,

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

this was linked to 68 deaths in between March 19 and February 2020. Overall, I believe that while we enact-- overall, I believe that while we enact medical cannabis laws, we should not be allowing forms of cannabis that can ultimately do more-- more harm than good, especially when there is safer alternatives that don't contain carcinogens. You know, marijuana is one of the most widely-- is-- marijuana is one of the most commonly abused drugs. Marijuana is currently classified as a Schedule I drug under the Controlled Substance Act. Schedule I drugs-- Schedule I is for drugs with currently no accepted medical use. And I know the government's looking to change that, but they haven't done that yet. It's still a Schedule-- Schedule I drug. We as Nebraskans need to be very careful how we implement medical marijuana into our state and make sure that there are guardrails so this-- so that this does not turn into recreational use. No one up here today has wanted to talk about moving towards recreational use. They just want to focus on medical marijuana. And I can appreciate that. We should. But as state Legislatures, as the Unicam-- Unicameral, we should make sure that down the road this doesn't turn into something that we totally regret and have major issues with. You have to understand that in the past we had big, big tobacco. Now we have the big mari-- marijuana pharma-- or, the big marijuana industry. And the first-- and, and it's a \$1 billion industry. And what, what this industry does is they want to go into a state, first of all, and they obviously come in, in the form of medical use, and they make it easy to obtain and acceptable. Then two to four years, they'll push for recreational use. Several testifiers came up here and talked about revenue, how much money they could make, how Iowa doesn't make enough money-- you probably heard that. All about revenue. We got to make more money. There's a heck of a lot more money in this for them if this goes recreational. You have to keep that in mind. For them, it's, it's the bottom line. How much money can we make? For me, it's about the children of our state, the youth, the people in the state that will be devastated the most if this ever goes to recreational will be my children, your grandchildren, and we have to truly think about that. And I want to touch about the states that surround Nebraska and what they, they do. Currently, our surrounding states have differing approaches to marijuana. Kansas and Wyoming, cannabis is illegal. Nothing in, nothing in Wyoming and Kansas. South Dakota, medical marijuana. There has been some push to make it towards recreational. They've never made it across the finish line. Iowa, which I talked about a little bit here, has medical marijuana, but they have strict laws on who can-- on who can use it. No smoking of it. They

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

truly are trying to do it in Iowa for medical use. And I would say that 70% of people who voted for this in the ballot in Nebraska want this for medical use. They don't want it for recreational use. In 2018, Missouri legalized medical marijuana by allowing qualifying patients to grow up to six cannabis plants. And what I found out is that you could have 4 ounces on hand. We're saying 5 in Nebraska. That's even more than, than Missouri did with medical. By 2022, Missouri had legalized recreational marijuana. This fall, I went to a Kansas City Chiefs football game. That's Monday night game. They played the Chiefs. I walked around the stadium at Kansas City. You know what I smelled everywhere? Marijuana. I went inside the stadium, went to the restroom, you know what I smelled? Marijuana. I don't want to be walking around Memorial Stadium next fall smelling marijuana, or in the future. And I don't think most Nebraskans do either. Colorado legalized medical cannabis in 2000, and qualified patients could grow up to six cannabis plants and possess up to 2 ounces. They were only 2 at one time. In 2012, Colorado then legalize-- legalized recreational marijuana. I will add: in 2019, Denver decriminalized psychedelic mushrooms. Shortly after, in 2022, Colorado legalized psychedelic mushrooms for the whole state. Once again, this is about revenue for the people who sell drugs. They want to make-- they want to expand this as much as they can. And I, I, I, I will finish again saying I truly do have sympathy for people suffering from cancer, terminal illnesses, children who suffer from seizures. I want to help them as much as I possibly can, just like all of you do. But I also want to make sure that we do not affect this state in a negative manner moving forward with what we implement here. And I've heard a lot about we got to do something right now. Right now, right now. Got to go, go, go, go, go, go, right? For me, I think we slow-walk this. I think that we, we slow-walk it and we get this right. Because if we get it wrong and you let the genie out of the bottle, you're not getting it back in. So we slow-walk this, do what's right, truly help people the best that we possibly can. You heard me ask the question earlier. Put some doctors and pharmacists on a, on a committee to regulate this, not the tobacco liquor board. People who know what they're doing. And I-- it's not about revenue for me. I, you know, I don't think you put a dollar amount on how much the state can put into the General Fund over the health and safety of our citizens of this state and our children. And that's truly how I feel. So I have-- that's the end of my testimony. If you have any questions, I'll be more than happy to, to be answering them.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Are there any questions from the committee? Yes, Senator Rountree.

ROUNTREE: Thank you so much, Chairman Holdcroft. And thank you, Senator Storm. I was just listening and looking at the bill. What's the origin of the bill? Who asked to bring this bill? Who's the sponsor of that one?

STORM: Thank you, Senator Rountree. I brought it myself.

ROUNTREE: OK. OK.

STORM: So when I was-- so when I was coming into the, the Legislature, I was figuring what, what I wanted to do before, before I, you know, came in. And I knew that, that it-- this had been passed, or a ballot initiative. And I knew that we had to find a way to regulate this in a safe guardrail measure. It's a pretty simple bill. It's not real complicated, because I knew that there would probably be amendments attached to this. I didn't want to drop a 120-page amendment the day before we had this hearing. I wanted to be pretty transparent to everybody, you could see. But, yeah, I brought it myself.

ROUNTREE: Thank you. I appreciate that, sir.

HOLDCROFT: Any other questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Senator Storm.

STORM: Yeah.

J. CAVANAUGH: So 300 milligrams-- I did the math-- is a little more than 1 ounce, is that right? I guess my, my math-- according to Google. I don't know these conversions.

STORM: I would believe you. Yeah.

J. CAVANAUGH: It's-- 283 milligrams is an ounce, so it'd be just a little bit more than an ounce.

STORM: Yeah.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: So the-- and I-- there maybe was some confusion early on. The ballot initiative says 5 ounces, right? That wasn't Senator Hansen's bill or Senator Conrad's bill.

STORM: Right, right, right.

J. CAVANAUGH: And so you're changing the language that was in the ballot initiative that was passed by the-- 70% of the voters.

STORM: Yeah. Just like the last two bills are going to try to as well, so.

J. CAVANAUGH: Sure, they were putting some other things around it, but they weren't explicitly repealing part of the ballot initiative for that part.

STORM: Right.

J. CAVANAUGH: And then there's also-- you add in that the doctor has to be in Nebraska. The ballot initiative specifically allows for doctors who practice both in Nebraska and outside Nebraska, right?

STORM: Yeah. I don't have it here to look at all that exactly to know it, but.

J. CAVANAUGH: Well, I, I looked it up so I can tell you. It says a medical practitioner is somebody who is qualified through the-- sorry-- the Uniform Credentialing Act, who's licensed in any state and practicing in compliance with the Uniform Credentialing Act. So by putting that limitation on there, you're limiting specific-- I mean, that's essentially explicitly repealing part of the ballot initiative.

STORM: We could, we could talk about that through amendments.

J. CAVANAUGH: Yeah.

STORM: That's what I would say.

J. CAVANAUGH: Well, I-- and so I guess my question is, you know, 70% of the voters voted for that ex-- specific language. And-- I mean-- what-- I, I guess what's the justification-- or, why-- were the voters wrong-- were 70% of the voters wrong in saying that-- that?

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

STORM: I'm not going to say that. No.

J. CAVANAUGH: OK. And if we were to pass your bill, it takes a supermajority of the Legislature, right?

STORM: 33. Yeah.

J. CAVANAUGH: Yeah. 33. OK. And that's kind of-- didn't get into this with the Attorney General, but the reason we have a higher threshold is because we should be held to a higher standard to go against the expressed wishes of the people of the state of Nebraska.

STORM: I agree. Yeah. Same with the other two bills. We'll have to have 33 for that as well.

J. CAVANAUGH: You're right about that, yes.

STORM: So.

J. CAVANAUGH: Thank you.

STORM: Yeah. Thank you, Senator Cavanaugh.

HOLDCROFT: Any other questions from the committee? Senator DeKay.

DeKAY: Thank you. Since the ballot initiative's been brought up and-- I will ask you-- and I'm going to ask the same question to every testifier that comes up, pro and con, their opinion. 70% of the voters passed the ballot initiative. In your opinion, do you think 70% of the voters would still pass a ballot initiative to say that recreational marijuana will never be part of state law?

STORM: I would not want to speak for the whole state. I do think it'd be harder to pass recreational marijuana than what was passed here. But I, you know, I don't, I don't know. Yeah. I hate to speak for the whole state, but. I think that most Nebraskans do not want recreational marijuana in their state. So that's--

DeKAY: Thank you.

STORM: It's an opinion, but.

HOLDCROFT: Any other questions? Senator Andersen.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ANDERSEN: Thank you, Chairman. Thank you, Senator Storm. Senator Storm, did you have in here a functionality-- I was looking at the fiscal note. Is there a tax on it? Did you include that in your bill?

STORM: Repeat that again. What'd you say?

ANDERSEN: Did you include a tax? Like, the, the first two had a 4% tax built into it.

STORM: I, I think it's, like, a \$1.9 million fiscal note on this. Correct? Is what I--

ANDERSEN: Yeah. I'm going through--

STORM: Yeah. I don't know exactly what taxes we had. And I figured-- to be honest, I know that if this gets to the floor it'll be amended. We'll talk it out. We'll do that. So. What kind of tax we want to put on this. I, I do believe that if, if we get medical marijuana out there it should be taxed. What rate--

ANDERSEN: Should be taxed?

STORM: I, I believe it should be. But at what rate? That will be up to the Legislature, where we'll negotiate that. Yes.

ANDERSEN: Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Will you-- you'll be here for close, right?

STORM: Yeah. I'll-- like, another bill after this, I believe. Well, not mine, but McKinney's.

HOLDCROFT: Yes. So, Chairwoman Dorn has dictated now that we will hear the testifiers: proponent and then opponent and then neutral. So first proponent. Proponent. Welcome back.

ROGER DONOVICK: Yup. I'm back. Thank you. So good afternoon, Chairman Holdcroft and members of the General Affairs Committee. My name is Dr. Roger Donovan, R-o-g-e-r D-o-n-o-v-i-c-k. I am the Executive Medical Officer of the Department of Health and Human Services. And I'm here to testify in support of LB483. The FDA has approved some cannabinoid compounds found in cannabis for the limited treatment purposes of

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

specific forms of epilepsy, chemotherapy-induced nausea, and anorexia associated with weight loss and AIDS patients. Cannabinoids are cannabis derivatives but lack the psychoactive and other potential harmful effects of cannabis. The harmful effects of cannabis include an increased risk of car accidents, interference with memory and learning, altered brain development in adolescents, and an increased risk for psychosis. At the federal level, cannabis is currently classified as a Schedule I drug under the Controlled Substance Act. Schedule I drugs are substances determined to have a high potential for abuse and no accepted medical use. There is currently no U.S. Food and Drug Administration approved medical use for cannabis. Further, due to federal criminalization of cannabis, rigorous scientific study on effectiveness of medical cannabis use for any purpose is lacking. Therefore, DHHS maintains that cannabis is not a medication and it-- and does not agree with its legalization. With that said, the department supports this bill over other bills for the following reasons. There are no prescribed medications that are administered by vi-- by smoking or vaping. This bill ensures that medical cannabis will be taken in oral form. Oral forms of cannabis are able to be given in specific amounts. This is not the case with cannabis used via, via inhalation routes. The inability to take specific amounts of cannabis through smoking or vaping makes it difficult to avoid the potential for toxicity. Smoking cannabis has also been shown to damage lungs, specifically through chronic inflammation and bronchitis. Oral cannabis would avoid this potential negative lung effect. Additionally, from a public health perspective, DHHS would like to avoid the risks of secondhand smoke that can result in cannabis exposure and other harmful effects to those who have been recommend-- who have not been recommended the drug, such as children. DHHS suggests that the bill include language to require health care practitioners who rec-- recommend medical cannabis in accordance with this law be required to be licensed in Nebraska and require mandatory training on medical cannabis. Training recommendations can mirror that of other states such as Florida and Ohio. The department would also recommend that clarification be provided in the bill on limits for individual dosage reg-- recommendations in addition to the total amount an individual can possess for this purpose. For example, 300 milligrams in a single dose would be-- in a single dose of delta-9 THC would be considered extremely toxic. Thank you for your time. And I would be happy to answer any questions on this bill.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: Thank you, Dr. Donovanick. Let me see if there are any questions from the committee. Senator DeKay.

DeKAY: Same question. Do you think-- and I don't want to be mis-- mis-- misin-- misinform people that-- I do appreciate the testimony that's been done on this bill and the other two previous bills for the patients that do need this care. But my question is, do you think a voter initiative for medical marijuana and a voter initiative to restrict legalizing recreational marijuana would mirror each other at 70%?

ROGER DONOVICK: I, I think there's, there's contradictions and disagreements within them that would need to be reconciled. And, you know, for me, I, I, I'm main-- I'm mainly concerned about the toxic effects and the safety of Nebraskans. But it-- you know, so I do-- I, I rec-- we recognize that it, it's been legalized. But how that's going to roll out in this state I think is very important. We've seen the effects in other states, and it's not all good. And, you know, it-- so for me, it's, it's really about how can we, we best protect the health of Nebraskans-- you know, both-- you know, in a positive way as well as the, the negative effects of cannabis. We-- there's a lot of information out there about toxicity and potential harms that cannabis does. And, and I think that-- you, you know, in general, a lot of the, the advocacy has been done by, you know, by people who mainly talk about the benefits, you know. And, and again, normally to get something to the point where it's going to the, the public for a medication, it has to go through a series of clinical trials. You know, multiple steps in a clinical trials demonstrating both efficacy, any danger-- dangerous side effects, as well as benefits. And, you know, it, it really concerns me to hear about the potential for adolescents with developing brains utilizing inhalers or any form of cannabis when we know that cannabis has a detrimental impact on learning and development and ultimately school performance. And some of that is felt to be not reversible. So I think that-- to me, it's very important that these potential harms are understood from a public health perspective.

DeKAY: Thank you.

J. CAVANAUGH: Any other questions? Senator Roundtree.

ROUNTREE: Thank you so much, Vice Chair. Thank you, sir, for your testimony. And have you had an opportunity to reach out to others in

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

your position and other states around us who have already approved to legalize this medical cannabis? Some of the things that-- the issues that they're experiencing, kids with bad lungs and things of that nature. Have you had a chance to talk to your counterparts on that? And then the fact that 30-- I think, 34, 35 states that I read already have a medical cannabis, and it's been that detrimental. It's--

ROGER DONOVICK: Yeah. So I, so I do, I do talk to colleagues in other states, not in an official sort of data collecting capacity, but I think that what we're seeing across the country-- and it's, it's here too-- is that there are very high-- there's very high numbers of cannabis use and many people are coming into treatment, hospitals, emergency rooms with cannabis intoxication as part of that. And, and I think that if you, if you talk to physicians across the country, you would see that. There's, there's concerns about rates of psychosis increasing and partic-- particularly psychosis in youth. So thi-- this is not-- the-- these are things that are happening. And, and then when I talk to colleagues in the different states, they're seeing it.

ROUNTREE: So the psychosis in youth that they are seeing, the increase in-- even in our own state, that's due to cannabis use?

ROGER DONOVICK: Well, so there is scientific literature published in, in peer-reviewed journals that indicates, yes, that, that there, there's increased risk for psychosis. There's a, there's an article in Lancet that, that established this. There's a-- there's, there's many articles talking about potential for increased rates of psychosis due to cannabis.

ROUNTREE: Thank you.

HOLDCROFT: Any other questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chair, for coming back. Letting me off the hook. Thanks again, Dr. Donovanick, for being here. I just was wondering if you could help me correct my mistake on the 300 milligrams. 3-- so I, I maybe misread the websites. 300 milligrams is basically a hundredth of an ounce? You might not-- I don't mean to--

ROGER DONOVICK: Yeah. I, I, I, I, I, I, I, I don't do that conversion--

J. CAVANAUGH: Yeah.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ROGER DONOVICK: --typically. But, but in terms of dose, I th-- I think the concern about the 300 milligrams is. It's not clear what that 300 milligrams means. Is that-- because a one-time dose of 300 milligrams would be toxic.

J. CAVANAUGH: OK.

ROGER DONOVICK: So I think it, it's not clear. Is that 300 milligrams for-- like, how many milligrams per dose? Is that the total amount of, of somebody could have in a prescription divided up into doses? So I think for us, it wasn't clear, you know, what that meant, the 300 milligrams.

J. CAVANAUGH: OK. Well, I appreciate that clarity. And then-- so you're here-- I was, you know, I guess surprised that you're testifying in favor of this bill because you were opposed to the last one. But so your testimony is more that you don't think that cannabis is medicine, but you like this bill because it's more restrictive than the other two bills?

ROGER DONOVICK: Not just-- it's not about being more restrictive. That-- it spec-- it, it specifies for-- that it has to be the oral forms, which I think would be, you know, much safer than having people vaping and smoking what they're calling medicine.

J. CAVANAUGH: Did you hear the testimony from the folks on the last bills that said there are some folks who can't consume it that way?

ROGER DONOVICK: Yeah. So-- you know, again, that-- then that would have to be looked at, right? But, but the fact is, is that there are, there are other, other forms that, that may be useful. I don't know all the forms of cannabis, but vaping and smoking, like I said in the testimony, is not some-- a way that medication's administered. There's harms that come from that.

J. CAVANAUGH: Yeah.

ROGER DONOVICK: And I think one of the mistakes here is that we're talking as if all these benefits are backed by science. We're talk-- we're, we're acting as if, though-- and I'm not saying that anecdotal discussion and conversation doesn't have some value, but it doesn't necessarily mean that the data is there to support the use of a drug-- and cannabis is a drug-- for a particular thing.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: Well--

ROGER DONOVICK: Particularly in the context that there could be potentially very harmful side effects from that drug, and cannabis does have-- it's not harmless. It's a plant, and it does have a potential for serious side effects.

J. CAVANAUGH: Yeah. And, and I'm not here to defend pharmaceutical companies or anybody like that. Just-- our job is to figure out-- the voters have basically approved this and said they want this, right?

ROGER DONOVICK: Right.

J. CAVANAUGH: And so we're here having a con-- a conversation about what's the best way to implement the will of the voters. And I guess my question is you're, you're testifying in favor of this bill because it allows just tinctures and pills.

ROGER DONOVICK: Pill form, yeah.

J. CAVANAUGH: But-- and-- you know, it's, it's not true that medicine is not administered. I mean, we have nebulizers and--

ROGER DONOVICK: But that, that's aerosolized. That's not smoking or vaping.

J. CAVANAUGH: Sure. But you're saying--

ROGER DONOVICK: So that's different. And those are metered dosed inhalers for asthma.

J. CAVANAUGH: But that's not allowed under this bill, right?

ROGER DONOVICK: You're, you're, you're getting a specific dose. And the point is, is I'm not aware of any medication that you can get a specific dose by smoking or vaping.

J. CAVANAUGH: OK. Thanks.

ROGER DONOVICK: Yeah. And, and particularly it, it-- because it's associated with damage to the lungs. So maybe you're getting a benefit in one area. But if you're damaging the lungs-- OK. So in general, you have to take that into consideration, right?

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: A holistic approach.

ROGER DONOVICK: Yeah.

J. CAVANAUGH: All right. Thank you.

ROGER DONOVICK: Yep.

HOLDCROFT: Senator Andersen.

ANDERSEN: Thank you, Chairman. And thank you, Dr. Donovanick, for, for staying and being here again. I just make sure that I caveat it correctly. When you testified on the first two bills, you did not want DHHS and thought it was inappropriate for DHHS to have oversight. Is that correct?

ROGER DONOVICK: Yeah.

ANDERSEN: Paraphrasing. Does this bill have DHHS as having oversight? I don't, I don't think it does.

ROGER DONOVICK: Yeah. Yeah. I don't-- I, I'm not aware that it does.

ANDERSEN: OK. And that's one of the reasons why you're advocating for this one, because--

ROGER DONOVICK: That's one of the reasons, yeah.

ANDERSEN: The oversight component is more appropriate than what the first two ones--

ROGER DONOVICK: Yeah.

ANDERSEN: --first two bills are. OK. Thank you.

ROGER DONOVICK: Yep.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Dr. Donovanick. Next proponent. Speaking for the bill. Proponent. Welcome back, Bill.

BILL HAWKINS: Good evening, Senator Holdcroft, Chairman, and members of the General Affairs Committee. Surprisingly, I'm here in support of this bill. My name is Bill Hawkins, B-i-l-l H-a-w-k-i-n-s. Lifelong

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

Nebraskan, over 50 years of practical, real-life cannabis use. And being an herbalist, I'm not allowed to call what I use medicine. And so I believe that when we decide to call cannabis medicine, we made a mistake because that bumped us into the pharmaceutical companies and caused all kinds of problems. It benefited the cannabis movement, but smoking pot isn't medicine. And I will admit to that, that it isn't. So that's why I'm here in support of Senator Storm's bill. Because if we're going to call it medicine, then we need to make it medicine. And so I would-- in listening to the testimony, I would suggest that Senator Storm consider an amendment to allow a nebulizer, because, yes, we do allow medicine to be inhaled with a nebulizer. And there are cannabis products that are in a nebulizer that give you a metered dose. And that is very critical to severe pain patients, where the edible isn't taking effect or isn't working, and they can, with that instant blood-brain barrier through the nebulizer, give them instant pain relief. And so a pill or tincture or a nebulizer is what is medicine. And so if we're going to call it medicine, then let's call it medicine. And that brings up the point of tax revenue. If you go clear to the back of the Controlled Substance Act, it states that we do not tax medicine. Until we come to cannabis because we're looking for a cash cow. Then we decide we're going to tax medicine. Only cannabis. So if you want a cash cow, tax recreational cannabis. It's here. Everybody in the state of Nebraska who consumes cannabis is consuming cannabis recreationally from the black market. It's here, yet nobody's wanted to talk about it. It's already here. It's not going to all of a sudden show up when you regulate medical cannabis. It's here. I proposed that to the Revenue Committee for many years. So it's not just going to appear. Medical cannabis is the most studied plant medicine there is out there. There are thousands and thousands of clinical trials and medical studies on cannabis, so educate yourself on it. I would be glad to take any questions because I know it's been a very late night.

HOLDCROFT: It's not so bad. Any questions from the committee? Senator DeKay.

BILL HAWKINS: Yes, sir.

DeKAY: Same question. Being in the industry for 50-plus years, you-- do you think restricting recreational use of marijuana would have been greeted with the same enthusiasm as 70% as medical marijuana?

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

BILL HAWKINS: The latest polls that I-- and that's a very good question, and it's come to everybody. The latest polls show that bipartisan, Republican and Democrats, the majority of people in the United States-- and that includes Nebraska-- favor recreational cannabis and ending the war on drugs. They're tired of it. More than half the population in the United States live in a taxed and regulated state. And so to hide your head and say it's not here isn't going to do you any good. So recreational cannabis will follow medical cannabis. It's just the progression across the whole country. The horror stories you hear-- if they were all really true-- then these states wouldn't through legislative action, bodies just like you, are taxing and regulating cannabis. So whether you regulate this medical issue or not, recreational cannabis is already here. And it's time to end the failed war on drugs and come to a realization that cannabis isn't the evil that we've been led to believe. So it's here. The medical cannabis statute is already law. So I'm in the process of getting my recommendation from a health care practitioner in Oregon who's been in the medical cannabis business for decades, so that I can legally possess 5 ounces of cannabis and acquire it here in the state of Nebraska. So that's already here in already law. So you have the opportunity to pull all these bills together to come up with a safe, regulated system for these patients that have been begging you for relief from a safe alternative to prescription opiates and other-- pharmaceutical drugs, that if you look at the side effects of them, cannabis is pretty safe. So. I don't know if that answered your question, sir, but it's coming either way.

DeKAY: Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Mr. Hawkins.

BILL HAWKINS: And I appreciate the committee here on this situation.

HOLDCROFT: Next proponent. Speaking in favor of the bill. Seeing none. Next opponent. First opponent. Welcome.

ANTHONY JIMENEZ: Hi. Thank you guys for your time. My name is Anthony Jimenez, Anthony, A-n-t-h-o-n-y; Jimenez, J-i-m-e-n-e-z. I'm here opposing the LB483 amendment. I would like to give a brief presentation on factu-- factual information regarding cannabis and why it-- the plant-- as a whole should be legalized for consumption in all forms,

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

not just tinctures and pills. I challenge you to do your own research regarding the topic to become well-educated on it so that you know what this beautiful plant has to offer. I understand your fear is focused on the amount of carcinogens being released by smoking or administration methods. I'm here to explain to you that that is not always the case. A carcinogen by definition is a substance organism or agent capable of causing cancer. Red meat, for example, is known to have carcinogens, as well as other food dyes and drinks. Smoking may cause carcinogens, but when you are vaporizing with no combustion, there are little carcinogens released. Vaping and smoking are the only consumption methods with immediate onset, therefore relief. It's difficult to take a pill or keep a tincture down for someone with severe nausea or tremors. Here are other methods of consumption, none of which are mentioned in the amendment brought forth. RSO which is Rick Simpson Oil, which is a full spectrum cannaba-- cannabis extraction derived from using a solvent to extract full plants. It is the most medicinal form that cannabis has to offer due to it having every active cannabinoid. It came about because the creator developed basal cell skin cancers on his arm. Simpson used cannabis oil as a treatment. As the reports go, his skin cancer cancers cleared. Edibles are always pre-dosed with a long shelf life. Benefits are but not limited to easy to dose, great shelf life, easier to stomach than maybe a tincture per se due to the "planty" taste that the medicine does have. Some people are sensitive to taste. Topicals are another great example because there are several lotions and salves with different ratios of cannabinoids, as well as uses, ranging from sports gels for active moving parts of the body to lotions that contain THC and CBD, providing them muscular and joint relief. Topicals are great for regional pain, which provide very quick onset. Topicals also have very little psychoactive effect due to them being absorbed directly through the skin, and they are beneficial in that aspect. Patches can be applied directly to areas that are affected. This provides a slow release method that slowly administers canna-- cannabinoids, allowing for a microdose and an all-day relief. And the definition of vaporizing-- I know it keeps being loosely used as vaping. But the definition is turning a solid or liquid into a gas. Vaporizing produces vapor, not smoke-- which is what they are referring to-- at 400 degrees or below, which is a safe way to consume cannabis. And it also provides immediate relief, just like smoking. The fact of the matter is that we need to-- need the whole plant availability to have these products available and can't limit it to part of the medicine that isn't even most beneficial

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

to a portion of the population. Tinctures and pills only make up on average 5% of legal market sales, which would in turn create a boon for a legal market for neighboring states and Nebraska in itself.

HOLDCROFT: That's your time, Mr. Jimenez. Let's see if there are any questions from the committee. Yes, Senator DeKay. Of course.

DeKAY: Same question. Do you think recreational marijuana would be received-- prohibiting recreational use of marijuana would be received with the same 70% voter initiative as medical marijuana?

ANTHONY JIMENEZ: What I believe is that, just like every other state, in a matter of time, it will go to recreational [INAUDIBLE] because everybody is seeing the benefits all around that it has as a whole as a plant. So that's why everybody's allowing for it to just be legalized and not be any stipulations as far as access.

DeKAY: Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you for your testimony.

ANTHONY JIMENEZ: Thank you.

HOLDCROFT: Next opponent. Welcome.

JOSH EGLE: Hello. Thank you. My name's Josh Egle, E-g-l-e. I wasn't planning on testifying on this, on this bill, but as someone in the industry, has been in the industry for a long time, I just want to say that if you limit the products to pills and tinctures, there won't be an industry. Nobody will make money. There won't be stores open for people to get these products because there, there's no money in it. Tinctures and pills are probably our lowest seller in our store, and it'd be hard to, to operate with limiting the products. Also, I mentioned earlier my mom, who's been battling MS for 40 years, she smokes three joints a day. And it's her preferred method for battling her MS. She's told me she can actually feel it when she smokes it help her. And so I also believe there's something about smoking it that's helped her brain and helped control the lesions in her brain. So that's all I got. Thank you.

HOLDCROFT: Thank you. Let's see if there's any questions from the committee. Yes, Senator DeKay.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

DeKAY: I'll ask you the same question. I'm going to ask everyone the same question. Does 70%-- do you think 70% of people would-- that have supported medical marijuana would still be supportive of a bill or a restriction on recreational marijuana?

JOSH EGLE: Would they be supporting in restricting recreational? 70% restri-- restricting it--

DeKAY: Yeah.

JOSH EGLE: --the question? No, I don't think 70% would be against recreational marijuana. I collected petitions for this bill, and I talked to a lot of people. And, you know, the-- I don't think the support would be as strong as it was for medical, but the majority of people are still in favor of recreational marijuana. I mean, I think it comes down to a freedom issue. We live in a free, free country. And I think adults are getting to the point where they don't want people tell them what to do. That's a, that's a sense I've got talking to people throughout the country.

DeKAY: OK. Thank you.

HOLDCROFT: Any, any other questions? Thank you for your testimony. Next opponent.

DOMINIC GILLEN: I'd say good afternoon, but I think it's evening. Good afternoon, senators. My name's Dominic Gillen. It's D-o-m-i-n-i-c G-i-l-l-e-n. I'm here to voice by strong opposition to LB483. To be blunt, to me, this is a poison pill bill. It would effectively gut the language of Initiative 437. To be here again just three short months after 70% of Nebraska voters approved this measure it feels like an insult. I would go through the percentages of the, of the, of you-- senators of your districts, but that's already been done, so I'll skip that part. But in an email, I asked Senator Storm, the sponsor, three specific questions. First one was, why the change of language from cannabis to specifically delta-9 THC? And his response to my email was, delta-9 THC is the psychoactive cannabinoid found in cannabis. True. This brings into serious question of whether the hundreds of other cannabinoids in cannabis would effectively be prohibited from use. This may deny patients the use of the plant that are essential. Question two is, why the li-- why the limited delivery methods to patients? The response was, limiting it to pills and tinctures still provides access

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

to medical marijuana. This arbitrarily limits the number of ailments that may be treated by medical cannabis. Many patients need to use vaping or smoking to get the cannabis into their system faster for relief. They'd be denied access. So my father-in-law, who has Parkinson's and also has the brain implant, is supposed to wait 20, 30, 40 minutes for a pill or tincture to get into his system to relieve his debilitating-- debilitating tremors? I'm not sure that's OK. What's your rationale-- third question was, what's the rationale for limiting possession to 300 milligrams? And the response was, 300 milligrams was chosen based off of a two-week supply of 20 milligrams per day. Senators, chosen by whom? 300 milligrams equates to literally 1/100 of an ounce, OK? A minuscule 21,000th of a percent of the 5 ounces that were voted on by the people. I'm curious then just how much clonidine, lamotrigine, Seroquel, Xcopri, Onfi, and Epidiolex should my son, Will-- who suffers from Lennox-Gastaut Syndrome-- be taking? Surely the 1,100 milligrams per day or the 15,400 milligrams every two weeks of Epidiolex is too much. But of course you can't tell me that because every patient is different and you aren't health care practitioners. We've fought this fight for 11.5 years. There's no need to slow-walk this. OK? We begged to work with this body but to no avail. Too many elected officials were unwilling to partner with us. That all changed on November 5 when the people got to speak. Senators, agree to disagree-- or disagree, not one single Nebraskan voted for the language in this bill. Senator Storm, on your campaign website, you were quoted as saying, I will focus on issues that matter to Nebraskans. Medicinal cannabis [INAUDIBLE]-- is an issue that matters to Nebraskans. 10,915 of your constituents voted for it. Senators, 637,126 Nebraskans voted for Initiative 437 as written. Why? Because it matters to them. None of them voted for the language in this bill. The time for compromise on this is really over. The people have told you exactly what they want. Please leave the current language alone.

HOLDCROFT: Thank you for your testimony, Mr. Gillen. Any questions from the committee? Yes, Senator DeKay.

DOMINIC GILLEN: Senator DeKay, I don't believe that it would be 70%, but I do believe it would pass.

DeKAY: It would pass to keep it restricted.

DOMINIC GILLEN: I, I think that-- much like the last person said, I think that recreational would pass in the state, but I don't think it

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

would pass with the 70% with the medicinal-- the medicinal passed with. I think that people are just that-- are ready for that. That's what they want.

DeKAY: OK. Thank you.

DOMINIC GILLEN: Yes.

HOLDCROFT: Thank you, Mr. Gillen. Next opponent.

GARRETT CONNELLY: Hello again. Garrett Connely, G-a-r-r-e-t-t C-o-n-n-e-l-y. Hello again, senators. Thank you for your time this afternoon. I just-- I wasn't going to speak against this bill, even though I am against it, but I just had to come up. I take so much issue, Senator DeKay, with all due respect, of the line of questioning about recreational marijuana. As Senator Hansen mentioned earlier, this is not about recreational marijuana. This is a fundamentally different purpose that this is serving, which is medicinal use. And to go down this line of questioning you're asking every single person about, whether this is going to essentially open a pipeline to recreational marijuana-- if it does, it does. But I will tell you that just about every single person on this campaign that I have worked with, none of us are planning on actively getting involved in a recreational campaign. None of us-- a lot of them aren't even supportive of a recreational campaign. So to go down this path and keep acting like this is a sure thing that recreational is going to happen is silly, in my opinion. And then you're-- it's also taking away from the fact that this is a medicine that helps people. For a lot of people, it is not a recreational choice to use it. And quite frankly, a lot of people that want to use it rec-- recreationally are already using it recreationally. So again, we just-- we're taking away from this argument that this is a medicine. And that's all I wanted to say. Thank you.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you. I appreciate you saying that. And that's exactly my point, to keep this, to protect what we're wanting-- what people want to do with medical marijuana to alleviate some of the concerns that this is a prerequisite to go down the road for recreational use. That's the, that's the point of the question, is just to make sure that everybody's on board going forward, that if we're going to do something

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

for the care of the patients that we want-- that we say we do, and I absolutely believe that, and I will. I just want to make sure that we are on the same path, that this is just not a prelude to recreational. And I think that would-- to have that kind of clarification would help alleviate some concerns going down that path.

GARRETT CONNELLY: I understand that. I do just want to say that I think that it's unfair to pigeonhole Nebraskans into essentially committing to never having recreational marijuana. If Nebraskans choose to go down that path, then that's the path Nebraskans choose to take. But ultimately, that's going to be our decision, whether it's through the Legislature or through an initiative process.

DeKAY: What--

HOLDCROFT: Go ahead.

DeKAY: With that-- what, what spurred the question was when we, we talked about Iowa with the restrictions that they have. And that's, that's where I'd say-- you know. And I don't know where we go with medical marijuana, but with the restrictions in place on that, that it, it can't be a constitutional amendment, that it would have to be voted through by the Legislature, that's what I-- that's the point I'm trying to drive home, that if, if we are going to go this way-- in which I'm sure we are-- that it will alleviate concerns that this is not a direct gateway to recreational use, that we keep it in the consta-- context of medical marijuana. That's the point of the question.

HOLDCROFT: OK. Any other questions from the committee? Seeing none. Thank you for your testimony. Next opponent. Next opponent. Anyone test-- oh.

CRISTA EGGERS: Well, good evening, senators. My name's Crista Eggers, C-r-i-s-t-a E-g-g-e-r-s. And I am going to testify today just for one moment on behalf of Nebraskans for Medical Marijuana. And then I'm going to take a moment to speak on behalf of just myself personally. I know you're all tired. I'm tired. I'm really tired. The patients that filled this room today are really, really tired of coming and begging for help for our children, for cancer patients, for PTSD, for ALS and Parkinson's-- and the list goes on and on. We are tired. Just today, as I've sat in this room, my son at home has had three seizures. And his mother is here instead of there with him. I'm tired. We have tried for

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

11.5 years to pass something. And we went to the people because year after year after year, we could not come to a resolution of how to do this. The people overwhelmingly supported this initiative. They passed it, and their voice was heard. And LB483 is disrespectful to the people who went out and signed the petition, the cancer patient that traveled two hours to get to us to sign because they need this relief. It's disrespectful for the people. It's disrespectful to the hundreds and thousands of grassroots volunteers that led this initiative to bring it before voters. And so I know we're all tired. But we have an opportunity, and I do not believe that Senator Storm's bill represents what the people want, what the people voted in. And I can tell you I have concerns of whether my son would have adequate access. For the last seven years, I have gone home every single night and laid with my son, praying to God that the day that we get him medicine he is still here. And so to listen to a bill and, and conversations about something that long, a long, long ago could have been good conversations-- I'm sorry, senators, but we, we have moved on. And I'm begging you-- I wasn't going to beg today, but I'm begging you. Let's come together and do something good. Help the patients of this state. Do not limit access. Do not try to be practitioners. Thank you.

HOLDCROFT: That's your time. Thank you. Any questions from the committee? Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks again for being here, Ms. Eggers. And I apologize for asking a question. We're all tired. But I wish I'd asked you on the last bill. So the Attorney General doesn't think we need to pass any bill. And-- I mean, I'm-- looked at a few-- the ballot initiative and things, and I guess I [INAUDIBLE]-- you've lived this. What happens if we don't pass anything?

CRISTA EGGERS: You know-- and I'm, I'm going to stay away from my personal opinion, but I, I think that it is valid to talk about the market, the somewhat recreational market that we have here in the state. Every day when I take my son to school, I pass three dispensaries. And I see people just like myself and, and, and other individuals walk in and buy products that are recreational and they're untested and unregulated. And they are marketing to children. And I, I, I do not mean to go down a path, but do you know how frustrating that is to watch a recreational industry come into this state? Meanwhile, my child and Dominic's child and Marcie's child-- no help. And so I do firmly believe that coming together with good, strong regulation,

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

regulation that protects patients because they deserve protections. They deserve for this to be treated as a medication. I mean, if we weren't here for medicine, I-- let me tell you, my life would've been a lot easier to not, not get involved with this. I have driven my life into the ground and of my child at home who needs me. Instead, I've been out running a ballot initiative three times. And so I truly believe we need to pass something. And I'm not going to comment on the opinions of the Attorney General. I don't think him and I see eye to eye on this issue. But again, that's not really why we're here. The people have passed this, and, and now it is the obligation of the elected officials to help do this good for Nebraska. Let's, let's do it differently than the market that we have around us, that now it seems like we're, we're trying to backtrack and we're trying to regulate and we're trying to pull it and we're trying to make it safe. Could you imagine if, if we roll this out and we regulate it, we provide safeguards and framework, we test it. It seems like a really good place to be.

J. CAVANAUGH: Thank you.

CRISTA EGGERS: Yeah.

HOLDCROFT: Any other questions? Sen-- Senator DeKay.

DeKAY: Thank you, Ms. Eggers. It's good to see you today. We've had great conversations over the years. You've poured your heart and soul into this issue. Where can when we get with medical cannabis to alleviate the concerns that have been addressed somewhat today so that we do have a good product that can help your son and other patients regardless if it's sons, daughters, father-in-laws, grandmothers, whatever-- how can we get to that?

CRISTA EGGERS: Well, you know--

DeKAY: --to alleviate the concerns that are being expressed.

CRISTA EGGERS: Yeah. You know, I, I think there's a lot of individuals. I can tell you that personally and on behalf of, of our campaign-- which is obviously the ballot-- the ballot committee is no longer, and we continue as a (c) (4)-- has received some pushback on coming in today supportive of the previous bills. I think it was important for us to do that because the regulations that we see in, in LB677 and LB651 are

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

good, and we're supportive of them. And so I think that's where we have to go, is we have to go and, and-- and, you know, by-- there's this question of, of overregulating the industry and what happens. We see the black market skyrocket, patients continue, individuals continue to go to states all around us and buy this product. And the same can happen when you underregulate it. So to find ourselves in the middle somewhere with a balance and, and what I think most patients today have asked for. I mean, nobody in this room today-- at least the, the individuals that, that I work alongside and, and that have poured their life into this-- have asked for anything that I believe is, is unacceptable or-- nobody has said make it a free-for-all. Nobody has said, let me just go get it and, and, and smoke it in my chi-- you know, my child's school. In fact, in, in a lot of these bills-- and I know we're speaking on, on Senator Storm's right now, but I, I-- you know, in answering your question, is I would ask-- and I know it's a long bill. I, I know all these bills are, are long. I've read it and I've reread it. I've read it five or six more times to truly see what's in it. And I would encourage you all-- reach out. Allow the invi-- individuals who have testified today. I don't have all the answers. I'm not an expert in this, but I've gotten to know it fairly well. And many of the concerns that have been brought up today actually are addressed. I'm going to speak on, on LB677-- a-- are very much addressed, the concerns with smoking. Let, let's make it so we can't do it in public.

HOLDCROFT: Yes, Senator DeKay.

DeKAY: One more quick question. 15 to 30 seconds. You've been on these-- with-- involved in this for the last seven years with petitions and everything else. Tell me some of the proponents and opponents to-- what was said to you while you were out on your petition drives.

CRISTA EGGERS: I will tell you that most individuals share their stories. They share their stories of why they were signing, why they believe in this. You know, we really didn't have a lot of opposition. I, I, I, I-- you know, I truly believe if we'd had millions of dollars and could have gone all across the state with something other than grassroots volunteers, we would have submitted 600,000, 700,000 signatures. We just couldn't get to everyone. But we heard stories and we, we heard people cry, and we heard people beg, and we heard people thank us for working hard.

DeKAY: Thank you.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Any other questions? Yes, Senator Andersen.

ANDERSEN: Thank you, Chairman. Thank you, Mrs. Eggers, for being here. I would note that you are from the best legislative district in the great state of Nebraska, District 49. Mrs. Eggers and I had the first conversation as she's standing in her driveway as her husband was fixing the sprinkler system. So we've had some chats about this. And, and I guess the challenge for us is to try and put the-- devil's in the details, right? So you have the [INAUDIBLE] of, yes, it's going to be medical, medical marijuana. It's going to be-- [INAUDIBLE] now, how do you do that? And that's the challenge, right? So I guess the question I would ask you is, with LB483, how does that not work for your son? How does that not give you access to the medicine that he needs?

CRISTA EGGERS: Yeah. So since you asked, you know, specifically about my son-- and, you know, a lot of this is, is unknown because I don't have a legal way to access this. So I don't have a way to legally work with Colton's [PHONETIC] doctors right now. But what I do know is that we would hope that we could, could dose Colton something on a daily basis, just like he takes his, his medications currently, you know, three times a day. But we also would like an option to use something when he is actively seizing, something other than these benzodiazepines that damn near-- excuse my language-- kill him every single time. My child is addicted to benzodiazepines. Help me, help me get him off of that. And so, you know-- and I use the example-- I talked to a mother not too long ago, and her 21 year old son has un-- had uncontrolled seizures for many, many years. And, you know, her son was actually not an advocate to smoke it. He started having auras, or a warning, before he had a seizure. And his doctor-- this was in another state-- recommended that he smoke it because that would get into his system immediately. And what they found is it halted or lessened the severity of the seizures. And so to, to try to say that, that this amount is good for one patient-- I don't know what my son needs, right? I, I want that to be up to the doctors. But I do know that patients on, on hospice, with cancer or wasting syndrome-- the current 300 milligrams is, is quite concerning of whether they would have adequate care. And, you know, I am speaking on behalf of, of the people. It is not what the people passed. The people passed for a patient to have 5 ounces. I believe-- and I, I-- please do not quote me on this-- but I do believe that in at least one of the, the prior bills, if not both of them, earlier, a patient-- a physician could very much limit what they believe a patient needs. You know, what my son needs versus what, you

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

know, Dominic Gillen's son or, or Marcie's son needs I would expect would be very, very different. You know, we, we use the pharmaceuticals right now. I can tell you that my son, every dose he's on is being used off-label. It's being used at doses that are untested. And, you know-- and, Senator, I'm going to get you that list of, of the medications, right, that, that we use. I know you've asked for that. Again, we, we were trusting his practitioners. And I do not believe that a legislative body of nonmedical people should have the ability to dictate what is best for my son or for this other patient. And I, I hope that amongst this group tonight that I think all of us could get on board with saying that if this were your spouse, your son, your daughter, your grandchild, you'd be doing exactly what I'm doing.

HOLDCROFT: OK. Thank you. Senator DeKay.

DeKAY: Thank you. Two quick questions for you.

CRISTA EGGERS: I know. I'm sorry. I'm a talker.

DeKAY: Not a problem. In the event of a seizure, and depending on the severity of it, would an inhaler be more beneficial than trying to have someone-- in your son's case, obviously he's a young man-- be able to inhale it through smoking it? Or would an inhaler help activate it sooner? And the other part of the question would be, when it comes to the medication or the amount, does it depend on the severity or what they're-- the affliction they're dealing with. Or does it kind of depend on body size and stuff, how much they're able to take without--

CRISTA EGGERS: Yeah. So I'll answer your first question about-- you know, obviously, my son is ten and he is not going to be smoking this. That would not be logical. You know, an inhaler I know helps many children. Now, for a child that is actively seizing, an inhaler is not going to help. They, they would not be able to pull it into their lungs effectively. And, and I would anticipate my son uses oils. That's-- you know, he's ten years old. But as he gets older and if he ever was in a position where he could feel these seizures coming on, I would absolutely hope that inhaler or that smoking in an acceptable way, a, a safe way that doesn't impede on other people, I, I hope he has that option. Because I know there's been concerns about what, what inhalation does. I know what seizures do to the brain. Dominic Gillen knows and Marcie knows what seizures do to a child's brain. And so there is absolutely no, no scenario where you're going to convince me

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

that, that an alternative treatment option, even, even with some, with some risk-- just like we do with these pharmaceutical medications every single day. You know-- again, we're, we're wanting it as a medicine. And then the second thing is, is it's, it's very, very different. It can be body size. It can be other medications that a patient's on, you know. And, and often, it is. It's, it's a trial and error. It's that your child has not or you're-- this patient has not responded to this dose, so we're going to try a little bit higher. And we may add in another medication. And then we're going to lower this one. It is-- you know, medicine is a practice. I wish it were a science. Some of it's a science, but it's a practice. And what an amazing thing that we can look to medical practitioners. You know, our, our language did not say, you know, acupuncturists and chiropra-- we, we kept it to, to very professional medical folks. And-- I don't know if I answered your question, but. It's hard for me to say. There's a lot of variables.

DeKAY: Appreciate it. Thank you.

HOLDCROFT: Senator Andersen. Now, let's keep it-- let's keep it to a, a few minutes, please.

ANDERSEN: To, to finish my question: what does it take for you-- what need-- changes that would need to be made to LB483 for you to say, yes, I support it? It sound-- it seems like it's a good portion of the way there. It gives you access to the medicine that your son needs. You're still hesitant, and that's why you're opposing it, so what would you need to be changed to say, yes, I support LB483?

CRISTA EGGERS: I think we would absolutely need to see established exactly what the people passed. These-- I think they are burdensome regulations and restrictions. I do not personally feel that LB43-- LB483 is going to be a vehicle that, that provides a program that, that works.

ANDERSEN: OK. So your, your opposition to this bill is not about your son. It's about a principle.

CRISTA EGGERS: It's, it's, it's both.

ANDERSEN: [INAUDIBLE] for your, for your son's application--

CRISTA EGGERS: So for my son's--

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ANDERSEN: [INAUDIBLE] what do you-- what does it take to make you a yes to LB483?

CRISTA EGGERS: It's-- you know, we brought this ballot initiative for a reason, and we wrote it how we did for a reason. And, and I can't sit here and, and advocate to change that to say that my son's life is more important than someone else's.

ANDERSEN: I'm not saying that. I wasn't inferring that.

CRISTA EGGERS: I, I, I don't think 4-- LB483 is not going to be a vehicle that I believe is going to establish a, a good medical program.

ANDERSEN: OK. So it's the principle, not the application.

HOLDCROFT: OK. Thank you. Any other questions from the committee? Thank you, Ms. Eggers. Appreciate it.

CRISTA EGGERS: Thank you all.

HOLDCROFT: Next opponent. Opponent.

***SHANNON CORYELL:** The patients I talked during the petition process were concerned about a watered down bill. They along with their providers know what is best for them. Some have an incredibly difficult time swallowing liquids or pills. This is why I do not support LB483. We support good regulations but not denying patients access to a preferred method of delivery. Some patients who need more immediate relief prefer inhalation. This can provide relief within seconds or a few minutes. While ingesting can take between 30 minutes to 2 hours, full effects of inhalation can peak at 30 minutes while ingesting peaks within 4 hours. Edibles and ingesting offer a smoke-free alternative but require more careful dosing due to their delayed and possible stronger effects. It is easier to make dose adjustments due to the immediate feedback. There is also a shorter duration of effects which some might prefer. While inhaling cannabis the THC and other cannabinoids are absorbed through the lungs and enter the bloodstream almost immediately. From there, they quickly make their way to the brain, which is why the effects are more immediate. I have tried both methods. Sometimes I prefer one over the other. Patients should have the ability to make the decision for themselves.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

***ANGELA CORNETT:** My name is Angela Cornett. And I am a nurse from Norfolk. I am writing in opposition to LB483. This bill would severely limit the ability to provide targeted solutions for a specific individuals' health conditions. Each person will require a different dosage of medication. This is often found by trial and error while titrating up slowly until the desired effect is achieved. A dose to treat nausea will be different than a dose to prevent or treat seizures, for example. The effectiveness of a particular route of administration will also be determined on an individual basis through trial and error, just like any other medication. What works for one patient may very well not work for another patient. These are decisions that should be left up to the patient and his or her medical team.

***JENNIE CALENTINE:** Good afternoon, senators and members of the public. I am a disabled person with chronic nerve pain not fully controlled by my prescribed medications. I take Lyrica 225 milligrams twice daily and low-dose naltrexone for pain. My days are unpredictable, and I can wake up in severe discomfort during sleep. After five years of pain, imaging of my lower spine showed moderate to severe degeneration. I now understand why the pain shoots down my left leg. I strongly oppose LB483 because natural and nonaddictive medication would help to achieve better pain control. I trust that Nebraska's voters know what they want and will consume responsibly. Nebraska's physicians know what is best for their patients. Please do not vote this bill out of committee or vote for it at all. Our representatives must allow our state to help medical patients who need legal and safe medication.

HOLDCROFT: Anyone testifying in the neutral?

LORELLE MUETING: Hi again. Good evening.

HOLDCROFT: Welcome back.

LORELLE MUETING: Thank you. My name's Lorelle Mueeting, L-o-r-e-l-l-e; last name, M-u-e-t-i-n-g. Again, I'm the Prevention Director at Heartland Family Service. I'm here on behalf of our agency to testify in a neutral capacity for LB483. I think-- you know, we've been here a long time today. I think this bill has some good provisions in it. I think one of the good provisions is the smaller amount. Maybe 300 milligrams is too low. OK? And that's something I think that can be worked out. I think that-- and even though the ballot initiative was 5 ounces, I think 5 ounces might be too much because there wasn't enough

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

specification. Is that 5 ounces in a 90-day time period, is a 30-day time period? Is that a one time you can go in and buy 5 ounces at once? So I think that, that there are some good provisions in here, including, I think, having a safeguard that the health care practitioner has to reside in Nebraska. I think that's really good. If you go to prestodoctor.com, you can go and get a medical certification in almost-- in a lot of different states. You don't have to have a bona fide relationship with your health care practitioner. I think that is something that's super important, especially hearing, you know, testimony previously. The, the, the people who want medical marijuana, they, they have, they have serious health conditions. And so it should be something that they have a bona fide health care practitioner, you know, that's providing them with, with information on other substances, other drugs that they're taking, right? Another concern I-- that I-- or, a concern I have with this bill, again, is based on the written recommendation. I think it would be-- and I, and I know someone testified that the health conditions are too restrictive and only four people might have the definition of autism. And again, I think that's something that can be worked a-- out and looked at. But I think having some safeguards in place for who can get a medical card rather than just a, a health care practitioner recommending it is-- would be important to consider. Additionally, I think having the card to be valid for two years is too long. I think-- most of these bills have a two year-- you reapply for the card in two years, and I think that's too long of a time period. I think one year would be better than that, especially with other medications people are taking. They might change. And again, we're talking about some pretty severe health conditions that, that medical marijuana could interact with and be contraindicated for. And also, I think the most compelling reason-- to just take a closer look. I just passed out an article for you guys that came out from the Mayo Clinic. It's a comparison of 2017 and 2024 state qualifying conditions and their effectiveness. And so I think it's super important to take a look at the science when we're looking at-- considering something medicine in our state. And I understand that people have spoken and that's been, you know, made clear today that this ballot initiative-- you know, it's in statute, so that's been made clear. But I think it's important to consider the science as well.

HOLDCROFT: That's your time. Thank you very much. And is there a question from the committee? Seeing none. Thank you for your testimony.

LORELLE MUETING: Thank you.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

HOLDCROFT: Next neutral. Anyone else testifying in the neutral? OK. While Senator Storm comes up for his closing, LB483 had 13 proponents, 161 opponents, 1 neutral. And he did have some ADA. We had three ADA inputs. Shannon Coryell was an opponent. Angela, Angela-- excuse me-- Cornett, an opponent. And Jennie Calentine as an opponent. Senator Storm.

STORM: All right. I'm back. Thank you, committee. I wrote a lot of things down here. I'll try to see what I can cover here and then answer any questions if you have any. One thing that Mrs. Eggers said I wanted to comment on. She talked about walking by stores that sell delta-8 and other items like that that aren't good. I would totally agree. We're trying to ban delta-8 right now in this state. I'm a big proponent of that. But I also want to say bringing cannabis into the state is not a zero-sum game. There will be a negative side effect that we have to look out for. There will be some benefit to people who truly need this, but I think we also have to look at what harm we're going to bring into the state by doing this and really, truly try to regulate it. I think that's imperative. It's-- it is not a zero-sum game. As far as the amounts, 300 milligrams, Senator Cavanaugh, you're right, 1/100 of an ounce. My intent on this was active ingredient, not the total product that's there. So we're talking active ingredient. Kind of like when you look on the back of a soda can, there's so many grams of sugar on there, but the whole soda's 16 ounces. So that was my intent with that. Let's see. I'm, I'm truly open to amendments on my bill. Mrs. Eggers said that these are long bills. My bill's 18 pages. 18 pages covers three things: methods, two methods, Nebraska doctors, dose amount. Conrad's bill-- Senator Conrad's bill is 96 pages long. Senator Hansen bill's 116 pages long. If any of these bills pass, get on the floor, they're going to need 33 votes because they don't exactly match the will of the people. So that-- just to make that clear. So when people say that my bill isn't what the people want and voted on, I can say the same thing about Senator Conrad, Senator Hansen. So let's-- to make that clear. Also, I would say-- in my bill, it says nothing about the-- who would control this, like HHS. It would be the Liquor Control Board. Doesn't touch that at all. I'm impressed that Mr. Hawkins actually supported my bill. I got to say that, if he's still here. And I-- you know, I get back to this smoking marijuana. If smoking our drugs works so well, why don't we do it with anything else? I would be open to a nebulizer, like Mr. Hawkins said, where you could actually put the dose-- have it on there and we can nebulize it in. I'm open to any

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

other amendments on my bill, methods that people can get this into the body to help them. Iowa has suppositories. I'm open to that. Open to creams. I just have a real hard, real hard problem with taking a, a drug, rolling it into paper, smoking it into our lungs. Not to mention-- no one wants to talk about this again, but secondhand smoke is a real issue. We're all going to have to deal with secondhand smoke when this comes in. Let me see what else. But I'll also say, you know, the-- to the people who think that I'm not-- that I'm a red herring here and trying to shoot down medical marijuana, I'm one of four senators that brought a medical marijuana bill into this session, and did it on my own fruition. I didn't have a lobbyist show up to me and say, here's 119 pages. Try to get it through. I didn't have the Attorney General come to me. I did not have anybody come to me. This was me and my LA-- Riley over there-- back last fall when we were thinking about what bill we wanted to really try to work on in the Legislature. With that, I'll answer any other questions you can.

HOLDCROFT: Thank you, Senator Storm. Any questions from the committee? Senator Andersen.

ANDERSEN: Thank you, Chairman. Thank you, Senator Storm. I don't have a question so much as a comment. And I thank you for bringing the bill. It's not an easy one to bring, but I really appreciate the fact that you're willing to have a conversation and take others-- other people's thoughts and comments and, and to affect and to, to modify to make it better. So I appreciate your willingness to do that.

STORM: You know-- absolutely. I think this is a big issue. People have been working on this for years. I can appreciate that. And I just think we have to get this right. And when I say slow-walk it, that doesn't mean I'm trying to kill this. Doesn't mean I'm trying to make, make it so that Mrs. Eggers' son can never have this. I'm just trying to do this right. Genuinely trying to do it right. And to me, if we have to wait till next session to do this right and work through the summer and get everybody on the same page-- you know, work with, you know, Senator Cavanaugh, Senator Quick, others to get this right to where we can come as a body next year, have a-- something that we can all agree on and put it in, then I-- it's-- I think that's better than going through with something really fast and then saying, how do we-- how do we bring this back if we, if we have issues? Yeah.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ANDERSEN: I do have a question, not just comment. So my, my question is, have you looked or you want to entertain a delayed implementation in light of the litigation that's ongoing? Have you looked at a delayed period? Kind of like, I think, the first two bills had.

STORM: Yeah. I mean, I think when you have active litigation going on, on this, I think-- especially if they think it's going can be resolved fairly soon. And then the Attorney General's-- his assistant came up here and said, if we implement something, they're going to continue to do more litigation against it. I think it's smarter to, to-- or, wiser to see how this litigation turns out in a fairly short amount of time. If it gets shot down, like, like-- was it-- Senator Morfeld or-- you know, Mr. Morfeld said, he thinks it's going to get shot down quickly, then-- well, let's see what happens. Let's do that. If it gets shot down quickly, then we really start putting our heads together as a body and as a group, both sides-- Democrats, Republicans-- I know this is nonpartisan, supposed to be a body, but-- come together, do something really good that truly we can, we can agree on, and then next session have it, have it implemented. That's my opinion. And I think-- like I said, we've waited 12 years. Some have worked 12 years for this. If we, if we wait another six months, seven months to make sure it's right and that we're all on the same page as a state regulatory body, I think that's-- makes more sense.

ANDERSEN: Thank you.

STORM: Yeah.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Senator Storm.

STORM: Barry, no question for me? OK. Thank you.

HOLDCROFT: That ends our hearing on LB483. And next up is LB705 from Senator McKinney. Good to see you, Senator McKinney.

McKINNEY: Thank you.

HOLDCROFT: Go ahead.

McKINNEY: All right. Good evening, Chairperson Holdcroft and members of the General Affairs Committee. My name is Terrell McKinney, T-e-r-r-e-l-l M-c-K-i-n-n-e-y. I represent District 11 in the

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

Legislature, which is in north Omaha. We're here today to, to discuss LB705, a bill that would make changes to the Nebraska Medical Cannabis Patient Protection Act and the Nebraska Medical Canbi-- Cannabis Regulation Act. It also will provide for the regulation of medical canbi-- cannabis and adopt the Nebraska Medical Canbi-- Cannabis Justice Act and Cannabis Conviction Clean Slate Act. I've decided to bring this bill because it really isn't about politics for me. It's about people. It's about helping sick patients get relief, ensuring that we have an equitable economy, and fixing past mistakes that have hurt too many Nebraskans, especially those from co-- those from communities negatively affected by the war on drugs. Before the passage of the medical cannabis petition-- petitions last November, people in our state who are suffering from serious illnesses like can-- like cancer, eli-- epilepsy and, and chronic pain had no legal access to medical cannabis. Many of these patients have tried everything else, and cannabis is the only thing that works for them. But instead of getting safe, legal treatment, they were forced to seek alternative measures or leave the state, which was not right. People who are dealing with chronic illness and pain shouldn't have to choose between suffering or leaving the state to get help. LB705 gives patients a legal way and a regulated way to access medical cannabis under the supervision of their doctors. This bill also creates new business opportunities, small business owners, especially those communities that have been hit hardest by the war on drugs, who have the chance to open dispensaries, grow cannabis, and create jobs. This is, this is important because we also can't ignore the fact that for decades cannabis laws have disproportionately hurt certain communities, leading to unnecessary arrests and criminal records for minor, nonviolent offenses. These records follow people for years, making it harder for them to get jobs, housing, and a fresh start. LB705 includes a plan to clear those old records, give people a second chance, and allow them to fully participate in society. Some people worry that medical cannabis will lead to problems, but this will-- but, but this bill has strict rules in place. Medical cannabis products will be tested for safety, sold in childproof packaging, and tracked carefully to present-- to, to prevent illegal sales. Dispensaries won't be allowed near stores, and there are also clear rules against cannabis while driving. This is not a free-for-all. This is a responsible, well-regulated program designed to help people and not create problems. This bill will help people who are dealing with chronic illness and pain, create jobs, and correct past mistakes, all while keeping strict, strict rules in place to

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

protect the public. Other states have already done this, and it's time for Nebraska to finish the job and do the right thing as the voters had wanted. I urge you to support LB705 or any of these medical cannabis measures to, you know, move our state in the, in the right way to give relief, economic equity and opportunity, and fairness Nebraskans deserve. And I'll open myself up to questions. Thank you.

HOLDCROFT: Thank you, Senator McKinney. Questions? Senator DeKay.

DeKAY: Thank you. Thank you, Senator McKinney. What differentiates your bill from the other three bills that we heard today?

McKINNEY: My bill, it deals more-- it-- I guess my-- the difference in mine, mine's focuses on probably the three things that the others don't, which is focusing on the social equity programs that is missing in other programs, which I thought was important, which was implemented in other states, to make sure, like, communities that have been negatively, negatively affected by marijuana laws are able to participate. Also, it has the clean slate in it as well. Those other bills didn't have that.

DeKAY: Clean slate. Are you meaning like from prior conviction of--

McKINNEY: Yes. Yep.

DeKAY: And thank you.

HOLDCROFT: Any other questions from the committee? Yes, Senator Andersen.

ANDERSEN: [INAUDIBLE]. Did you say marijuana equity? Is that what you said?

McKINNEY: No, I said social equity.

ANDERSEN: Social equity. What does that mean?

McKINNEY: A social equity-- equity program. It means the social equity program would assist with people who have been negatively impacted by marijuana legislation. It will allow for those from those communities or those who-- who, who have previous records be able to participate in a program.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ANDERSEN: So basically, people that had pot, got busted, and convicted? Is that what you mean?

McKINNEY: Say that again.

ANDERSEN: You said negatively affected by marijuana laws. Does that mean people that had marijuana, got caught with marijuana, and were arrested, now that there's a social equity issue, is that what you're-- you mean?

McKINNEY: Some people, yes, but not all. Yeah.

ANDERSEN: I'm just trying to make sure I understand you here.

McKINNEY: But also people from those communities that have been negatively impacted by marijuana laws or cannabis laws.

ANDERSEN: That's what, that's what I don't understand. I don't know what that means, that were negatively impacted by cannabis and marijuana laws.

McKINNEY: You don't know what that means?

ANDERSEN: Right. How did, how-- OK. How is a [INAUDIBLE]--

McKINNEY: So, so--

ANDERSEN: --negatively affected by marijuana law?

McKINNEY: So for example, there's-- studies have been shown-- for example, you got north Omaha, you got west Omaha-- studies have show both communities utilized cannabis-- or you want to call it marijuana-- at the same rate. But both communities are not policed the same. When you look at the numbers of people that go, go to jail or arrested, it's not the same. It's imbalanced. That's what the negative impact I'm talking about.

ANDERSEN: OK. So what does your bill propose on how to equalize that, is that what is?

McKINNEY: It's not proposing to equalize that. It's proposing to set up a system where the-- those people who have been negatively impacted by it can take advantage of the opportunity once it's fully implemented.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ANDERSEN: So if they had a record because they got busted with pot--

McKINNEY: Some people, yes.

ANDERSEN: And now they can actually participate in the medical marijuana. Is that--

McKINNEY: Yes.

ANDERSEN: --what you're providing?

McKINNEY: Yes.

ANDERSEN: Thank you.

McKINNEY: No problem.

HOLDCROFT: Any other questions from the committee? And I assume you'll be here for close. OK. First proponent. Speaking for the bill, LB705.

BILL HAWKINS: Senator Holdcroft, Chairman, members of the General Affairs Committee. My name is Bill Hawkins, B-i-l-l H-a-w-k-i-n-s. I'm going to make this quick because I want to get the heck out of here. It's been a long day, and I know you believe that too. I'm a lifelong Nebraskan, over 50 years of real-life, practical cannabis use. I want to thank Senator McKinney and his hardworking staff for bringing this important addition to the medical cannabis bills. The term marijuana is a racist, prohibitionary, derogatory term used to oppress brown and black communities and to stop the long-haired, tie-dyed, pot-smoking hippies and their rock and roll music. That's where that term has come from. We are talking about the cannabis plant. So Senator McKinney's social equity program is very well thought out because those brown, black, and white trash, poor white trash communities have suffered the most from our failed war on drugs. It hasn't worked. The prohibition of cannabis has not worked. All of a sudden, half the population in this stat-- in this country lives in legal cannabis states. So that prohibition has not worked, and it has detrimentally affected poor black, brown, and white trash communities. So bringing a social equity aspect of this is very important because the two previous bills-- Senator Hansen's and Senator Conrad's-- were written by the-- at least Senator Conrad's, I was told-- were written by the lobbyists who represents those multistate operators that are good, old, white boy networks that the poor, oppressed communities aren't going to take

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

advantage of this. So I greatly appreciate Senator McKinney's bill. I haven't read it totally, but this committee and this legislative body has quite a chore for itself, to somehow come up with a safe, regulated medical cannabis program that benefits the citizens of this state that voted overwhelmingly to support the can-- medical cannabis program. So I appreciate all your time. And I know it's been a long evening. And so you've got a lot to think about. And I'm here almost every day if you have any questions at any time. So thank you for your time.

HOLDCROFT: OK. Are there any questions from Mr. Hawkins from the committee? Yes, Senator Storm.

STORM: Yes, Chair Holdcroft. Yes. Mr. Hawk-- Hawkins.

BILL HAWKINS: Yes, sir.

STORM: You've testified before in front of me.

BILL HAWKINS: Yes.

STORM: And you told me your jacket was made out of hemp.

BILL HAWKINS: Yes.

STORM: Is that your hemp jacket?

BILL HAWKINS: Yeah, this is my hemp jacket.

STORM: OK.

BILL HAWKINS: And, and it's European style. And it's incredibly comfortable. And I really enjoy it. And I wore it this afternoon out of respect for this committee and to compete with the other high-paid lobbyists that were here, so. I thank you for your time.

HOLDCROFT: Any other questions from the committee?

ROUNTREE: I do. Thank you.

HOLDCROFT: Yes, Senator Rountree.

ROUNTREE: Thank you, Chairman Holdcroft. And Mr. Hawkins, thank you so much. I was going to ask about the hemp jacket earlier, but thank you for that good explanation and the truth. You've been around probably as

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

long as I've been around. And this word "equity" gets a bad name now, but the social equity and social inequity, it is a fact of life. So thank you for standing and pressing that out.

BILL HAWKINS: Yeah, it very much is, sir. And if you look at the studies, it has very much had a detrimental effect on a lot of communities. And in most states, that isn't addressed properly. And we have a chance here in Nebraska and with Senator McKinney and his hardworking staff to bring this bill and address the social equity aspect of it is extremely important. And so I greatly appreciate Senator McKinney. And I'm sorry you had to come in batting last, but here we are.

ROUNTREE: Thank you so much, Mr. Hawkins.

BILL HAWKINS: I appreciate that.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Mr. Hawkins.

BILL HAWKINS: And thank you much, committee, for your time.

HOLDCROFT: Next proponent. Speaking in favor of the bill.

***JENNIE CALENTINE:** Good afternoon, senators and members of the public. I am a disabled person with chronic nerve pain not fully controlled by my prescribed medications. I take Lyrica 225 milligrams twice daily and low-dose naltrexone for pain. My days are unpredictable, and I can wake up in severe discomfort during sleep. After five years of pain, imaging of my lower spine showed moderate to severe degeneration. I now understand why the pain shoots down my left leg. I fully support LB705 because natural and nonaddictive medication would help to achieve better pain control. I trust that Nebraska's voters know what they want and will consume responsibly. Nebraska's physicians know what is best for their patients. Please vote for this important bill to allow our state to help medical patients who need legal and safe medication.

HOLDCROFT: Seeing none. First opponent. Welcome back.

ROGER DONOVICK: Good afternoon, Chairman Holdcroft and members of the General Affairs Committee. My name is Dr. Roger Donovanick, R-o-g-e-r D-o-n-o-v-i-c-k. I am the Executive Medical Officer for the Department of Health and Human Services. And I am here to testify in opposition to

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

LB705. At the federal level, cannabis is currently classified as a Schedule I drug under the Controlled Substance Act. Schedule I drugs are substances determined to have a high potential for abuse and no accepted medical use. There is currently no U.S. Food and Drug Administration approved medical use for cannabis. Further, due to the federal criminalization of cannabis, rigorous scientific study on the effectiveness of medical cannabis use for any purpose is lacking. The FDA has approved some cannabinoid compounds found in cannabis for the limited treatment purposes of specific forms of epilepsy, chemotherapy-induced nausea, and anorexia associated with weight loss in AIDS patients. Cannabinoids are cannabis derivatives but lack the psychoactive and other potential harmful effects of cannabis. The harmful effects of cannabis include the increased risk of car accidents, interference with memory and learning, altered brain development in adolescents, and an increased risk for psychosis. As drafted, LB705 would allow a health care practitioner to authorize an individual to possess an amount of cannabis in excess of the amount allowed for in the ballot measure. The bill would also expand the method of administration to smoking. There is no approved medication which is smoked from a public health perspective. DHHS would like to avoid the risk of secondhand smoke that can result in cannabis exposure and other harmful effects to those who have not been recommended the drug, such as children. The bill as drafted would expand protections, protections further than voters approved on Ballot Initiative 438 to include the individuals using medical cannabis and to the recommending health care practitioner beyond criminal sanctions to exclude any manner of penalty. LB705 transfers authority from the commission, as required by the ballot initiative, to DHHS. The bill requires DHHS to create and administer a program to cover costs of obtaining medical cannabis for qualified patients that are eligible by Medicaid. DHHS is unable to use federal funds to pay for cannabis for Medicaid members, and this would be a General Fund expense. We respectfully request that the committee not advance the bill to General File. Thank you for your time. I would be happy to answer any questions on this bill.

HOLDCROFT: Thank you, Dr. Don-- Donovan. Any questions from the committee? Yes, Senator Rountree.

ROUNTREE: Thank you, Chairman Holdcroft. So, Dr. Dominic, if-- said the amount authorized in the bill exceeds what was in-- you know, the 5%

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

that was authorized during our ballot initiative. If that was adjusted, would that-- would it make it better for you?

ROGER DONOVICK: That's-- that is one, one-- because the bill I think allows the practitioner open sort of rec-- to be able to recommend more than what was in the bill. So it-- you know, so what does that mean, that they could say, here, 10 ounces or-- you know. So it's pretty open.

ROUNTREE: All right. Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you very much, Dr. Dominic--

ROGER DONOVICK: Thank you.

HOLDCROFT: --Donovick. Next opponent. Came back for more, huh?

ZACHARY POHLMAN: Thank you, Mr. Chairman. Yes. Good to see everybody again. Good evening. My name is Zachary Pohlman, Z-a-c-h-a-r-y P-o-h-l-m-a-n. I serve as Acting Deputy Solicitor General in the Attorney General's Office. I'm here to testify in opposition to LB705 for two primary reasons. First, unlike initiatives that amend the constitution, the marijuana statutes do not create an affirmative duty for the Legislature to act. Proponents argue that legislation is needed to carry out the will of the voters. In fact, the opposite is true. Because the voters passed two specific statutes into law, the Legislature should ultimately respect their will by leaving those statutes untouched. The reason the Nebraska Constitution puts such a high bar-- 33 votes-- before the Legislature can modify a law passed by the voters is because the only true expression of the will of the voters is the law that they passed. In this way, the marijuana initiatives are different than initiatives that amend the state constitution and task the Legislature with carrying out their provisions, as with gambling and voter ID. Second, the marijuana statutes are subject to legal challenges. As the committee is aware, the Attorney General's Office uncovered misconduct in the petition process, which led to a criminal conviction and ongoing litigation. That case is pending in front of the Nebraska Supreme Court. If the court decides that the petitions should not have been on the ballot, then any changes made this session will be ineffective. More legal challenges exist or are in store. As one example, federal law makes it

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

illegal to distribute marijuana. This office has long held that any attempt to license entities to dispense marijuana in Nebraska violates the federal ban. If the Medical Cannabis Commission tries to do so, the Attorney General's Office will challenge that action as preempted and unenforceable. Because the petitions do not compel the Legislature to act and because litigation will continue through 2025, the Attorney General urges the committee to hold this bill into the 2026 session, when the legal landscape will be clearer. I welcome the committee's questions.

HOLDCROFT: Thank you. Any questions from the committee? Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you. I didn't even get my hand up before you called on me. Thank you, Chairman. Thanks again for being here, Mr. Pohlman. I apologize for not asking on the last time you were here, but are you aware of any litigation-- so 38 states have medical marijuana is what we're told. I don't know how many have recreational. So has the federal government gone after those states?

ZACHARY POHLMAN: Thank you for the question, Senator. And I forgot to mention last time that you're my senator, and we actually met on my sidewalk last November. So what, what I am aware of is the fact that the federal government has a recent policy of not criminally prosecuting people for simple possession in states that have authorized medical marijuana. But what remains true is that if you look at 21 U.S. Code 812, 841, and 844, marijuana remains illegal to possess as well as manufacture and distribute at the federal level. And that has other implications outside of just criminal illegality.

J. CAVANAUGH: Talking about, like, banking and things like that?

ZACHARY POHLMAN: Yes, lots of things.

J. CAVANAUGH: Yeah. And of course, District 9, the best district in the entire state.

ZACHARY POHLMAN: It is beautiful. Yes.

J. CAVANAUGH: What-- OK. So, yes, it remains illegal. You've said that. But I guess my question is, one of the reasons that-- your stated reasons for us not passing anything is because there's potential implication of conflict with federal law. But if the feds aren't

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

pursuing their right against us, I guess you would say, what-- why is that a, a thing to be concerned with?

ZACHARY POHLMAN: Sure. So a-- the, the feds have rights to enforce federal law. The Nebraska Attorney General has the right to enforce the Nebraska Constitution, which of course is limited by federal law. And so when a Nebraska agency acts in an unconstitutional manner, it is the Attorney General's duty to bring a lawsuit to stop that agency from acting unlawful. So regardless of what the feds are doing on the enforcement front, the Nebraska Attorney General still has a duty to make sure that Nebraska agencies are acting consistent with state and federal law.

J. CAVANAUGH: OK. But he can't-- the Attorney, Attorney General doesn't have authority to prosecute, nor do any county attorneys or city prosecutors have authority to prosecute under federal law.

ZACHARY POHLMAN: So Nebraska, separate from the federal Controlled Substances Act, has the Nebraska Controlled Substances Act, and the, the petitions that passed last fall and all of the amendments we're considering today do not change the fact that marijuana remains a Schedule I drug even under Nebraska law. So criminal prosecutions in Nebraska for something like simple possession of marijuana would continue.

J. CAVANAUGH: Except for that the ballot initiative specifically says if you have a-- not a prescription, but whatever the word is the--

ZACHARY POHLMAN: Well, it couldn't be a--

J. CAVANAUGH: --recommendation.

ZACHARY POHLMAN: Right. It couldn't be a prescription because it's illegal federally. And so the way it works is that doctors actually can't prescribe marijuana. Doing so would be illegal. And so instead, what doctors have to do is recommend that their patients violate federal law and then find someone willing to violate federal law by giving them drugs illegally. And only then is it considered medical treatment, which it-- it's a little bit ironic that medical treatment runs through a commission also run by the Nebraska Liquor Control Commission, not the Department of Health and Human Services, which normally oversees medical care in the state.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

J. CAVANAUGH: Well, that was the wisdom of 70-some percent of Nebraskans, I guess. So that's where we're at. All right. Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you for your testimony.

ZACHARY POHLMAN: Thank you.

HOLDCROFT: Next opponent. Opponent. Anyone testifying in the neutral? OK. Well, then, Senator McKinney, as you come up, your bill had 12 proponents, 9 opponents, 1 neutral. And, yes, you had an ADA written testimony from Jennie Calentine, who was a proponent.

McKINNEY: Thank you, Senator Holdcroft and members of the committee. Thank you for those who came to testify. I would say that LB705 is my attempt to ensure that we don't leave out the conversation the negative impacts of the war on drugs and to ensure that if we do pass something that we make sure that it is an equitable measure and it, it takes into account that. And that's why I brought the bill. Because I don't care what we pass, whether it's medical marijuana or legalized marijuana at some time in the future, if we don't look at that-- if we don't look at the negative impacts of the war on drugs and what it had on communities in our state, then I think we're doing a disservice to this. It means nothing to me to let these things pass without addressing that issue. And that's why I brought this bill, and that's why I included the clean slate portion and also the social equity portion, because I think they go hand in hand. I think if we're going to make people-- will allow people to be able to purchase-- or, I guess get recommended medical marijuana, then we also should address the issue that people have marijuana on their records. But I also think that if we're going to allow, you know, these dispensaries to prop-- pop up across our state, we should also take into account the demographics of the individuals that are propping up those dispensaries and how they're able to do that because it's just the fact that most of them, almost all of them, don't look like myself, and that is a reason. And we need to take care of that. So if we're going to pass anything, I will strongly push this committee to consider looking at clean slate and also looking at social equity piece of this because, without that, none of this makes sense to me. And that's why I brought this bill. So thank you.

HOLDCROFT: OK. Are there any quens-- questions for Senator McKinney? Yes, Senator Andersen.

*Indicates written testimony submitted prior to the public hearing in accordance with the Legislature's guidelines on ADA testimony

ANDERSEN: Thank you, Chairman. Senator McKinney, thanks for being here. I assume you heard the testimony from Mr. Hawkins.

McKINNEY: Which one was Hawkins?

ANDERSEN: The hemp-- gentleman with the hemp coat.

McKINNEY: Oh, Bill. Yeah.

HOLDCROFT: The hemp coat.

ANDERSEN: He informed us that marijuana is a prejudiced term against black and brown people. But I noticed in your 100-- and you had the record for the bills. Of the four, yours the longest, about 111 pages. So you win. But it has marijuana in here 15 times.

McKINNEY: Uh-huh.

ANDERSEN: So I don't know if you're going to change it, do an amendment to get rid of the word marijuana, as it's a racist term.

McKINNEY: Possibly. I mean, I might amend it. I'm not sure. I mean, there's a lot of racist terms that we still use that-- you know, we still got the Nebraska Indian Commission, and I think that is a racist term, but. I, I don't know. I might, I might amend it. Depends on what this committee decides to push out.

ANDERSEN: I had no idea until he testified that it was a racist term, so.

McKINNEY: Yeah, the history of--

ANDERSEN: If you didn't, then don't feel bad.

McKINNEY: No, the-- I, I did know that. I, I wasn't naive or ignorant to it. I know the history of marijuana was steeped in racism. And the reason why marijuana is illegal is because of just money and racism.

HOLDCROFT: Any other questions? Seeing none. Thank you, Senator McKinney. That closes our hearing on LB705 and our hearings for today. Thank you.