

TESTIMONY OF Stuart E. Kahl
BEFORE THE PENNSYLVANIA SENATE
COMMITTEE ON STATE GOVERNMENT
ON SB 3 THE MEDICAL CANNABIS ACT OF 2015

Hello, my name is Stuart E. Kahl and I would like to thank the Senate Committee on State Government for accepting my testimony on Senate Bill 3 of 2015. As a concerned citizen living in Curwensville, County of Clearfield, Commonwealth of Pennsylvania. I feel that it is important that the state Senate's State Government Committee read my testimony and listen to the concerns of myself and others.

I am currently a patient receiving care for chronic constant pain. I have found my situation to be extremely costly. Opioids are a two edged sword while effective in controlling pain there are many side effects including physical addiction and possibility of respiratory arrest among many others. I am completely disabled and subsist on a very limited amount of money. The base line pain medication alone takes up over 30% of my total income. My hopes are to be able to at least cut that dependence in half and replace it with the use of cannabis. I have a friend in Maine who is a legal dispensary and can testify first hand of the beneficial properties of cannabis, as he was cured from cancer with cannabis alone. This brings me to the point that not all strains are equal, I have seen other people in other states that have restrictive laws on medical use, not being afforded the proper strains from dispensaries because of their unavailability due to restrictive laws.

The overwhelming majority of Pennsylvanians want a real medical cannabis bill, unfortunately, the language of SB 3 has some major problems that need to be addressed before being passed and enacted.

As a concerned citizen I believe the following issues with Senate Bill 3 must be addressed, the bill must be amended, and a real medical marijuana bill needs to be passed and enacted that protects all patients who need this medicine.

Whereas, the original version of Senate Bill 1182 as it was introduced during the 2013-2014 legislative session was a worthy bill, it was gutted and compromised after being amended in the state Senate's Appropriations Committee, and this compromised version has since been reintroduced as Senate Bill 3

for the 2015-2016 legislative session, and, Whereas, over 85% of Pennsylvanians support medical marijuana legalization, and, Whereas, Senate Bill 3 appears to be the most likely medical cannabis bill to pass the General Assembly, and, Whereas, there are serious problems with the language of Senate Bill 3, and I do not find it to be an adequate medical cannabis legalization bill, Therefore, I believe Senate Bill 3 must be amended to address the following issues:

SB 3 does not prohibit local and state law enforcement from assisting or cooperating with the federal government in the enforcement of federal acts prohibiting medical cannabis. Therefore, provisions must be added to SB 3 prohibiting local and state law enforcement from assisting or cooperating in the enforcement of federal acts which prohibit medical cannabis.

SB 3 dictates which conditions qualify, most patients who could benefit from medical cannabis are excluded including chronic pain patients and HIV/AIDS patients, this is unacceptable, the legislature should not play doctor. Even the federal government recognizes AIDS patients benefit from THC, the main psychoactive component of cannabis, and the FDA allows THC to be prescribed as a Schedule III drug. Patients and their doctors should not have to petition government for inclusion of other conditions, recommend medical cannabis for any condition they deem it could help. Therefore, qualified health professionals should be allowed to recommend the use of medical cannabis for any condition, and that all patients should be protected from arrest and prosecution.

SB 3 dictates which routes of administration may be used, smoking and vaporizing are banned, this is unacceptable, again, the legislature should not play doctor and pretend to practice medicine. Therefore, SB 3 should be amended so that it places no restrictions on the routes of

administration, patients should be allowed to smoke or vaporize medical cannabis if recommended.

SB 3 does not allow patients and caregivers to cultivate their own medicine, which helps provide more affordable medicine and protects patients from supply shortages and federal raids on dispensaries.

Therefore, SB 3 should be amended so that patients would be allowed to cultivate medical cannabis without a license, and reasonable limitations if any, on the amount of plants. Some states have placed a limitation on the number of plants allowed to be cultivated without taking into account that only female plants are beneficial and not males which only serve to propagate seed. There is no way to effectively predict at the time of planting what sex a plant will be, possibly reducing the crop to a zero yield.

SB 3 levies excessively high fees to generate revenue for the state, keep the poor and the middle class out of working in the industry, and treat medical cannabis patients differently than patients who receive regular prescriptions, this is unacceptable. Therefore, medical cannabis patients should be treated no differently than patients who receive prescriptions from a qualified health professional, and growers, processors, and dispensaries should not face fees, especially ones so high that the poor and middle class can't afford to get involved in the market.

SB 3 attempts to define the doctor-patient relationship, requiring a previous relationship before medical cannabis can be recommended, and would exclude patients from seeking physicians and other qualified health professionals who specialize in using cannabis to treat conditions. Therefore, SB 3 should be amended to allow any qualified health professional to recommend the use of medical cannabis for the treatment of any disease or condition, whenever the qualified health professional deems necessary, without any licensing or prior restraint on speech.

SB 3 does not protect patients from other states, including Pennsylvania residents who became a medical marijuana patient in another state. Therefore, provisions should be added protecting

medical marijuana patients from other states and Pennsylvanians who became medical marijuana patients outside of Pennsylvania.

SB 3 requires doctors to register before they may recommend medical cannabis to patients, this is a violation of their right to free speech. Therefore, free speech rights should be preserved, and all qualified health professionals should be free to recommend medical cannabis.

SB 3 does not explicitly include or expand a medical necessity defense for patients, the common law doctrine of a medical necessity defense is not always respected. Therefore, provisions should be added to SB 3 protecting and expanding the right of medical cannabis patients who are not covered under SB 3 to pursue a medical necessity defense.

SB 3 and its provisions requiring patient ID cards violates medical privacy and puts patients at risk of federal prosecution. Therefore, the patient ID card should not be required, a recommendation from a qualified health professional should be sufficient. A patient database violates medical privacy, puts patients at risk of federal prosecution.

SB 3 only allows 65 growers to be licensed to supply medical cannabis to a state with 67 counties, this will stifle competition, create high prices and less choice. Therefore, SB 3 should be amended to allow doctors that can write for a free market system, with no limits on the number of growers or distributors.

SB 3 will not allow the sale of alcoholic tinctures or extracts of cannabis, and certain herbal formulations are also banned. Therefore, the section prohibiting the sale of products containing alcohol or nicotine be removed from the bill.

SB 3 needlessly brings the GMO debate into the medical cannabis debate, and that isn't right. If regular agriculture, particularly plants of medicinal value, are exempt from GMO bans, cannabis should not be treated differently.

SB 3's fingerprint requirement violates privacy rights, and therefore, should be removed.

SB 3's restrictions on advertising are an infringement of free speech rights. Pharmaceutical companies regularly exercise their free speech rights on television and radio, medical cannabis distributors should not have their right to free speech violated. Therefore, the right to free speech, including commercial speech, not be abridged.

SB 3's 30 day supply of medicine restriction inconveniences patients and treats them differently than patients who receive prescriptions for other controlled substances, therefore, I suggest no supply restriction, or at least expanding it to a 90 day or 180 day supply.

SB 3's character requirement needs to be removed, this is vague and discriminatory and would in practice prohibit large numbers of the poor and middle class from participating, therefore, it should be removed from the bill.

SB 3 allows for the unfair and unconstitutional taxation of medical cannabis to generate revenue. Therefore, medical cannabis should not be taxed, just as pharmaceuticals are not taxed.

SB 3's requirement for a license at each growing/dispensing location should be removed.

SB 3's restrictions on donations of medical cannabis by growers, processors, and dispensaries should be removed. Therefore, donations to patients should be protected.

Signed,

Stuart E. Kahl