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Judiciary Committee
March 06, 2015

[LB326 LB390 LB546 LB643]

The Committee on Judiciary met at 1:30 p.m. on Friday, March 6, 2015, in Room 1113 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB546, LB326, LB390, and LB643. Senators present: Les Seiler, Chairperson; Colby Coash, Vice Chairperson; Ernie Chambers; Laura Ebke; Bob Krist; Adam Morfeld; Patty Pansing Brooks; and Matt Williams. Senators absent: None.

SENATOR SEILER: We have reached the bewitching hour. We're going to start this hearing. Welcome to the Judiciary Committee. I am Les Seiler, senator from Hastings, Nebraska, and I am Chairman. Sitting on my far right is Matt Williams from Gothenburg. Adam Morfeld will be next to him from Lincoln. Bob Krist from Omaha will be next to him. Senator Ernie Chambers from Omaha will be next to him. Legal counsel is Diane Amdor. On my far left is Dr. Laura Ebke from Crete. Next to her will be Senator Patty Pansing Brooks from Lincoln. Senator Colby Coash from Lincoln is here. Our clerk is Oliver VanDervoort. Our pages today are Drew and Stefani. We will take the hearings in the order of the white sheet that was posted, and we will follow that. Testifiers, if you're going to testify, pick up the sheet, fill it out, and hand it to a page when you come up to testify. Slide up to the table and talk directly into mike. The reason is not for amplification; it's because we have transcribers transcribing what's being said. And if they can't hear it, it makes a mess of your testimony. So to clarify your testimony, speak directly into the mike. If you've got copies of your testimony, submit 15 copies to the page. We're going to do this a little different. Each side is going to get one hour. And questions from the senators will not count against that. So we run on a three-minute red light...green light to red light with a yellow in the middle. When it hits red, I want you to stop even if it's in the middle of your sentence. If the committee wants you to continue with your line of questioning, one of the senators will ask you to continue. If you're crowded and we run out of time, I want you...and you have written testimony, I want you to submit the written testimony because we'll take all of the written testimony no matter if you get a chance at the mike or not. Once you've spoken on a bill, I would appreciate it if you would go to the overflow room so that those people can come over and hopefully they'll get to testify. If you're speaking on one bill but want your testimony on more than one bill, please state that when you introduce yourself so that we can get a clear picture of who testified and what bill you testified to. Do what I'm going to do: silence your telephones right now. Now as this day winds on, some of the senators may have to leave. Don't worry about that because we'll get a transcribed recording of all of your testimony and we also get your written testimony and any exhibits that you want to give to us on any studies or anything like that. And we will review it prior to our Exec on these bills. We have a quorum. Senator Morfeld, you may introduce LB546.

SENATOR MORFELD: (Exhibits 1 and 2) Thank you, Chairman Seiler, members of the Judiciary Committee. My name is Adam Morfeld; that's spelled A-d-a-m M-o-r-f-e-l-d,

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representing the "Fighting" 46th Legislative District here today to introduce LB546. LB546 allows a healthcare professional who is authorized to prescribe naloxone to prescribe, administer, dispense naloxone to any of the following persons without being subject to administrative action or criminal prosecution: one, a person who is apparently experiencing or who is likely to experiencing an opioid-related overdose; a family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose. LB546 also exempts peace officers or first responders who obtain naloxone from their respective agencies and administers naloxone to a person who is apparently experience an opioid-related overdose. Twenty-eight states including the District of Columbia have passed legislation to expand access to naloxone. Its brand name is Narcan, a prescription drug that can reverse an opioid overdose. Narcan has no abuse potential and is not a controlled substance. What it does when used on a person who has overdosed on things such as heroin, OxyContin, hydrocodone, just to name a few, is prescribed...it's described by many health professional as quite literally a miracle. The administration of Narcan is very similar to the use of EpiPens when someone is suffering a severe reaction due to allergies and is relatively easy to administer without the need for a lot of training. The problem is right now is that there is...it is not in enough hands to save as many lives as it can, which is why I introduced LB546. Fatal drug overdoses have increased sixfold over the past three decades claiming the lives of more than 36,000 Americans every year. The epidemic is largely driven by prescription opioids such as OxyContin and hydrocodone but also heroin and other substances. Due to this increase, many states have passed legislation like LB546 to increase the number of people who have access to this lifesaving drug. I would like Nebraska to join these states and help save lives. If we can save one life from the passage of this bill, it is my belief that it will be worth it. Following me you will hear testimony on why this bill is so important and timely. I also want to introduce a clarifying amendment brought to me by the Nebraska Pharmacists Association that makes their role in making access to this drug a bit more clear. I believe you should have that amendment. If not, I can have copies made. I urge your favorable consideration of LB546 and would be happy to answer any questions. In addition, I also included a Washington Times (sic) article that really highlights the need for this and how it's working in other states and saving lives. Thank you very much. [LB546]

SENATOR SEILER: Questions of the introducer? I'm looking through my materials here. I don't see the amendment. Do you know what number it is? [LB546]

SENATOR MORFELD: I'll get it here to pages right now. [LB546]

SENATOR SEILER: Okay. [LB546]

SENATOR MORFELD: It is AM567. But we'll have a copy made. [LB546]

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SENATOR SEILER: Thank you. Any questions? Seeing none, first proponent. [LB546]

DARREN GARREAN: Chairman Seiler, committee members, my name is Darren Garrean, D-a-r-r-e-n, last name Garrean, G-a-r-r-e-a-n. I am president of the Nebraska Professional Fire Fighters Association representing approximately 1,300 paid firefighters and paramedics throughout the state. And I'm here as a proponent of LB546. I've been a paramedic for almost 15 years. I've been in the emergency medical services for going on 23 years. And I've also been the program director of an EMS training agency in the state of Nebraska. The drug Narcan or the generic name, naloxone, is an opiate antagonist. And basically what it does is it blocks the neuroreceptors of utilizing the opioids, whether it be heroin or OxyContin or drugs of that sort. It reverses those effects. Those drugs by nature are respiratory depressants. They can create hypotension, which is low blood pressure, and basically a sedation effect. I can tell you that, personally administering the drug Narcan or naloxone, it is short of, as Senator Morfeld said, a miracle drug. This takes effect within seconds. It can bring somebody out of a sedative effect where they're not breathing into a normal state of function within seconds. It really is truly amazing. The...I think it would be up to the committee, as other states have done as far as the actual administration or how this would be introduced to the public. There are some side effects as listed, although the side effects in use are pretty benign. The accessibility of it, however, if it is used and can save somebody's life as I have seen it done, I think is a true benefit to the state of Nebraska. If there's any questions, I'll be glad to answer them. [LB546]

SENATOR SEILER: I have a couple. [LB546]

DARREN GARREAN: Sure. [LB546]

SENATOR SEILER: How is it, by injection or do you put it into a drip? [LB546]

DARREN GARREAN: I personally have administered it by injection through intermuscular, which basically is sticking a needle into like either an arm or a leg. [LB546]

SENATOR SEILER: Is that the normal? [LB546]

DARREN GARREAN: Well, there's that or by starting an IV... [LB546]

SENATOR SEILER: IV. [LB546]

DARREN GARREAN: ...and introducing it that way. I've done it both ways and it really is effective in the way that it works. Intermuscular takes a little bit longer to...for the body to

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metabolize that. My understanding is there's also a nasal spray that is administered that way similar to like a FluMist-type deal. I have not done it that way however. [LB546]

SENATOR SEILER: Okay. A question that I have is when you were stating that you've already used it, why is it necessary for this statute then? Do you know? [LB546]

DARREN GARREAN: My understanding, it's a matter of accessibility. Right now, you have to have a prescription from a medical director to get it, under medical direction, guidance on specifically how it's administered. And you know, it has to be delivered under these regimented guidelines. [LB546]

SENATOR SEILER: Okay. Not by the EMTs or first responders, you have the right to use that. [LB546]

DARREN GARREAN: Well, that...I have the right to do that. [LB546]

SENATOR SEILER: Okay. [LB546]

DARREN GARREAN: There would be...no doubt there would have to be some type of education and/or training similar to like an EpiPen or something like that. But if you have some of that training and education, then, yeah, there should be a benefit to using that. [LB546]

SENATOR SEILER: Thank you very much for your testimony. Any other questions? Seeing none, thank you again. [LB546]

DARREN GARREAN: You bet. Thank you. [LB546]

SENATOR SEILER: Next proponent. [LB546]

JONI COVER: (Exhibit 3) Senator Seiler, members of the committee, for the record, my name is Joni Cover; it's J-o-n-i C-o-v-e-r, and I'm the executive vice president of the Nebraska Pharmacists Association. And on behalf of the members of the Nebraska Pharmacists Association, we're here in support of LB546 and would like to thank Senator Morfeld for his introduction of this legislation. Several states, I have 25 in my testimony but Senator Morfeld just said 28 states, have enacted naloxone legislation to allow healthcare providers to provide emergency responders, peace officers, and family members with medication to give a person who is experiencing an opioid-related overdose. Deaths due to overdose of prescription

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hydrocodone and OxyContin are on the rise and account for more deaths than heroin and cocaine combined. And I have in my testimony, there's a link with some...I'd encourage you to go look at that because it gives a breakdown of states and the different rules. As many states as there are naloxone laws, you know, it's very wide. Not everybody does it the same. So if you've seen 28 states, you've seen 28 states. LB546 provides an important provision for good Samaritans who act in good faith to provide care for individuals who are experiencing a drug overdose, which is key to the success of this law being effective. Naloxone is not a controlled substance and it is not a medication that has an addictive property. As pointed out earlier, it's available in a nasal spray and as an injectable. And it has proven results. And naloxone works but we have to get it into the hands of the individuals who can use it to stop those overdose deaths. Over the years, the Nebraska Pharmacists Association has worked with many stakeholders including healthcare professionals, law enforcement, educators, Department of Health and Human Services, the Legislature on issues such as prescription drug monitoring, proper drug disposal for unused and unwanted medications, and coordinating the work of the prescription drug overdose task force and on educating about the concerns of drug overdoses on prescription drugs. And all of these efforts have included education about the dangers associated with prescription drugs, especially controlled substances. People often feel that because a doctor prescribed a medication that it's safe. But we all know that there's always risk. And so as much as we educate, we still experience deaths by overdose. And so LB546 is just one more program to help save lives. Senator Morfeld talked about an amendment that we asked him to introduce. It has a clarification because it talks about those who prescribe and then it includes pharmacists at the end. But we dispense, we don't prescribe. So we needed to make that clarification. And then we also added...pointed out a couple of definition changes because there are current definitions in state statute, so we can make those all mirror. And we're not creating new definitions. So with that, I'll close. I'll answer any questions. And I would urge this committee to support the bill and thank Senator Morfeld. [LB546]

SENATOR SEILER: Any questions? Yes, Senator Krist. [LB546]

SENATOR KRIST: Just very quickly, Joni, for the record, when an emergency responder is acting--a paramedic, a police officer, whatever--they're operating under the license of a... [LB546]

JONI COVER: Medical director. [LB546]

SENATOR KRIST: ...medical director, right. So that allows them to have that. Talk to me about how a family member would be given this in terms of administering the drug. [LB546]

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JONI COVER: Well, we have a program in Nebraska...and I guess the devil is in the details. And maybe this is something, Senator Morfeld, maybe we need to have more discussion about. But we currently have a program in Nebraska for schools with Attack on Asthma. I don't know how many of you know that. But every school in Nebraska is supposed to have an EpiPen for kids with asthma. [LB546]

SENATOR SEILER: Right. [LB546]

JONI COVER: I would assume it would be something similar to this, that there would be some sort of protocol or something written so if you have proven that your family member has a potential opioid overdose or addiction, that they would be able to get the medication that way. I know that there are states that are very strict about it has to be a prescription and then it's dispensed. I know that there are some that are very wide open and there's like an order, an order that anyone can use it if they think that there's going to be a problem with their family member. So I think it's up to the state to decide what the policy needs to look like. [LB546]

SENATOR KRIST: So the liability issue or the hold harmless that would be built into this is why this is here in the Judiciary as opposed to in the Health and Human Services Committee. [LB546]

JONI COVER: I would assume so because it's...you know, because you're dealing with opioid. And naloxone is not a controlled drug, so I would assume so. [LB546]

SENATOR KRIST: Right. Okay. Thank you. [LB546]

JONI COVER: You're welcome. [LB546]

SENATOR SEILER: Any further questions? Thank you very much for your testimony. [LB546]

JONI COVER: Thank you very much. [LB546]

SENATOR SEILER: Next proponent. [LB546]

KAREN LINDER: (Exhibit 4) Chairman Seiler, members of the Judiciary Committee, thank you for the opportunity to be with you this afternoon. I am Karen Linder, K-a-r-e-n L-i-n-d-e-r, a resident of Omaha, Nebraska, and I am pleased to speak in support of LB546 as a mother who lost her child to an accidental drug overdose. Naloxone, also known by its trade name Narcan,

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has been used in the emergency medical treatment of opiate overdose for more than 40 years. This includes overdose by prescription painkillers as well as illegal drugs such as heroin. Narcotic overdoses kill by suppressing the natural breathing reflex. Narcan quickly reverses the effects of overdoses and restores breathing to a stricken person. While commonly used in a clinical setting, it can be administered by nonmedical people by either of two methods: an autoinjector, like an EpiPen for bee stings, or in a nasal spray. Twenty-eight states have legislated expanded Narcan access. I support expanding access of Narcan to those who may be in a situation to save a life including paramedics, police, State Patrol, clinics, student health facilities, and individuals such as the families of addicts. Most of the 28 states have made it available to anyone with a prescription, and California has made it available in pharmacies over the counter without a prescription. Since 2010, it's been available in the entire U.K., United Kingdom, to anyone at risk of an opiate overdose as well as to their circle of close friends and family. Such laypersons should also be held immune from prosecution related to their administering of Narcan. Globally, an estimated 69,000 people die each year from opiate overdose. CDC reports that 46 people die in the U.S. each day from an accidental overdose of prescription painkillers. The World Health Organization guidelines released on November 4, 2014, recommend that countries expand naloxone access to people likely to witness an overdose in their community such as friends, family members, partners of people who use drugs, and social workers. My son Alex was a risk taker. He was a scuba diver, a skateboarder, and a bicycle enthusiast. He did not smoke and rarely drank alcohol, but he tried nearly every type of drug at least once. He got hooked on prescription painkillers obtained illegally by about age 19. In 2012, Alex overdosed on OxyContin, a frequently prescribed painkiller. He stopped breathing and was turning blue when his friends called 911. The paramedics gave him CPR, put him on oxygen, and transported him to Jennie Edmundson Hospital. In the emergency room, he was given Narcan and he began breathing again. Narcan was given again every four to five hours as needed throughout the night in an attempt to stabilize his breathing. It threw his body into immediate withdrawal with all of the unpleasant side effects of severe physical pain, cold sweats, racing heart. But Narcan saved his life. However, it cannot cure addiction. During the next two years, Alex tried inpatient rehabilitation twice, two different types of outpatient treatments with Suboxone and Methadone, and he had numerous voluntary detox...sorry. I got cut off. [LB546]

SENATOR KRIST: Go ahead and finish, please. [LB546]

KAREN LINDER: He had numerous voluntary detoxification periods. He told me that he hated using drugs. The didn't even make him feel good anymore. He just needed them to be able to sleep. After detoxing and having five sleepless nights in a row, Alex overdosed again last July. He was 23 years old. This time he was at home alone and there was no one to call 911. And I found him 36 hours later. Narcan couldn't save my son this time, but it gave him two more years of life during which he tried very hard to overcome his addiction and contribute to society. During those two years he was able to be in his brother's wedding, have a girlfriend, join us for a

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family trip to Italy, and post his videos on YouTube that visually showed his "cold turkey" detoxing process. The shocking physical and mental transformation that he went through in the videos provided encouragement to thousands who viewed them and dozens who wrote him thanking him for his help in getting them through their own withdrawal from drugs. Expanding access to Narcan is only a small step in the war on drugs, but it's an essential one. Please support LB546. I will find some comfort in his loss if Nebraska allows its citizens to save other lives. Thank you. [LB546]

SENATOR SEILER: Thank you for your testimony. Any questions? Senator Krist. [LB546]

SENATOR KRIST: Just a comment, three minutes is not a lot of time. [LB546]

KAREN LINDER: Right. [LB546]

SENATOR KRIST: So if you're out there and you're going to testify, we're going to get closer to holding to three minutes. But thank you for coming and sharing your story. [LB546]

KAREN LINDER: You're welcome. Thank you. [LB546]

SENATOR SEILER: Next proponent. [LB546]

SARAH MERRIGAN: My name is Sarah Merrigan; it's spelled S-a-r-a-h M-e-r-r-i-g-a-n. I'm the founder and president of the Students for Sensible Drug Policy chapter at the University of Nebraska-Omaha and a member of the organization's international board of directors. On behalf of SSDP, I'd like to say a special thank-you to Senator Morfeld for introducing this important piece of legislation and to each member of the Judiciary Committee for being here today. As a member of Elkhorn High School's graduating class of 2011, I have witnessed firsthand the way opioid abuse devastates the lives of young people like me every day. Before I turned 18, a close childhood friend had succumbed to the allure of OxyContin. And within months of graduation, several more found themselves in the throes of heroin addiction. White, privileged suburban youth are far from the stereotypical portrayal of a person who abuses opiates, but my lived experience in the west Omaha suburbs has left me with nothing else to picture. First approved by the FDA nearly 45 years ago, naloxone works as an opioid antagonist by blocking the brain cell receptors activated by opioids and temporarily restoring normal respiratory function in a person suffering an overdose. Because fatal overdoses typically occur over the course of about one to three hours and not instantaneously, naloxone has the potential to keep someone alive until emergency medical responders arrive or until the individual can be taken to a hospital. Since opioid overdoses can occur during the use of illegal opioids like heroin, the nonmedical use of

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prescription opioids such as OxyContin and Vicodin, and even when opioids are used as prescribed, this is a truly pervasive issue. According to the Bureau of Justice Assistance, certain groups including veterans, residents of rural and tribal areas, people...recently released inmates, and people completing drug treatment or detox programs are at an especially high risk of opioid overdose. This legislation is especially important in light of a report published this week by the CDC which found that the number of heroin overdose deaths in the Midwest increased 11-fold between the years 2000 and 2013. Naloxone's lifesaving potential is currently recognized and endorsed by organizations such as the American Medical Association, the Substance Abuse and Mental Health Services Administration, the Office of National Drug Control Policy, the Centers for Disease Control and Prevention, the World Health Organization, and the United Nations Office on Drugs and Crime. Numerous law enforcement agencies across the country have implemented these programs enabling their officers to act as first responders when necessary. As a student, a Nebraskan, and an advocate for sensible drug policy, I urge you to support LB546. Thank you. [LB546]

SENATOR SEILER: Questions? Seeing none, thank you for your testimony. Next proponent. Next proponent. [LB546]

TONJA PETERSON-WENDT: My name is Tonja Peterson-Wendt, T-o-n-j-a P-e-t-e-r-s-o-n-W-e-n-d-t. I live in Ashland, Nebraska. I grew up in Holdrege, Nebraska. My mom is from Merna, Nebraska. And my dad is from Holdrege, Nebraska. One of the things that you haven't heard from is an actual person who's had problems with medication. I'm one of those people. I've never abused any drug. I've always been prescribed medications by doctors who don't know what they're doing to me. My friends have also, some of them here today, have been prescribed combinations of medications that react to one another. There's one reason that they call a medical practice, a practice. Many of us are that practice. We're the guinea pigs. We're the testers. We're not in any study. We're living every day trying this combination and that combination. We have no choice but to try something else to help us stop what's going on with our bodies. I have had opiates before prescribed to me when I was a teenager after an accident. I had the worst reaction to them. I hate the feeling of being high. It was the most horrible experience that I've ever had. And had there been something to stop it, I would have taken it. I laid on my boyfriend's couch for days seeing things that pop out of your mind. My husband is a professional firefighter as well as a volunteer firefighter. He'll come home from calls and say, there's nothing we could do, or we didn't have anything. I see many sides of this issue. And whether you chose to take it because it was illegal or you chose to take it for some other reason or you're prescribed the medication, the fact is it's a practice. Doctors practice. They practice on patients. And the people that you're going to see later today are those patients. We're all practice. [LB546]

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SENATOR SEILER: Any questions? Thank you very much for your testimony. Page, will you get the ball for the young lady? Thank you. Any other proponent? Any opponent? Seeing nobody scrambling from their chair, anybody in the neutral? Seeing none, you may close. [LB546]

SENATOR MORFELD: Thank you, members of the committee. I'll make it very brief. I'm willing to work with the committee on any concerns or training programs or anything that would make everybody feel more comfortable. I think that this is becoming a fairly common practice in other states. And I think that it will save lives in the long run. Thank you. [LB546]

SENATOR SEILER: Okay. Any questions? Seeing none, we will make part of the record the written materials that have been handed out and any signatures on the...outside the room that are in support or opponent to this bill will be made part of the record. (See also Exhibits 5-7.) Senator Williams, you have time to open on LB326. [LB326]

SENATOR WILLIAMS: Good afternoon, Chairman Seiler and fellow members of the Judiciary Committee. My name is Matt Williams, M-a-t-t W-i-l-l-i-a-m-s. I represent Legislative District 36 and am the introducer of LB326. Today, we will hear a lot of testimony about marijuana. While this bill includes provisions to provide clarity and uniformity regarding products containing THC, this bill also includes a number of other important updates to the Uniform Controlled Substances Act regarding synthetic marijuana, anabolic steroids, and methamphetamine. I want to thank the Attorney General and his staff for their leadership and assistance in carrying the ball on LB326. Senators Seiler, Chambers, Coash, and Krist are probably familiar with the issues raised by this bill. However, for those of us who are new on the committee, we have not had the opportunity to discuss these issues in the past and I think it would be worth taking a few moments to discuss what this bill really does. Section 1 of LB326 would eliminate the term and definition for hashish or concentrated cannabis so that all cannabis products except marijuana would fit under the umbrella of THC which are prohibited in 28-405. Section 1 would also add and define the term ingestible to mean a product that is consumed orally. Section 2 would expand the list of prohibited synthetic cannabinoids commonly known as synthetic marijuana under 28-405. From reviewing the legislative history and discussing this bill with others, the Legislature has updated the list of synthetics a number of times over the last few years to include the most recent products found in the crime labs. Unfortunately, we have to update our statutes on a regular basis to play catchup with the criminals who alter the chemical composition of these dangerous products to skirt the law. Section 2 would also update the definition of THC and harmonizes Nebraska's drug schedules with the federal drug schedules by adding several prohibited controlled substances and anabolic steroids. Section 3 of the bill would make possession of synthetic cannabinoids such as K2 a Class IV felony rather than the current infraction level. Section 3 would also make the edibles a Class IV felony--and the edibles of course are highly concentrated THC--the manufacture of an edible a Class III felony. This would provide uniformity among all controlled substances except marijuana which under current law is

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subject to reduced penalties. LB326 does not propose to change penalties for marijuana. Let me say that again. LB326 does not propose to change penalties for marijuana. Section 3 would also harmonize Nebraska's methamphetamine statutes with statutes regarding marijuana, cocaine, and heroin by including language in 28-416 which prohibits possessing or trafficking a detectable amount of amphetamine or methamphetamine. Finally, Section 4 would update the definition of drug paraphernalia to include objects used for introducing substances or mixtures derived from cannabis and eliminate a reference to hashish or hashish oil in harmony with changes made in Section 1. That's a brief summary of LB326. I think the fact that four bills are in committee today, and we also have Senator Davis' LB189, demonstrates how important it is for us to be having this discussion. When discussing the policy of this state concerning illicit drugs, my concern is for our young people. Last year, this committee conducted an interim study on the impact of the legalization of marijuana in Colorado on western Nebraska. UNO also conducted a study which shows our judicial system, law enforcement, and the courts are seeing an increased workload as a result of legalization in Colorado. We're not talking about ditch weed anymore. According to National Institute on Drug Abuse, the THC concentrations of marijuana in 2012 averaged close to 15 percent compared to around 4 percent in the 1980s. The National Institute on Drug Abuse also notes that marijuana use has been increasing among young people since 2007. I believe this is a dangerous trend that demonstrates the perception of some that marijuana is simply okay. The synthetics are the second-most popular illicit drug among young people as a result of easy access and the misperception that they are natural. These are destructive drugs and I believe you will hear testimony on how these drugs have impacted Nebraska families. That's why I believe LB326 is so important. I've spoken to judges in my district. I've heard from school districts in my district. I've heard from families all across our state. They all agree that this is a growing problem. It is my hope that we can send a clear message to our young people that marijuana, synthetics, ingestibles, and other drugs, including alcohol, are harmful to their development and to their future. You will hear testimony today from law enforcement, from school officials, which will all help us understand this issue. I would be happy to answer any questions I can at this point. [LB326]

SENATOR SEILER: Senator Krist. [LB326]

SENATOR KRIST: Having seen several of these before, there always seems to be...and we're all familiar with how it's done. The underlined is the new. So I'm assuming that what you've done in here, for example, "Lisdexamfetamine, its salts, isomers," etcetera, that those are new to the list of the composites or the compounds that we have found out. And if that's the case, are we pretty sure, for the record, that this includes the up-to-date list of those things that are used? [LB326]

SENATOR WILLIAMS: I think that's a great question to ask the expert that will be coming up. But, Senator Krist, it is my understanding that's exactly what LB326 does. It raises us to the new

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level of what has been determined by the scientists are there today. And we'll have to see.
[LB326]

SENATOR KRIST: Thank you, sir. [LB326]

SENATOR SEILER: Senator Coash. [LB326]

SENATOR COASH: Thank you, Senator Seiler. Senator Williams, do you have a copy of the bill? [LB326]

SENATOR WILLIAMS: Yes. [LB326]

SENATOR COASH: Can I pull you to page 17? On line 25 of page 17, there's a group of drugs we're trying to incorporate in here. Can you pronounce that word for me? [LB326]

SENATOR WILLIAMS: If I were a medical person, I could pronounce that word. [LB326]

SENATOR COASH: (Laugh) You don't want to give it a try? [LB326]

SENATOR WILLIAMS: If I was a pharmacist, I bet I could spell that word. But since I failed both those disciplines and became a lawyer, no, I cannot pronounce that. [LB326]

SENATOR COASH: Okay. That's the best answer I got. I ask that every time somebody brings... [LB326]

SENATOR WILLIAMS: I've read your previous questions. (Laughter) [LB326]

SENATOR COASH: Well, that goes to my point, Senator Williams. This will be the third time. And I'm just speaking particularly to the synthetic marijuana portion of the bill. This will be the third time that I've sat here and heard these. I appreciate what you're trying to do. This product is in my community. What I will tell you though is this approach is not working. The previous two times I have voted this bill out of the committee, I have voted for it on the floor, all the way to the Governor's desk for his signature. And two months after the bill becomes law, this product is back in the stores right here in Lincoln. The intent is honorable. This approach of trying to keep up with these drugs that none of us...these compounds that none of us can pronounce is not working. And I wanted to say it not for a response but just to put it on the record. I've shared the concern with the Attorney General and I know that he's going to work to try to find an approach

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that does work. But we could make this a Class I felony to do these things but it will never be prosecuted because these drugs become legal two months after we pass this bill. So I'm hoping for a better solution than trying to be one step ahead of the chemists, overseas is where they're coming from, the chemists overseas who we can't keep up with. And it's just, it's not the intent. It's the approach. I am just very...I talk with families who have been affected by this, families I represent who have lost loved ones. And I can't look them in the eye anymore and tell them that LB326 is going to keep this out of the hands of their younger children because I just...it's not working. So I will just...I just want to put that on the record. It's my concern with this approach. [LB326]

SENATOR WILLIAMS: Senator Coash, I agree with you and I have the same concern. So far no one has found the silver bullet in descriptive language that can continue to catch this. And believe me, I think people all across not just our state, but the United States are trying to find this. This is a horribly dangerous drug. And you know, that's why it's on the Schedule I list and that's why it should stay there. And I think it has to be our promise to the citizens of our state from a public policy standpoint that we continue to try to find that silver bullet. [LB326]

SENATOR COASH: Thank you. [LB326]

SENATOR SEILER: Senator Pansing Brooks. [LB326]

SENATOR PANSING BROOKS: Thank you. Hi, Senator Williams. Thank you for bringing this. On page 9, there's line 13-15. It talks about ingestibles: food for oral...or "Ingestible means prepared for oral consumption and shall include, but not be limited to, food, candy, and drinks. Ingestible shall not include consumption by inhaling." So I guess I'm interested...so if you take some marijuana and put it into food, it's a felony. But if you're smoking it, it's an infraction. Is that correct? [LB326]

SENATOR WILLIAMS: First of all, I would like the expert that drafted this to respond to that. [LB326]

SENATOR PANSING BROOKS: Speak to that. [LB326]

SENATOR WILLIAMS: But that is the intent here, that we have what I as a novice would call smokable marijuana. And the penalty for smokable marijuana under LB326 does not change. That's where we are with that. That starts as an infraction and moves up slightly from that. Under LB326, we are looking for that definition. And this is the definition that law enforcement and the

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attorneys and the State Patrol drug lab has come up with as the best definition thus far for ingestibles. [LB326]

SENATOR PANSING BROOKS: Okay. Having grown up in the '60s and '70s I know of many people who would take smokable marijuana and put it into brownie recipes. So I guess I'm just trying to say, if somebody takes the same amount of marijuana and smokes it it's one thing, and if they put it into a brownie recipe it's another thing. I mean we're trying to cut down the number of people going to prison and young people who are charged with felonies and it follows them the rest of their lives. We've had many hearings on all that. And I know you're quite aware of that. So I guess I'm just interested. But would you rather have somebody else speak to that? [LB326]

SENATOR WILLIAMS: I know that will come up in additional testimony. What I would like to answer with though now with that is that what we are talking about today in ingestibles is highly concentrated THC. And we're talking about Pixy Stix, gummy bears, candy bars. It's not...I'm a product of the '70s also. [LB326]

SENATOR PANSING BROOKS: Yeah, the '60s. [LB326]

SENATOR WILLIAMS: It's not the ditch weed thrown into a brownie. [LB326]

SENATOR PANSING BROOKS: Yeah. [LB326]

SENATOR WILLIAMS: We're talking about something that is highly concentrated, highly dangerous. One gummy bear can kill a small child. That's why it's...(audience outburst) [LB326]

SENATOR SEILER: Hold it. That's enough. [LB326]

SENATOR COASH: All right, none of that. You guys cannot do that. You cannot do that. [LB326]

_____: You can't lie either. [LB326]

SENATOR SEILER: If you do, we'll clear. [LB326]

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SERGEANT AT ARMS: If you want to stay in here (inaudible) we'll have to have you leave. If you'd like to really stay in here and pay attention, these are the rules. If you don't want to go by the rules, then we're going to have to ask you to leave. [LB326]

_____: I'll leave on my own. [LB326]

SERGEANT AT ARMS: Okay. Thank you very much. [LB326]

SENATOR SEILER: Any further questions? [LB326]

_____: (Inaudible) someone stupid and I ain't going to take that much longer. I'll be back in when I can testify. And please, I'll be respectful, but not of that. [LB326]

_____: Thank you. [LB326]

SENATOR WILLIAMS: Any additional questions from...? [LB326]

SENATOR PANSING BROOKS: No. I guess I would just express my concern about...I understand that you're trying to protect children and to make sure that incredibly intense doses be covered. But in the same instance it seems like we're covering potentially minor doses that could be charged to children or to young people that are...we don't necessarily intend to cover on this. Thank you. [LB326]

SENATOR SEILER: Any further questions? Seeing none, I would like to handle the hearing this way. I would like the experts for and against to appear in the first part of the testimony. So if you have experts for the proponents, have them come forward first. [LB326]

SENATOR WILLIAMS: I have a request, Chairman Seiler. The school people that are here have another appointment right away and I would appreciate if Virginia Moon and the other school people could testify. And I would put them in the expert category. [LB326]

SENATOR SEILER: Okay. [LB326]

SENATOR WILLIAMS: Thank you. [LB326]

SENATOR SEILER: Hi, Virginia. [LB326]

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VIRGINIA MOON: Senator Seiler, members of the committee, thank you for allowing us to testify and thank you for allowing me to testify, certainly not an expert, maybe on schools but certainly not on drugs. LB326...my name is Virginia Moon, V-i-r-g-i-n-i-a, Moon, M-o-o-n. I represent the Nebraska Council of School Administrators. LB326 is not the type of bill that NCSA typically gets involved with since most of our bills are heard--although I see familiar faces--are heard in Education or Revenue. However, we do appreciate the fact that Senator Williams has taken on this important issue because it does have an impact on schools. My comments today are not based on extensive or expensive studies. They are based on informal conversations with school principals and superintendents who have expressed concerns about the increasing availability of marijuana, especially in the newer forms and more intense forms and especially along the I-80 corridor. The school administrators who spoke with us and that we spoke to listed these three things as their primary concerns. The increased availability of marijuana has resulted in more students appearing at school under the influence and in possession and sometimes with the intent to sell. Some of the new synthetics and forms of marijuana are finding their way into the hands of children. And when these stronger forms or marijuana and others are ingested by children intentionally or unintentionally, they can cause serious illness and even death. More importantly perhaps, schools administrators feel that teenagers, especially teenagers, middle school students, appear to be accepting the fact that marijuana is a social norm and, therefore, it is adding to and not replacing the problems that are associated with other socially acceptable drugs like alcohol. We're not here to testify about the specifics of law enforcement procedures nor the length of prison sentences nor who is charged and how long. School administrators are not experts in this area. However, we do work with the effects of drugs and alcohol in our schools every day both with our students and their families and we want to let you know that we stand ready to assist this committee or law enforcement or any other place where this important discussion is being held. With that, I'd be happy to answer questions. [LB326]

SENATOR SEILER: Any questions? Thank you, Dr. Moon. Any other educator that wants to testify? Seeing none coming forward, the next expert. [LB326]

COREY O'BRIEN: Mr. Chairman, I'm not an expert. I'm just a lawyer. But I am a person that actually... [LB326]

SENATOR SEILER: Well, then you can go to the back of the room. (Laughter) [LB326]

COREY O'BRIEN: I'm the person that actually helped Senator Williams with drafting of the bill. Thank you, Mr. Chairman. Mr. Chairman and senators of the Judiciary Committee, my name is Corey O'Brien; that's O-'-B-r-i-e-n, and I'm an Assistant Attorney General and section chief of the Criminal Prosecution Division of the Nebraska Attorney General's Office. Today, it's my

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privilege to appear on behalf of the Attorney General in support of LB326. LB326 is a comprehensive drug bill that seeks to promote public safety by enhancing clarity and conforming the application of Nebraska's existing laws regarding controlled substances. First, LB326 harmonizes Nebraska's drug schedules with the federal drug schedules by adding and deleting several substances, mainly anabolic steroids, from Nebraska's drug schedule under Section 28-405 that have been either added or deleted from the federal drug schedules over the past several years. Second, LB326 makes a few subtle but significant tweaks to our existing methamphetamine and synthetic cannabinoid laws in order to further strengthen their efficacy, broaden their coverage, and eliminate loopholes that continue to be exploited by the manufacturers, traffickers, and users of these substances. Third and most prominently, LB326 attempts in a commonsense fashion to enhance clarity and promote uniformity and close loopholes with respect to the drug products we have seen flooded into our communities from Colorado over the past two years. As a prosecutor with the Attorney General's Office who travels all corners of the state, I can tell you that we in law enforcement are seeing two distinctive things coming from Colorado. The first is marijuana which is leaf or bud of the cannabis plant that is traditionally smoked. The second is what I refer to as highly concentrated THC products. These consist of hashish, highly explosive hash butane oil, and edibles such as candy with high concentrations of THC. Mr. Chairman and members of the committee, these highly concentrated THC products that I'm referring to are not marijuana and we try to make that distinction in LB326 between traditional marijuana and those products. We think that the law is unclear regarding the demarcation line separating these two and that's what we try to achieve in LB326. We make some modifications to definitions. We change nothing with respect to marijuana. Traditional marijuana will be not changed one iota by LB326. The reason we believe that there should be this distinction between these products and marijuana is numerous but mainly because the high THC concentration is the equivalent of many of the Schedule I drugs that we're seeing out there like LSD, ecstasy, and psilocybin. The effects are so drastic that they need to be addressed in a different form than traditional marijuana. I see my light is on. I'll honor that and I'll look forward to answering any questions you have for me. [LB326]

SENATOR SEILER: Okay. Senator. [LB326]

SENATOR EBKE: If there's anything else you want to add, go ahead. [LB326]

COREY O'BRIEN: The last thing that I really wanted to talk about is I wanted to distinguish this bill with Senator Davis' LB189 right now. And I look forward to working with Senator Davis on LB189. My concern with LB189 in comparison to LB326 is this, is that our ability to successfully prosecute marijuana cases is compromised by the language in LB189. Also, our ability to draw that line of distinction between marijuana and these highly concentrated THC products is eliminated...is not as clear under LB189. Most concerning, Senator, is the committee amendment to LB189. At present, because you have struck marijuana and the term marijuana

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concentrates from Schedule I, drug traffickers have free reign. You have eliminated all penalties for growing marijuana, for possession with intent to deliver marijuana, and for distribution of marijuana by removing those from Schedule I. So we are really concerned about that. We'd ask you to take serious consideration for LB326. And as I said, our office is more than willing to work with this committee and Senator Davis to resolve any of those issues so that we can accomplish that goal. [LB326]

SENATOR SEILER: Questions? Senator Krist. [LB326]

SENATOR KRIST: Just for the record, you've been working with both senators. Both senators came to us. And now you're willing to go back. You're saying that if we put this out and we put that out, that we're in conflict on the floor with what the Attorney General's Office wanted. Why didn't we get to this point with the two senators before we heard the two bills? [LB326]

COREY O'BRIEN: Senator, I can tell you that I tried very hard to work with Senator Davis... [LB326]

SENATOR KRIST: Okay. [LB326]

COREY O'BRIEN: ...and was unsuccessful. And recently within the last day or so, it appears that Senator Davis has had a change of heart. He's actually, I think what I've heard, working on another amendment himself because he was concerned about...or willing to listen to our concerns about the committee amendment. So I think that has maybe given us another avenue to explore that. But we were always eager to work with him and we never got anywhere when we tried to do so. [LB326]

SENATOR KRIST: Okay. Thank you. [LB326]

SENATOR SEILER: Yes, Senator. [LB326]

SENATOR PANSING BROOKS: Thank you. Thank you for your testimony, Mr. O'Brien. I guess I just wanted to go back to the question I asked Senator Williams. Again, on page 9, lines 13-15, it talks about ingestion isn't going to include consumption by inhaling. So what happens with marijuana that you can inhale and smoke, or you choose to put it into a brownie recipe? [LB326]

COREY O'BRIEN: It wasn't an easy decision for us to broach this topic. One of the things that we have been combating is this, and why we think we need this clear demarcation line between

marijuana and these highly concentrated THC products is because many of the entrepreneurs that are making these candies and things like that are saying, Mr. O'Brien, I should be prosecuted for traditional marijuana crimes and not for a Schedule I substance such as tetrahydrocannabinols. One of the things that they're trying to do is that they'll actually sprinkle little bits of the marijuana into these highly concentrated versions and say, see, Mr. Chemist, you can see the marijuana still present in the substance and so, therefore, you must prosecute me for marijuana rather than these highly concentrated THC products. I don't look forward to ever prosecuting anybody for making a batch of marijuana brownies. That's not my intention. And if this committee can help us come up with a better solution to try to circumnavigate these people that are trying to bypass this by simply sprinkling a little bit of marijuana into these highly concentrated products and can help us come up with a better way to do it, we'll certainly entertain that. But that being said, you know, my concern is for children. And when you make these ingestible products, it makes me worried that why are you making these? Are you making these for yourself because you don't like to smoke it? Yeah, I get that argument. But you know, a lot of these candies and things that we're seeing coming out of Colorado, they are directly marketed towards children. And that is highly concerning to me and members of law enforcement. And so we're trying to find that balance. This is a problem that none of us ever anticipated coming up and has hit us like a 50-pound lead balloon. But I understand your concerns about that and, again, it is not necessarily our intention to get little old grandma that makes pot brownies because she learned to make them in the '60s. But in the same sense we're trying to worry about the guys that are trying to circumnavigate and find that loophole so that they get prosecuted for simple marijuana as opposed to these highly concentrated THC products. [LB326]

SENATOR PANSING BROOKS: So are these highly concentrated products mostly commercial products? [LB326]

COREY O'BRIEN: Many of the ones we're seeing, but we are starting to see a few homemade products, too, that are emerging from amateur cooks and manufacturers in Colorado, and even some actually in Nebraska too. [LB326]

SENATOR PANSING BROOKS: Thank you. [LB326]

COREY O'BRIEN: One of the things...and if I just might finish real quick, you know, Christine Gabig from the Douglas County crime lab is going to follow me up. You know, one of the things that we're considering is, can we do testing for quantification of how much THC is actually present in these products? And right now, the science and the equipment capabilities that we have in this state both at the state crime lab as well the Douglas County crime lab are not there. We hope to be there in the future. I know Washington State and other states are grappling with

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that. And maybe in a year or two we'll be able to say if your pot brownies contain so much THC, it fits into one category versus another category. But until we get to that point where we can actually do this quantification, it's really hard for us to make that line. I hope that answers your question. [LB326]

SENATOR PANSING BROOKS: Yeah, thank you. It just seems we're sweeping in a lot of different things with that. [LB326]

COREY O'BRIEN: I understand. [LB326]

SENATOR SEILER: Senator Krist. [LB326]

SENATOR KRIST: Just a quick follow up, with that language that Senator Pansing Brooks has brought up on page 9, you're basically saying that I can concentrate it as much I want to as long as I'm inhaling it and you can't prosecute me at the higher level. [LB326]

COREY O'BRIEN: Right. I mean if it's traditional marijuana, we have not made that distinction. [LB326]

SENATOR KRIST: I'm not talking about traditional marijuana. [LB326]

COREY O'BRIEN: Right. [LB326]

SENATOR KRIST: I'm talking about Senator Coash's point of the chemists out there cooking it up and you put it in a pipe and you inhale it. It's the same potency that somebody gets in a gummy bear. Then you can't prosecute it because you've eliminated the inhaling. You know, I guess my point is if your intent is to control a substance that is up here rather down here, you just eliminated one of your tools. Thank you. [LB326]

SENATOR SEILER: Any further...Senator Chambers. [LB326]

SENATOR CHAMBERS: I've been in the world a long time, and I've watched the way the criminal law has evolved. I was here when we rewrote the criminal code. There were categories of offenses established. Then prosecutors would come in and say let's make a niche offense out of this one and lift it out of that category and give it a specific number of years and a mandatory minimum. Now the criminal code is a hodgepodge and we're trying to bring some sense and order to it. Our goals and interests are not the same as prosecutors. Prosecutors are not interested

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in consistency in the law, fairness in the law, but rather how can prosecution be made easier. I'm giving my view. What you're talking about is a failed system where you think by increasing penalties and by so doing create the type of inconsistencies and even contradictory channels or streams mentioned by Senator Pansing Brooks and Senator...what's your name? [LB326]

SENATOR KRIST: Krist. [LB326]

SENATOR CHAMBERS: Senator Krist. (Laughter) See what you've done to me? I can't even call his name. But anyway, it failed. And although people virtually worship him, it started with Ronald Reagan who talked about a war on drugs. And marijuana was the easy one. Police could make a lot of arrests because they'd catch young people and other people on the street corner selling marijuana to get enough to buy marijuana and use it. And the jails are overcrowded. Prosecutors don't have to worry about that but we do. So in order that my silence doesn't give the impression that I agree with this bill and its approach, I just want the record to know that I don't agree with it all. I think it is bordering on...don't take this word as an application to you but the approach. It's irrational because there's not a logical connection between what is being done and what the stated goal is. And when I saw that sheriffs in Nebraska are talking about suing another state when we've got a sheriff hiring a cop who is found guilty of excessive force by his own police division, I don't think that law enforcement people are in a position to give much guidance to us as policymakers. But I do believe and I appreciate the fact that they will come and express their views and put it on the record. And by the same token, I want them to understand the direction that I'm going. But I'm just one person out of many. I'm not going to question people on these bills in the interest of allowing as much testimony as possible. So I'm using you as something like a sounding board to get my view out there so I won't be continuing to repeat it with everybody or even several people who come up. [LB326]

SENATOR SEILER: Thank you. Any further questions? I would like the chemist from the program to come up. Thank you very much for your testimony. [LB326]

CHRISTINE GABIG: Good afternoon, Mr. Chairman and Senators of the Judiciary Committee. My name is Christine Gabig, G-a-b-i-g, and I'm a forensic chemist with the Douglas County Sheriff's Office crime lab up in Omaha. I'm here today to speak to you in support of LB326. I've been very fortunate to testify up here in past years, but I haven't met many of you. We do a lot of the testing of the drugs for the Omaha area, Omaha itself and then the surrounding areas, and we do see a lot of marijuana products. And obviously, that's kind of a hot topic here today. This bill, LB326, was written with a significant amount of input from forensic chemists, which is essential because we are the ones who actually work most closely with this language. We have to testify in court within the legal bounds of the statutes that we have in Nebraska. This bill contains some much needed language updates and critical new information that will resolve some issues that

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the legal community has been dealing with in regards to drug cases. LB326 primarily deals with clarifying some issues regarding marijuana which are long overdue. The antiquated language in our current statutes does not clearly address all of the different forms in which we are seeing marijuana and its extracts today. The revisions in this bill will allow us to effectively report and testify to the identity of these highly concentrated THC products whether they're in the form of a resin, a wax, or an oil or even just present in a cookie. LB326 does this by removing the language for hash which for many years has caused confusion in the courts due to its poor definition that only addressed resinous substances when, in fact, there are many other forms that are also concentrated THC products like I mentioned. This bill also makes some changes to the definition of tetrahydrocannabinols that will encompass all forms of these highly concentrated THC products. LB326 provides important updates to the section that covers the synthetic cannabinoids so that the newer substances that we are just beginning to see will be covered in our statutes. This is important because, as Senator Coash said, these products are still a problem in our society. This bill makes some other language changes that may seem minor but that make a world of difference to the those of us that analyze drugs and testify in court. For example, LB326 removes the wording "containing a quantifiable amount" and replaces it with "containing any detectable amount." This is significant because it more accurately reflects the testing that we actually do in the lab. In addition, LB326 provides harmonization with federal statutes to include a significant number of substances that are controlled federally but not yet included in the Nebraska statutes. You heard Corey speak about LB189 and I would like to touch on a couple of those points because if this bill passes, the LB189, it will greatly impact the work that we do and our ability to legally identify some drugs. The marijuana definition in LB189 would mean that forensic chemists would no longer...to legally be able to identify a substance as marijuana. I can't imagine the confusion that this would cause in court. LB189 not only contains confusing language, but in my opinion, some problematic language. It also does not address the key issues addressed in LB326 such as the harmonization of statutes and updating the synthetic cannabinoids. And like Corey, I see that the red light is on and so I will respect that. [LB326]

SENATOR KRIST: Thank you, Chairman. How close are we to being able to take something and say that's the THC content? [LB326]

CHRISTINE GABIG: Quantifying it? There are some states that do that. It's about how long, the process that it takes to do it. It would be very expensive. There would need to be new equipment, new people hired, bigger facilities. It is an extremely, extremely time-consuming process. If you think about all the drug cases that we get in every time anybody is arrested for drugs, it has to come to the crime lab to get tested. And so the forensic chemists at State Patrol or at our lab have to test these substances. Most of it is marijuana. That's still the bulk of what we see. If we were having to do purity on every single marijuana that came in, it would take the backlog...I mean I can't even imagine what it would do to the backlog of cases. Right now, people get upset if the backlog is at three months, right? You want your results before three months. If we were doing

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purity on every marijuana sample, I could see it getting up into the year range for turnaround time. [LB326]

SENATOR KRIST: So why aren't we just prosecuting everybody for drugs if they're not given out by a prescription? [LB326]

CHRISTINE GABIG: I'm sorry? [LB326]

SENATOR KRIST: Why aren't we just prosecuting anyone for drugs, period, that are not acquired by a legal prescription? [LB326]

CHRISTINE GABIG: It's just not the way our statute is written I guess. [LB326]

SENATOR KRIST: We're looking for an alternative for you to have to keep coming back here and adding another three or four consonants or syllables to a word. [LB326]

CHRISTINE GABIG: You don't like the consonants and syllables? [LB326]

SENATOR KRIST: No, I don't actually. [LB326]

CHRISTINE GABIG: Okay. You know, I should say that we're speaking about the synthetic cannabinoids here, that it really...really, I feel like it has been helping. Our caseload has decreased with the synthetic cannabinoids since we've passed the last legislation. And I only saw a handful of things that weren't controlled by that legislation. And when Celeste from the State Patrol and I sat down to look at what we would need to do to cover some of the new things that are out there, it wasn't much that we had to do to...I think we're getting close with our imperfect but best approach that we have. [LB326]

SENATOR KRIST: Until the chemist on the other side invents the next one. [LB326]

CHRISTINE GABIG: That's possible and likely. [LB326]

SENATOR KRIST: Okay, thank you. [LB326]

CHRISTINE GABIG: You're welcome. [LB326]

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SENATOR SEILER: And that was your testimony a year ago. If you find a new product, we've got to change the statute, is that right? [LB326]

CHRISTINE GABIG: That was. It's been three, four times now that we've had to make the changes. But we're not alone in that. That's what every state is doing to keep up with these. Every year there's a flurry that goes around amongst us chemists. What are you seeing? What are you seeing? What can we do to stop it? And it works for more than two months. It's the most effective way that we have right now. [LB326]

SENATOR SEILER: Thank you very much for your testimony. Any further questions? Seeing none, thank you. Senator...okay. The next expert. [LB326]

THOMAS SCHWARTEN: (Exhibit 1) Good afternoon, Senator Seiler and members of the Judiciary Committee. I don't consider myself an expert, but I am here as acting Colonel of the Nebraska State Patrol. My name is Thomas Schwarten, T-h-o-m-a-s S-c-h-w-a-r-t-e-n, Superintendent of the Nebraska State Patrol. I'm also here today on behalf of our State Patrol crime laboratory and would like to thank you for giving us the opportunity to appear before you today to offer testimony in support of LB326. In LB326, there are changes made to Nebraska Statute 28-416 to harmonize the wording in the penalties for possession of amphetamine or methamphetamine with the other substances such as cocaine, crack cocaine, and heroin listed in the same section. The current wording has been interpreted as meaning the weight must be pure amphetamine or methamphetamine rather than the entire mixture as it is stated for the other substances listed in this section. The result of this wording is twofold. For the crime laboratory, it means purity analysis. This process is very time consuming and must be performed on methamphetamine samples to be charged under this portion of the statute. For the criminal justice system, the potential outcome would result in varying penalties based on a purity analysis for methamphetamine and amphetamine. This would be a drastically different penalty system than those that currently exist for other Schedule I drugs for which the penalty is based on the total weight of the substance possessed and not the purity of the substance itself. Also in LB326, there are changes made to Nebraska Statute 28-405, Schedule I(c) which covers the synthetic cannabinoid or K2 substances. These changes will enable the newer substances being tested to be reported as controlled substances under the Nebraska Revised Statutes. In addition, the changes made to Nebraska Statute 28-405, Schedule II, III, and IV, harmonizes the Nebraska Revised Statutes with the federal controlled substances statutes. These changes will allow for the reporting as controlled those substances which are federally listed as controlled substances and routinely seen in case samples submitted to the crime lab but are not listed as controlled substances by Nebraska statutes. In closing, I'd like to thank you again today for the opportunity to testify on behalf of this bill. And I'd be happy to answer any questions you may have. [LB326]

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SENATOR SEILER: Senator Chambers. [LB326]

SENATOR CHAMBERS: Just a comment, I'm going to say again I've been in the Legislature for a lot of years and I've seen police officers from every law enforcement agency in this state--local, county, the Patrol--asking for harsher punishments, making it easier to make arrests, but as a non-law enforcement person, I consider myself a plain, ordinary layperson. And when I see the State Patrol hire--not just hire but recruit--to be a trooper an officer who was found by the agency he worked for, the Lincoln Police Department, to have used excessive force against a citizen...and this person quit. I think he was told quit on your own or we'll fire you, then to have the State Patrol recruit somebody like that...and I wrote you a letter and got not even an acknowledgment. I want you to know that I don't put much credence in anything that you're saying here today. And I would be less than straightforward if I didn't say it to you directly while you're here. I addressed the letter to you. I spent considerable time and effort documenting the position that I was taking. And I thought it might generate a response. If you recall anything I put in that letter it should be the statement I made of having considered the State Patrol to be the flagship of law enforcement in this state. I don't feel that way anymore. And I'm not going to say anything that would demean or disrespect you as person or a man, but you're here as the Superintendent of the State Patrol. My letter was addressed to you in that capacity. I am an elected official. And if I'm not going to get a response with reference to a very serious matter, I can imagine what happens if a citizen brings a complaint. So when I see law enforcement coming here and helping us craft the type of legislation that will make law enforcement willing to see that misbehaving officers are brought to book, until I see that, I will listen to what law enforcement officers say because I'm paid to do that. But it should be clear to all of them that I don't put much credence in what they tell me. And if you want to respond, you can because I'm not trying to muzzle you. [LB326]

THOMAS SCHWARTEN: Thank you, Senator. I did get your documents. In fact, I have them with me today. And I have read them. And I appreciated your points. [LB326]

SENATOR CHAMBERS: And all you could do is invite me to the graduation ceremony that would include this officer who committed excessive force and was recruited by the State Patrol. That's the only thing I've gotten from your office. [LB326]

THOMAS SCHWARTEN: Senator, that was a sincere invitation for you on May 1. [LB326]

SENATOR CHAMBERS: That's all I have. Thank you, Mr. Chairman. [LB326]

SENATOR SEILER: Any further questions? Thank you. [LB326]

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THOMAS SCHWARTEN: Thank you, Senators. [LB326]

SENATOR SEILER: Senator Williams, do you have any more experts? Okay. [LB326]

RON BARTZATT: (Exhibits 2-9) Hello, I'm Dr. Ron Bartzatt, R-o-n B-a-r-t-z-a-t-t. I'm a medicinal chemist and assistant instructor with the University of Nebraska at Omaha. I have a master's degree and Ph.D. in chemistry. I have over 200 scientific publications. I normally in my research design anticancer and antibacterial drugs with emphasis on tuberculosis. I do have a DEA license. I do supervise undergraduate students to conduct research with heroin, LSD, and cocaine. Thank you for allowing me to come here to talk today. Marijuana is the most widely abused illicit drug worldwide. Among the highest concerns of marijuana abuse is its association to mental disorders. Frequent use of marijuana by young girls leads to higher rates of depression and anxiety. Marijuana is addictive and substantially impairs judgment and motor coordination. Scientific studies have shown that marijuana abuse has these effects: diminished growth and body weight; chromosomal aberrations and mutagenicity; impaired synthesis of macromolecules within the body; significant disturbance of male and female hormone balance; depression of T- and B-cell lymphocytes that are required for the immunology of the patient; disruption of structure and function of biological membranes. It is associated with or cause of depression, anxiety, psychosis, bipolar disorder, and lower motivation. It is associated with myocardial infarction, which is disruption of the blood flow to the heart, and arrhythmias, which is disruption of the beat pattern of the heart. It does affect bone metabolism such as causing significant bone loss in the jaw. It causes adverse effects of brain development of the fetus. It is associated with cancer of the lung, head, neck, prostate, cervix, testes, and brain. It blocks topoisomerase II activity which is required to repair the DNA. There are long-term effects of marijuana use such as reduced resistance to common illnesses, suppression of the immune system. Short-term effects include sensory distortion, pain, panic, anxiety, and poor coordinated movement. Delta-9-tetrahydrocannabinol, or THC, alone with no alcohol significantly impairs driving performance. Combining marijuana, even at a moderate dose, and alcohol dramatically decreases driving performance. Even a low dose of THC alone reduces reaction time when driving. One marijuana joint causes as much damage to the lungs as five cigarettes. There are 50 known carcinogens that have been identified in marijuana smoke. Even though the American Cancer Society is conducting ongoing research with cannabinoids, this is part of their effort to determine ways to control and manage the cancer, the debilitating effects from the disease...excuse me. It's a red light. [LB326]

SENATOR SEILER: Okay. Any further questions? Senator. [LB326]

SENATOR CHAMBERS: Doctor, why did you say you're here speaking in favor of this bill? [LB326]

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RON BARTZATT: I believe that marijuana has a lot of detrimental health effects, Senator. I believe that it is detrimental for people to use marijuana and drive. [LB326]

SENATOR CHAMBERS: Okay, but you're not talking about the punishment aspect of the bill, but the scientific approach to the chemical makeup and the damage that you feel that it causes. Is that your...? [LB326]

RON BARTZATT: Yes, sir. I'm a chemist by education and my profession. I do not claim to have any legal expertise. [LB326]

SENATOR CHAMBERS: Okay, and I'm not going to ask you those kind of questions. Do you...are you aware that the consumption of alcohol can have a detrimental effect on a fetus? [LB326]

RON BARTZATT: If there is a large abuse of it during the time of pregnancy, yes. [LB326]

SENATOR CHAMBERS: How about tobacco use? [LB326]

RON BARTZATT: Yes, sir. Yes, Senator. [LB326]

SENATOR CHAMBERS: So I noticed you were careful to say...or let me say you were more precise in saying marijuana is the most abused of illicit drugs. So you were not discounting the damage done by alcohol and tobacco. But they're not illicit. And the only reason I'm making that distinction, I caught it, it may not be clear to everybody because I don't think anybody can show that there are as many deaths caused by people under the influence of marijuana as alcohol. [LB326]

RON BARTZATT: There are problems with drinking alcohol and marijuana together. And I'm sure you're aware of that. [LB326]

SENATOR CHAMBERS: So we should do something about alcohol, too, shouldn't we? [LB326]

RON BARTZATT: I would...yes, this is why... [LB326]

SENATOR CHAMBERS: That's a rhetorical question. And that's all that I have. The main thing I wanted to distinguish was between your addressing the illicit drugs and not necessarily

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approving of other drugs that society accepts and abuse to a much greater extent than they do marijuana because I think you'd find doctors and chemists who would not use marijuana. But they would drink to excess. They would smoke to excess. And those are chemicals. They are drugs. So society has decided because of the ones who are making money from these various substances to allow some to be legal and make others illegal. But what I envision, if marijuana ever achieves the degree of acceptance that alcohol and tobacco have received, they would be getting the same kind of clearance that alcohol and tobacco get right now. [LB326]

RON BARTZATT: May I respond to that? [LB326]

SENATOR CHAMBERS: Sure. [LB326]

RON BARTZATT: Okay. I believe that marijuana has many, many adverse effects on the human physiology. As a chemist, that's what I've trained my whole life to understand. As a medicinal chemist, I've focused on that pretty strongly. I don't think marijuana should be removed from a Schedule I listing. I have a DEA license. I handle heroin, cocaine, LSD. I work with undergraduate students under my supervision. They work with those drugs. The marijuana has detrimental effects. I've listed as many as I can fit into three minutes. [LB326]

SENATOR CHAMBERS: And I did catch that part of your testimony. [LB326]

RON BARTZATT: And I think it should remain identified as a dangerous drug honestly. [LB326]

SENATOR CHAMBERS: So then you're not just here to talk about the detrimental effects. You're talking about the political decision to treat it a certain way by putting it within a certain schedule. [LB326]

RON BARTZATT: Well, I... [LB326]

SENATOR CHAMBERS: So you went beyond just telling us what as a chemist you think these effects are. There's then a political conclusion drawn by you that it ought to be treated a certain way in a political context because that's what that schedule is. If we're going to go by the damage, then alcohol and tobacco could be there. But I don't want to take all the time. I think your testimony that you wanted to give was clear. So I don't have anything more of this witness. Thank you, Mr. President. [LB326]

SENATOR SEILER: Okay. Senator Pansing Brooks. [LB326]

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SENATOR PANSING BROOKS: Dr. Bartzatt, are you speaking at the other later bills as well? [LB326]

RON BARTZATT: I would like to be present for the next one, which I believe works with cannabis oil. [LB326]

SENATOR PANSING BROOKS: Yes. [LB326]

RON BARTZATT: And I would like to make some comments at that as well. As a medicinal chemist I can speak about the problems with administering what we would consider an uncharacterized pharmaceutical. [LB326]

SENATOR PANSING BROOKS: That's fine. I'll talk to you at that point. Thank you. [LB326]

RON BARTZATT: Okay. [LB326]

SENATOR SEILER: Any further questions? Thank you, Doctor. [LB326]

RON BARTZATT: Thank you. [LB326]

SENATOR SEILER: Do you have any more experts? [LB326]

JONI COVER: (Exhibit 10) Good afternoon, Senator Seiler, members of the Judiciary Committee. For the record, my name is Joni Cover, J-o-n-i C-o-v-e-r. I'm the executive vice president of the Nebraska Pharmacists Association. And on behalf of the members of the Nebraska Pharmacists Association, we support LB326, but some specific provisions within LB326. Thank you, Senator Williams, for introducing the legislation, and thanks to the Attorney General for letting us put our update provisions into the bill. I'm handing out a sheet that shows you every so often the Nebraska Pharmacists Association does a controlled substances update. So federal controlled substances lists, schedules are changed. We do the same thing in Nebraska. I was trying to be expeditious in my time and in your time because usually they all get merged together so I thought we'd start out that way. How did I know we would end up here today on a bill that maybe you all don't love? So I want to talk about my noncontroversial, hopeful issues, that whether they move forward in this bill or in another one that the Judiciary Committee likes, I just want to point out what we're doing. And that's what the sheet highlights. We're moving tramadol, which was not scheduled, into Schedule IV. We're moving hydrocodone combination production from III to II, and that's basically we struck language in the controlled substance Section 3, and we're putting in two new substances that are Schedule IVs. Mostly, from our

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perspective it's pharmacists have to do an annual inventory every year. And if we don't keep our substances similar to what federal substances are, then sometimes they get missed. That's not our intent. We want to make sure that we're all speaking the same language. So that's what we're trying to do with this, with our provisions of the bill. There's just one other thing I want to point out and it's a technical concern. It's on page 14 and I think this is something we can work on. And I have pointed it out to the Attorney General's Office. There's a term called "pharmaceutically labeled drug product" and that's not a term that we use very often or it's not a readily identifiable term. Usually, they're legend drug labels. So I'm not sure if there's going to be a new definition for that term or if we need to put it back to the federal legend drug label. So those are my comments. If you have any questions, please let me know. [LB326]

SENATOR SEILER: Senator Chambers. [LB326]

SENATOR CHAMBERS: Not any extensive questioning, as a...do you practice as a pharmacist? [LB326]

JONI COVER: No. Unfortunately, I'm the lawyer that works for the pharmacists. So I don't really know anything. [LB326]

SENATOR CHAMBERS: Is it unfortunate that you're a lawyer or...? No, I'm just kidding. Are you aware of what is being talked about on national television, in newspapers and magazines about the epidemic misuse of prescription drugs? [LB326]

JONI COVER: Yes, very much so. [LB326]

SENATOR CHAMBERS: And those are drugs that are obtained legally when a prescription is presented. [LB326]

JONI COVER: Yes, yes. [LB326]

SENATOR CHAMBERS: And some doctor has signed off on the prescription. [LB326]

JONI COVER: Yes, I am very much aware of that. [LB326]

SENATOR CHAMBERS: So you've seen that drug abuse is something not restricted to those who might use marijuana... [LB326]

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JONI COVER: Absolutely not. [LB326]

SENATOR CHAMBERS: ...or any of these things on the street. So when certain groups come here--not referring to you, again, you're a sounding board because you are a professional and you will understand why I'm taking this approach--when I look at it as a policymaker the mere fact that society has determined to label one drug as something that is bad but another one that does just as much or even worse but it's considered legal, the people who are going to find the misuse of drugs to be beneficial don't care whether it's a prescription drug, a street drug, something somebody concocted in a warehouse or a garage. They want the effect maybe to get high, maybe to forget everything, whatever their reasoning is. So when I see people like the Attorney General come here, sheriffs, State Patrol talking about these kind of things but not one of them mentioned the abuse of the prescription drugs because the ones who abuse prescription drugs are what are considered the better class of people, the higher-ups, those who can get a prescription when they're not really ill. So this approach that is being taken, I can understand that people in your position will say, when we see something that we can support, that goes in the direction we're going, we will try to support that. I can understand that very well. But we get to hear discussion across the waterfront and these other types of drug abuse that the better classes engage in never mentioned by the Attorney General, never mentioned by the prosecutors. And there's a town up in New England where heroin was considered...they used a racial term, the drug of--it's a racial term for black people--and added street to it. But then when it became epidemic among white kids--and there's a town it was written about in all the papers--everybody was stunned. But then they changed the approach and the attitude toward heroin and heroin users, and it was viewed in the nature of a disease or something that needed treatment and not prosecution and jailing. And that's what I get to see. So I want some of these people on the side of law enforcement to know that I think they've got a blind eye, a blind spot in their eye. And I see favoritism that they show right in this state. And that is only because you mentioned putting certain things on the schedule. So it opened the way for me to mention that there might be things on the schedule which certain people can get right now with the aid, assistance, and abetting of doctors and others who are considered the better classes. And maybe that's what Oscar Wilde was getting at when he said the poorer classes, the lower classes are not being the good example that we in the upper class should be able to expect from them. But that's all that I have. [LB326]

SENATOR SEILER: Any further questions? Seeing none, thank you. [LB326]

JONI COVER: Thank you. Want me to roll this chair out of your way? [LB326]

SENATOR SEILER: This gentleman has made about four passes toward the table. [LB326]

JONI COVER: Let me scoot this out of your way. [LB326]

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VINCENT LITWINOWICZ: Well, I wanted to...my name is...I wanted to address some things that the...I'm not an expert, so to speak, but I was getting my doctor... [LB326]

SENATOR SEILER: Hold it. Hold it, just a second. Give your sheet to... [LB326]

VINCENT LITWINOWICZ: Oh, thank you. I'm on my name. [LB326]

SENATOR SEILER: ...and your name and spell it. [LB326]

VINCENT LITWINOWICZ: Yeah. Vincent Litwinowicz, V-i-n-c-e-n-t L-i-t-w-i-n-o-w-i-c-z. I just wanted to speak now because I was going to speak as a favor to the last bill today, but I can wrap it up right now. What bothers me is I'm hearing some...when we jumble our concerns between synthetic cannabinoids and aside...you know, in that line of...why cannot we...because what they do is, to my understanding, maybe we can talk to the chemist, they'll take the core molecule and they'll add some...maybe some molecule groups to it and make it...so they technically change it. Why can't we just address the bulk molecule, the big...and just anything...it's obviously hard, because nobody has done it. That's the one thing. And then, number two, as far as there was some nonsense spoken, I'm bipolar I, and so at least he's not...the doctor, I respect his opinion. I must say, I'm a little bit...trying not to be a little agitated. But as far as the things he said with respect to bipolar I disorder and marijuana and me personally...and I just wanted to kill the pain. I have pain in my legs. And so we have a dangerous drug, you know, the K2, the synthetic stuff that you can change every two months and you're going to be writing new legislation every two months. That's what you're going to be doing. So...and it's...to summarize my final thoughts, if we don't pass that marijuana for the people with...children with epilepsy, there is going to be a black mark on your soul. You might have to look in the mirror someday. And number two, medical marijuana for pain, I think it's just...it's very...I even know some veterans who don't have a physical diagnosis, but the marijuana helps them in ways that I can't convince you of, I guess. And so I've seen it. And so I guess I'm done, because that kind of wraps up everything. And I'm a proponent, by the way, for I think it's LB636 (sic--LB643), the last one. [LB326]

SENATOR SEILER: LB643. [LB326]

VINCENT LITWINOWICZ: Anyway, okay, so...oh, great. And so I would like to keep it out of the hands of kids. You know, it's definitely...you know, because I...as with a mental illness, you know, I don't want to see kids, because I had it when I was young, too, I don't want to see them having better access to these drugs. And, Senator Chambers, I just wanted to thank you for your...don't be offended if I connect your eloquence with William F. Buckley, you know, the eloquence. [LB326]

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SENATOR CHAMBERS: I don't mind. [LB326]

VINCENT LITWINOWICZ: And so I just enjoyed it. It was the first time I've heard you speak. I've spoken at several of these already this year. And take care. [LB326]

SENATOR SEILER: Thank you very much for your testimony. [LB326]

SENATOR COASH: Hold on, hold on. [LB326]

SENATOR SEILER: Hold...wait, wait. [LB326]

SENATOR COASH: Vincent. [LB326]

SENATOR SEILER: Wait, you've got a question. [LB326]

VINCENT LITWINOWICZ: Oh, nobody has ever asked me a question. (Laughter) [LB326]

SENATOR COASH: Well, Vincent, I just...we're trying to make a clear record here, and we're on the proponent testimony, which means you're now on record of supporting Senator Williams' bill. But nothing you've said made me think like you were supporting the bill, and so... [LB326]

VINCENT LITWINOWICZ: Oh, I see. I should be neutral or...I don't know. I don't know enough. [LB326]

SENATOR COASH: Okay. [LB326]

VINCENT LITWINOWICZ: You see, there's the parts of this, and I just wanted to address some things because I think there's confusion when we talk about marijuana and synthetic marijuana. You know, and concentrations, you know, the Incas that chewed the cocoa leaves, that's pretty harmless. But as soon as you distill it into that level of poison that it is...and so there's lots of things. [LB326]

SENATOR COASH: Yeah, well, I appreciate it, Vincent. I just...it's just important that we have a clear record here, and we were on the supporters of Senator Williams' bill. [LB326]

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VINCENT LITWINOWICZ: I see. I guess I don't know, for the record, because I don't know enough about it. I just wanted to come up and get all my stuff out of the way and it seemed like a good time because... [LB326]

SENATOR COASH: Well, we appreciate it. We appreciate it. I just...I'll...if it's all right with you, I'll change your testimony to neutral if that's really where you are and... [LB326]

VINCENT LITWINOWICZ: That's probably...that's the safest bet. [LB326]

SENATOR COASH: Okay, we'll do that. That's all the questions I had. I just wanted to get that clear for you. [LB326]

VINCENT LITWINOWICZ: Thank you, Senator Coash, and...thank you. [LB326]

SENATOR SEILER: Senator Pansing Brooks. [LB326]

SENATOR PANSING BROOKS: So thank you for your testimony, Mr. Litwinowicz. I guess I was wondering, then do you want your testimony added to the final two bills then? [LB326]

VINCENT LITWINOWICZ: Yeah, I pretty...probably, because I want to get it...I don't want to come here. [LB326]

SENATOR PANSING BROOKS: Okay, and that way you don't need to necessarily come and speak again. [LB326]

SENATOR SEILER: Okay. [LB326]

VINCENT LITWINOWICZ: Exactly. I don't want to do that, not today. [LB326]

SENATOR PANSING BROOKS: And were those bills that you were in favor of, those bills, or...? [LB326]

VINCENT LITWINOWICZ: Yes, the epilepsy bill for children, which is critical and it should be passed regardless of whatever else is done. [LB326]

SENATOR PANSING BROOKS: The medical marijuana bill? [LB326]

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VINCENT LITWINOWICZ: And then medical, that too. [LB326]

SENATOR PANSING BROOKS: And then the study, the...I'm spacing off. [LB326]

SENATOR COASH: (Inaudible.) [LB326]

SENATOR PANSING BROOKS: Huh? [LB326]

SENATOR COASH: We don't have a study on the agenda today. [LB326]

SENATOR PANSING BROOKS: Oh, we don't? Sue Crawford's bill? [LB326]

SENATOR COASH: It's not a study. [LB326]

SENATOR PANSING BROOKS: Oh, okay. You're in favor of both those bills. Thank you. [LB326]

VINCENT LITWINOWICZ: Thank you. And maybe we can get a barber pedal on this table. I can come up...you know, somebody can give it a few cranks. [LB326]

SENATOR PANSING BROOKS: Yes. [LB326]

SENATOR SEILER: Thank you very much. [LB326]

SENATOR PANSING BROOKS: That's a good idea. The disabilities law requires that. [LB326]

SENATOR SEILER: Next witness. [LB326]

JOHN JENSON: Good afternoon. Chairman, members of the committee, my name is John Jenson, J-e-n-s-o-n. I'm the sheriff of Cheyenne County, the vice chair of the WING Drug Task Force, and a member of the Nebraska Sheriffs' Association. I will be brief and to the point. I come before you today in support of LB326 for several reasons that I've outlined in your handouts. One of those materials is the PowerPoint presentation of Ben Cort of Project SAM. As you can see, there are several reasons this legislation makes good sense. I first briefly would like to set the record straight to a misunderstanding that we had late last spring. Myself and several others testified before members of the Legislature in Ogallala, Nebraska, as to the impact of

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marijuana coming from Colorado. Senator Davis then later introduced LB189 because, and I quote, most of the people causing the issue in our border counties are marijuana tourists going to Colorado to experiment and purchase process...with the purchasing process in use. They will outgrow it and will need to...and there...we do not need to ruin them for something that they've done once or twice. This statement is not accurate. In Cheyenne County and most of the Panhandle counties, we are focusing on drug dealers, the ones that are going to Colorado, buying their drugs, and bringing it back to Nebraska, reselling it. But they're reselling it to our children and to our grandchildren and they're selling it in and around the schools, the parks, and, yes, there are several busts that happen on the Interstate. And some of those are substantial in weight and quantity and, yes, those, too, are drug dealers. But they are not the experimental users. We do not want to decriminalize marijuana, hashish, hashish oils, or synthetics, as suggested in LB189. This is also relayed to you in letters from the residents of my county and my county commissioners. We must understand the dangers of today's marijuana that impact the youth of our state. The detrimental impact of marijuana use on health and safety is being dangerously underestimated. The information I have attached in your packets, information and facts I hope you will all get a chance to read and have a better understanding of why we support LB326, because one of the most dangerous things that we're faced today is the increase in THC levels. I've heard time and time again where today's marijuana is being compared to the marijuana of the '60s and '70s, and the only thing that they have in common is name. The THC level is much higher and much dangerous to our kids, and we must do what we can to prevent that. I ask this committee to help make this into...this bill pass into law. We must protect the children of our great state and not trade our integrity, morals, and ethics for greed. They deserve better. Thank you. [LB326]

SENATOR SEILER: Any questions? Senator Chambers. [LB326]

SENATOR CHAMBERS: Sheriff, there has been a lot of discussion in this country about drugs that come from various parts of south-central, you might say, Latin America, and the rejoinder is that, if there were not such a market for these drugs in America, that the trade and traffic would not be what they are. So it seems to me that something is going on in Nebraska that leads young people to want to deal with these drugs. So instead of just saying...the example I give: If you have a malaria epidemic, you're not going to handle it by swatting a mosquito at a time. You have to find out where the mosquitoes are breeding and wipe out the breeding ground. So if there are problems that young people in Nebraska are facing, they cannot talk to adults about it. They hear themselves put down, condemned. If a child said, and some people in this room may not even know what it is, that I'm transgender, sometimes I feel like I'm a male, sometimes I feel like I'm a female, if a man likes another man or a woman likes another woman, this happens now, the psychologist/psychiatrists are finding out these things develop at an early age because they are not always learned or voluntary actions. Here's what I'm getting to: If a child senses that he or she is afflicted, to use the term of those who are very critical, with this particular condition and

that child has heard what his or her parents have said about people like that, have heard the preacher say, you're a child of Satan and you're going to hell and you're going to burn forever and all the other degrading kind of things, then the child has nobody to talk to. So when these self-righteous people do all this condemning of young people, all they do is create a barrier. And young people are not going to listen. They've been put down so much that maybe, as a sheriff, you have never done anything that would make a child feel you're unfair, but you're a member of the adult group and they don't hear adults such as yourself, not just as a sheriff, being welcoming to young people who have problems. Everything they do is condemned. And when I talk to young groups, there are young people who will show respect for what I say. And invariably, I will have adults come to me--they might be teachers, sometimes even ministers--and say, Senator Chambers, since these young people respect you, I think you ought to join us in condemning this conduct and maybe they'll listen to you. And I said, I will never do that. And when they ask me why, I say, there are enough of you all condemning it, they need somebody to remind them that they are people, that they have worth, they have value; being young, they're going to make mistakes, they're going to do things that are not just mistakes but that are wrong but we're not going to throw them away. So it would be good...it's not law enforcement's job, but they can consider it as a part of what they do, not be seen as those who every time a young person comes into contact is going to have a bad way. So if you've got nobody you can talk to you but you're told that, hey, take this joint and you can forget it for awhile, not only will you forget it, you'll feel good. They're being given something by somebody who is condemned, but that something they're given does make them feel good. It makes them forget. And I even know adults, guys that I went to school with, who smoke a lot of marijuana--they won't do heavy drugs--and they do it so that they can get high and get away from it all. And I don't hear any of the people speaking on these bills even suggesting that there might be a motivation that leads people to do these things that we're trying to control. And once again, you're kind of a sounding board because you're an officer of the law. You're not an ordinary, private citizen. You're speaking in the role and capacity of one who arrests people, puts them in jail, interdicts bad substances, and so forth. But that is not going to handle this problem, at all, and it's not going to handle binge drinking by young people on college campuses by putting them out of school, by locking them up. They'll move the problem somewhere else. But it seems to me that those agencies, those institutions that have young people almost as captive audiences should spend time trying to first talk to them, find out where they are, what they're thinking, what they feel, why they feel that way, instead of imperiously imposing on them what we think they're thinking and, as a result, there is a confrontational relationship built up immediately. And then some things will be done by young people because they know it'll make you mad, it'll make mama mad, it'll make the preacher mad. So when I do this, I can fix them. I can't go up to him, my father, and slap him. I will not put my hands on my mother. But even if I'm doing this in the basement or out in the woods and they don't know it, I'm still getting back at them. Now I'm not making things up. I have talked to a lot of young people and I tell them, I'm not your father, I'm not your priest, I'm not your psychiatrist or sociologist, you're going to hear me one time and you'll never see me again, you need to find

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somebody, if you can, where you live with whom you can talk about these issues. And apparently, they don't. I'm the last person in the world that a young person ought to talk to based on the way I'm portrayed. I'm the devil walking in the view of some people. But somehow, young people are drawn to me. And, Sheriff, you don't come across to me as somebody who is vindictive or wants to just grab as many people as you can. When you said you're looking for the pushers, we can see eye to eye on that. And I know there are some people who may not be pushers but they, nevertheless, put themselves in a position where they need to be arrested. You know I'm not criticizing that. But for those people like you, who seem to have a degree of sensitivity, maybe you can just add...let's say that you're a jewel, a diamond. Maybe you can just add one more little facet to that exterior that you have, and then light will strike it in a different way and somebody's eye will not pick up the reflection from all those other facets, will pick it up from this one. So keep doing what it seems to me you're doing. And maybe you snowed me; but if you did, if you keep that act up all the time, you'll snow everybody. Then what difference does it make whether you're really that or you're snowing them? [LB326]

JOHN JENSON: May I respond, please? One, it's not a snow job. I look at myself as just opposite of you, just the other end of the state. We...I want to disagree respectfully with you. I think law enforcement job is to sometimes be that middle person with those kids. We have that opportunity where we live at. We have that opportunity to get involved in children's lives. Child...I have a number of kids that call me on a regular basis. Their family life is not the best and if they run down that road into problems, my phone rings at 2:00 in the morning and I'll answer it and try to get them that help. So I think it is law enforcement's job. I think it's all of our jobs to try to do the best we can for the kids of our great state. LB326 helps that; it helps us. Yes, you're right, we do make arrests for people that do bad things. That's my job. But we take every one of those as a case-by-case basis. We've got to do what we can to protect our kids. That is part of the reason that I came across the state today to speak with you. So thank you. [LB326]

SENATOR SEILER: Any further...Senator Morfeld. [LB326]

SENATOR MORFELD: Sheriff, thank you for coming out today. On one hand, you discuss how, you know, your primary focus and some of your colleagues' out west is to apprehend particularly the people that are trafficking drugs and the pushers. However, in this bill, it makes simple possession of one of these substances a felony. And one of my concerns is that, as policymakers, we have to look at all of the consequences of our actions and the policies that we put into place and passed into law. I represent 12,000 students in my district. It encompasses the university campus, both east and city campus. And I'm not too far off from being their age, only about seven years. And many of them are not making always the best decisions, and that's part of being young and growing up and becoming a responsible adult member of this society. I have a problem supporting a law that would make simple possession of one of these substances a felony right off the bat, because I have to think about that individual, maybe 19-20 years old, being

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stuck with a felony for the rest of their life which, quite frankly, makes it very tough to be a productive citizen. So for me, that's where I get really caught up in this policy. I can understand where you're coming from, where your focus is on the pushers and the peddlers of drugs. But I also have to think about the entire law in its entire scope, and I have to also think that there might not be some law enforcement officials that are simply focused on that and might charge a 19- or 20-year-old simply with felony possession. That's my concern. And if you have any responses or thoughts to that... [LB326]

JOHN JENSON: Well, yes, thank you, Senator. That was something that has been talked about, talked about in great detail with members of law enforcement, and I think you're missing one key element, is your prosecutors. A lot of that comes down to prosecutorial discretion, which happens right now. There are several other felonies on the books that nine times out of ten won't even get charged with a felony unless the criminal history or something that would support it. And that is something to look at, but I think you need to get the prosecutors involved with it. Our job is fairly simple. If there is a law that is broken, our job is to do what we believe is right for that person. The prosecutors will come in and look at that, and I can't believe that most prosecutors won't be looking at criminal histories. If it's the first time, I have a hard time believing that they wouldn't drop it to an "attempted" of something. I've seen it happen numerous times out in my part of the state, and I'm speaking clear out west. I think we have the commonsense approach. I would like to think that that commonsense approach is all the way across Nebraska. It still gives the bite that, if somebody is thinking about doing it, because it is a felony, that may stop them from doing that. I understand where you're coming from and a concern, but I still think that it's a doable process. [LB326]

SENATOR MORFELD: Certainly, and what I have to take into consideration as a policymaker is not just the good actors but in my mind the bad actors. And then the fact of the matter is, is if we're creating a law that allows them to do that, then who is the bad actor? It might be me then, and so that's my concern. And I would just tell you from experience with people of the age that I'm discussing and people much older than me even, a lot of people don't know the specific punishments in place and the potential consequences, particularly young people. So I would suggest that, being as though I'm close to that age, a lot of my colleagues would not know that this is a felony first-time offense. Most of them would not know, and so I seriously take issue with that being some kind of deterrent effect. But that's just in my experience. [LB326]

JOHN JENSON: We'll have to respectfully disagree then. [LB326]

SENATOR MORFELD: Thank you. [LB326]

SENATOR SEILER: Senator Chambers. [LB326]

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SENATOR CHAMBERS: Just to make a statement, I'd said it before, that's my concern: the criminalization, the always...when these prosecutors come here, they don't talk like you talk. We want felonies, we want to make it easy to prosecute them, and then they tell us, but we're going to use good sense. I don't trust them. It's not my job to trust them. It's my job to restrain them so that they cannot go by what the law says and mistreat somebody. I believe we have to shackle the sheriffs, we have to shackle the prosecutors, all of those who take people's freedom from them. If you...the reason you stuck out: because you're different from those I usually see. So let's say that you are the way I portray you or see you in my mind. You're not the example. You're the exception that proves the rule. And a lot of these people...I've looked at the Attorney General's Office and I see how he's so concerned about what he calls the constitution with reference to certain things that pertain to how his religion teaches him to be. And since he makes it public what his view is in those things, I'm going to comment on it. But then on other issues, such as prosecuting a cop who runs a man in handcuffs against a wall and blood is left on the wall and he goes to the hospital, well, then all of a sudden, the Attorney General doesn't see that as anything he ought to be concerned about. The sheriff who was supposed to make an arrest when he becomes aware of a crime, instead of arresting one of the wrongdoers, he hires him as a deputy. That's what I look at in Omaha, in Lincoln, Douglas County, Lancaster County, and other places around this state. I get calls from families about the way their children have been mistreated. And I'll say, why don't you call the senator out there where you live? Well, I did and I can't talk to the senator, I talked to a staff member. So they call me. That's why I know what I'm talking about and I'll say it so authoritatively, because I can find concrete examples. And sometimes I try to intervene on behalf of the person. And then you saw what the head of the State Patrol said. He got the correspondence that I sent him. He got the documentation. He didn't show me the professional courtesy of an acknowledgment. So you all cannot tell me that law enforcement should be trusted. And even though people will be offended at what I say, the people who are out there at ground zero and deal with law enforcement know what's going on and they know when misconduct by an officer is being covered up. So I am not going to agree and...with what this bill wants to do as far as making harsh punishments. And what these people who are with the pharmacists and others had better do is find a better horse to carry their jockey, because if they put all their eggs in this basket, they're not going to get anything either. And there are bills that affect me so negatively that I will do everything I can to stop it. And I want the Attorney General to know that this is one of his bad bills that I'm going to use to judge him by. And he and I have talked before, face to face, man to man. And he sent his people here with this bill where I live, in a manner of speaking, in the Legislature. And this bill, if it gets out of this committee, is going to have rough sledding as far as I'm concerned. But sometimes the committee will use good judgment and cut all that stuff out that the prosecutors bring because they look only at one little item. And as my young colleague said, we as the policymakers look not only at this one little item, but it's like a pebble dropped in the pool and the ripples that go out. We have to watch what the ripples are, where they go, and what the impact is when they land. The one who drops the pebble only is concerned about dropping it there. But we get so many prosecutors or their

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representatives who come here that they need to have somebody tell them that you're not getting your way anymore. When I wasn't here, a lot of bad stuff got on the books. I can't stop every bad thing, but I can make it hard for them to get it. [LB326]

SENATOR SEILER: Any further questions? Thank you, Sheriff, for your travels and your testimony. [LB326]

JOHN JENSON: Thank you, Mr. Chairman. [LB326]

SENATOR SEILER: Okay, next proponent. [LB326]

JOHN BONAIUTO: (Exhibit 12) Senator Seiler, members of the committee, John, J-o-h-n, Bonaiuto, B-o-n-a-i-u-t-o, representing the Nebraska Association of School Boards, here to support LB326 and appreciate Senator Williams introducing the bill to have this discussion. And in the absence of a better approach, we believe that updating the language and the list of substances will help law enforcement and prosecutors in dealing with these issues. We depend on you as the policymakers to try to balance the approach. And we've had conversations with Senator Davis, as well as Senator Williams, and know that there is a difference of opinion and thinking in...and so we're not here to deal with the penalties as much as knowing that school boards need to be partners with you as the policymakers and with law enforcement and the prosecutors in their area to maintain a safe school environment. We're here to say we need help, because the things that are happening in the field have changed. With that, I will conclude my testimony. [LB326]

SENATOR SEILER: Senator Pansing Brooks. [LB326]

SENATOR PANSING BROOKS: Mr. Bonaiuto, I was going to comment on the last one, but here you are. I was going to say that I was echoing...would echo Mr. Senator Morfeld's comments. I'm not quite as close to college as he, of course, but I do have children in the public schools and have had, and I was going to comment about the fact that we are...of course, we all know that students' brains have not fully developed until 26. I think the information, the scientific information, on that is quite clear right now. So I would just ask you, do you think it's reasonable with your students in the schools to charge them with a felony on their first mistake? [LB326]

JOHN BONAIUTO: No. Senator Davis and I had that exact... [LB326]

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SENATOR PANSING BROOKS: Okay. Thank you so much. That's all I wanted to hear. Thank you. [LB326]

JOHN BONAIUTO: Yeah. We had that exact discussion, and my encouragement to him was that discussions need to occur about where this issue goes before it gets to the floor. [LB326]

SENATOR PANSING BROOKS: Okay. And are...I think the schools are quite aware that students do make mistakes... [LB326]

JOHN BONAIUTO: Yes. [LB326]

SENATOR PANSING BROOKS: ...and make decisions that are not in their best interest. So I would agree with you that I think that students...I've seen friends of my...of our children all making decisions that I think are ridiculous and not very wise. And for the school boards to come up on a bill that would cause them to immediately get a felony on something that I think is a mistake that they would make as a young child not using their best judgment, I just want to say that I'm a little surprised. [LB326]

JOHN BONAIUTO: Appreciate that, Senator. [LB326]

SENATOR PANSING BROOKS: Thank you. [LB326]

SENATOR SEILER: No further questions. [LB326]

JOHN BONAIUTO: Thank you. [LB326]

SENATOR SEILER: Next witness in favor of the bill. [LB326]

PAUL SCHAUB: My name is Paul Schaub, P-a-u-l, Schaub, S-c-h-a-u-b. Good afternoon, Senators. I appreciate this opportunity to offer my support for LB326. I serve as county attorney for Cheyenne County. I also served as county attorney for Deuel County for the last two years. Both of these counties border with Colorado, and in the last two years we have seen an increasing number of cases involving marijuana and hash edibles. My main concern is public safety. We have already heard about how candies, cookies, brownies serve as delivery vehicles for hashish. The appearance of the edibles make them especially inviting to children. The edibles are not subject to sufficient regulation. We have federal food and drug regulations but it appears that those are not enforced as to edibles. Hashish is extracted from a marijuana plant through a

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chemical or mechanical process. The equipment needed for THC extraction may be purchased at a local hardware store. If we minimize the possible consequences for possessing hashish, more people will be willing to take the risk to possess it. LB326 offers a strong deterrent to those bringing edibles to Nebraska. It also offers a strong deterrent against those who would want to profit by setting up shop in Nebraska to make edibles. Explosions from THC extraction labs making high THC content hash oil increased in Colorado from zero in 2012 to 13 in 2013 and 32 in 2014 and with injuries...of no injuries in 2012, 18 in 2013, 32 in 2014. We have seen marijuana and hashish possession across the board: adults, children, high income, low, from large cities and small. I see that I have limited time. I do want to express to you this: I am a firm advocate of diversion programs for juveniles. We have a juvenile program in place for juveniles. And even if a juvenile case is filed against a juvenile, there is a process in place where they speak to a CASA worker or a guardian ad litem and there are occasions where after discussions, after all the parties get together, that the matter is dismissed as long as there's certain protection or a plan in place. [LB326]

SENATOR SEILER: Senator Morfeld. [LB326]

SENATOR MORFELD: Thank you for coming. I'll ask you somewhat of the same question as I did the sheriff. My concern again is charging a 19- or 20-year-old with a felony for first-time possession. Is that a provision that, I'm assuming, you're in support of? [LB326]

PAUL SCHAUB: Having the ability to charge someone, first time, at that age, yes, because we could be talking about somebody who has a lengthy history of drug involvement and we have exhausted other less-restrictive options. Maybe they've already gone through probation or supervised probation and at this point charging them and going through the process may be the only reasonable option. [LB326]

SENATOR MORFELD: So if they have a lengthy history though of drug possession, then that wouldn't be a first-time offense, would it? [LB326]

PAUL SCHAUB: If they have a... [LB326]

SENATOR MORFELD: If they have a lengthy history of drug possession and they've been charged before or they're on probation or something like that, that wouldn't be a first-time offense. Correct? Or am I... [LB326]

PAUL SCHAUB: Well, I guess I'm trying to understand the nature of the question be... [LB326]

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SENATOR MORFELD: What I'm trying to get at is...and I'm not trying to trick you or anything. [LB326]

PAUL SCHAUB: Okay. [LB326]

SENATOR MORFELD: What I'm trying to get at is what would be an acceptable time to charge somebody with a felony for a first-time offense, because my understanding is that that's what this law does based on how I... [LB326]

PAUL SCHAUB: Right. [LB326]

SENATOR MORFELD: Okay. [LB326]

PAUL SCHAUB: Right. Well, I mean, you are talking about edibles, edibles typically containing hashish. Hashish at this time is considered a scheduled drug. Possession of hashish is a Class IV felony. So as far as viewing the statute in such a way that it enhances current penalties, I guess I don't see it that way. [LB326]

SENATOR MORFELD: Okay. Thank you. [LB326]

SENATOR KRIST: Go ahead. [LB326]

SENATOR MORFELD: Go for it. [LB326]

SENATOR SEILER: Excuse me. Senator Chambers. [LB326]

SENATOR CHAMBERS: It's all right. I'm patient. Did you say you're a prosecutor? [LB326]

PAUL SCHAUB: Yes, sir. [LB326]

SENATOR CHAMBERS: From which county? [LB326]

PAUL SCHAUB: Cheyenne. [LB326]

SENATOR CHAMBERS: Cheyenne? [LB326]

PAUL SCHAUB: Yes. [LB326]

SENATOR CHAMBERS: Okay. Looking at my complexion will tell everybody what my origins are. When I read newspapers, when I hear statements from teachers, police, even the mayor of Omaha, whenever something is happening in my community, primarily black people and kind of the fringe areas where there are poor white people, you know what I hear given as the reason for that: poor parenting, bad home life. Well, now if all these white kids are in danger of using these drugs, why don't their parents do something about it, like they tell us? Why don't their churches do something about it? Why are you down here telling us to change the law? And why are you trying to get...file a lawsuit, not you but some sheriffs, suing Colorado? The Attorney General sues Colorado. Well, then why don't they do something about these white parents who are not properly rearing their children so that these bad substances are used by their children? See, that's what I see in here all the time. And when they put these harsh punishments and make them available, they are imposed against us. And what the Justice Department found out going on in the Ferguson Police Department, black people all over the country say, what's new? If you looked at any police department and how they deal with us, and poor people and Latinos if they don't have black people handy, you see the same thing: the insults, the profanity, the harassing of old people and children. And it's always the parents, but out there it's not white parents not doing their job. But my understanding is that these prescription drugs that a lot of these white kids have come out of the medicine chests in their homes, but nobody talks about the white parents making these drugs accessible. They say we have an epidemic of abuse of prescription drugs, but they never talk about the white parents. Kids can't go to a drug store, a pharmacist, and get these kind of drugs. And I'm using you again for a sounding board because I get tired of it but I have to sit here and listen to how white people want the problems their community face to be addressed. I get white people asking me why don't I go catch the people who have guns in my community. I have written repeatedly to law enforcement officials at the federal, state, county, and local level over the years and don't get a response. I'm not supposed to go out and catch any criminals. And what I'm suggesting they do and demanding they do is find the sources of the guns. You're talking about the source of these drugs being Colorado, but they cannot even talk about going after the source of the guns flowing into my community, as though I like it, and that is one of the strongest evidences of racism that we in our community see. Then white people say, don't talk about racism, you're racist, they're crazy. But I say, apply to your community what you apply to ours. We should tell the sheriff, you don't have to go out there and arrest them, stop messing with people in Colorado. If these parents took better care of their kids, more cops could spend time at the donut shop, and that's just the way we look at it. And by the way, nobody can react in the audience. I have been in the Legislature 40 years and I have watched. I'm not one of these people who they can say I'm imagining things. There are laws that I've got on the books that helped white people and don't even affect our community, because I felt people were being mistreated and being given a fast shuffle. So I try to do what I can to help anybody who's got a problem. But when it comes to poor people, it's a different matter. So you had mentioned some programs that

you may have for young people. I'm glad that you have them. But if you are an exemplary prosecutor, you're not the gold standard. You might be the gold standard of what it ought to be with prosecutors, but it's not like that in my community. The police in Omaha recently shot a man in the back who was up on the trunk of a car trying to get over a fence. And they said his hands were on the fence and they shot him in the back because they thought the cop was in imminent danger of being harmed by that man. Some cops said that a woman spit on them, so the city attorney, who did not file charges at first, filed charges because the police were upset. Then, when a coach from Creighton Prep finds his son in a car with a young lady he doesn't think she should be with, he hits her with a closed fist and he backhands his own son. Because it was made public, the city prosecutor filed charges. But because of who this guy was and Creighton Prep has clout, they have alumni, and they get away with various things, he dropped the charges and he didn't even file a charge for the father backhanding the son. That's domestic abuse. That's child abuse. But it's the coach for Creighton Prep. I see that. They bring charges now against a woman for spitting on a cop, these whining cops who can shoot somebody in the back, unarmed. But then when it comes to a child, a female at that, punched by a coach in the face, that's the description to me of domestic violence, child abuse, bullying, but the charges are dropped. And because these prosecutors do these kind of things, I don't trust them. And we have to put in the law the maximum of what these prosecutors can do, and that maximum cannot be what they're asking for in this bill. We have to consider what we think the punishment ought to be, and that's the maximum we put in. And regardless of what the prosecutors say, regardless of what the cops say, they cover up for each other when they do wrong. We have a chance to see it. So when some of us express concern about the punishment aspect of this bill, the mistake being made by those who won't...say you just think certain substances ought to be put in a certain schedule, but then when you tie it in with all these negatives that the police can misuse, and do, that the prosecutors can misuse, and do, that the Attorney General can misuse, and do, those are the things that will bring the bill down. So I will separate what you said from much of what's in this bill until I get to the point where you said you want to be able to charge these first-timers and Senator Morfeld created the circumstances he was talking about--the young person who may have no idea that possessing this is a felony, that he or she has never done anything wrong before but the mere possession is a felony--and you said you want to be able to charge them. I can't trust you with that kind of power. We can teach our children that matches are dangerous, fire burns, but we don't let children play with matches, no matter how much we teach them. So I don't trust prosecutors with this kind of power over our children. That's all that I have. [LB326]

SENATOR SEILER: Any further questions? Seeing none, thank you for coming your distance and your testimony. [LB326]

PAUL SCHAUB: Thank you. [LB326]

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SENATOR SEILER: We have a gentleman that's tried to get up here about five times. You're next, (inaudible). [LB326]

HOWARD McINTOSH: Thank you. My name is Howard McIntosh, M-c-I-n-t-o-sh. I kind of got a mixed bag here. I'm in favor of LB326, but I'm against LB546, LB390, and LB643. As far...you know, my feelings are, as far as the court systems are overloaded, jails and institutions are overloaded, and the drug court is very much overloaded. I'm a recovering addict and I understand with everything that's going on. I...man...I'm...anyway, in the last eight years, I've lost five close friends and they all died of cancer, and not one of them had to turn around and use any type of marijuana as far as...regarding...for their pain. And one of them was my father which had been in recovery and had been in remission for cancer for 17 years. And I, myself, what I have as far as myself, as far as in recovery, I also have a physical condition known as osteogenesis imperfecta. And with that, if you take what Jerry Lewis' kids have, which is neuromuscular disease, if you take osteoporosis, and if you take arthritis, you'll have what I've got. You know, I've got 32 years clean as of this last Thanksgiving weekend, and I do not have to smoke. I don't have to use any illegal drugs to deal with where I'm at. I deal with pain management. And as far as regarding with this bill right now, I have a son that is 30 years old. And I've been through two divorces. Both cases, I got the kids both times. I got custody of them. And when my son had got in trouble the first time, I asked for help and basically he was slapped on the hand. He was put back into the system. And I feel if he had...something had come down harder with him, he wouldn't be where he's at right now. With me, where I'm at with my bones and my...with me on this, you know, if you do a bone density scan on myself, I have the bones of a 75-year-old woman. I'm 36...excuse me. I'm 56 years old and, you know, I live day to day with what I have. And I don't know if any of this is making any sense to anybody, but I don't want anybody to feel sorry for me. You know, I have a back brace. I got damage permanently. But...sorry. [LB326]

SENATOR SEILER: Okay. Thank you. Any questions of this witness? Seeing none, thank you very much. Lady. If you moved to try and fool me, I caught up with you. (Laughter) [LB326]

KALI SMITH: My name is Kali Smith, S-m-i-t-h. This is my third year coming here. Many of you have received e-mails from me and letters from me. I am in support of LB326 and this is the reason why: I am a mother of three young men. I had a son, Tyler J. Smith. He was 18 and started his senior year at the same school his two older brothers graduated from, very good school. We're a very close family. We are good parents and we have...we had many wonderful, wonderful times. Tyler walked one block down the street to a gas station and purchased cherry flavored incense which was sold to him as a flavored tobacco. He paid \$3.98 on it and so did his friends. He even paid tax on it. Over the course of four days, my son became extremely ill, saw six different physicians and doctors. He had four cysts formed in his brain and suffered from psychosis. And within his psychosis, he ended up taking his life in my home, in front of my husband and I. And that's how I lost my 18-year-old son. Today, I visit him every Sunday at the

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cemetery. We have since started the Tyler J. Smith Purple Project to spread awareness and prevention, and I am here to tell you that the laws that we have made have made a difference. It may be scheduling, and we are not two months behind. In the year 2014, because of our efforts, because of our law enforcement, school administration, the Purple Project, and other coalitions, Nebraska State has not lost one single child or person in the year 2014 to synthetic drugs. That is a huge victory and I want to keep that momentum going with this new law. These laws do work, and I'm here to tell you that I've talked to thousands of kids, thousands of people in eight states. We are not the only state suffering from this. But I have even talked to a ten-year-old who is addicted to synthetic marijuana and his mother is in pain, crying, every day wondering when it's going to be the last day, because it is not a matter of when, it's...or if, it's a matter of when. This is an equal-opportunity drug. It does not discriminate. It is a narcotic. It is not a marijuana. My son was lied to. And all these kids are being deceived by synthetic drugs and we need to pass this law because, if we don't, the opposite is what happens to my son. I'd rather my son had a felony and I could visit him in prison. He'd still be alive. Right now, I visit him at the cemetery. Any questions? [LB326]

SENATOR SEILER: Any questions? Thank you for your testimony. [LB326]

KALI SMITH: You're very welcome. [LB326]

SENATOR SEILER: The time is...on proponents expires at 4:05. [LB326]

JENNIFER GREEN: Hello, Senators. My name is Jennifer Green, G-r-e-e-n. I am here today representing the LiveWise Coalition, which is a substance abuse prevention coalition that serves the counties of Dodge, Washington, Douglas, Sarpy, and Cass in Nebraska. We cover all substances. Today, I would like to talk to you about the synthetic piece of this bill. One area we continue to work on addressing is the use of synthetic drugs, specifically among teens and young adults. While I don't have qualitative research or quantitative research yet--we are working on gathering that this next coming year--I can tell you that synthetics are being used in Nebraska. And unfortunately, due to their ever-changing chemical makeup, we do not yet know what the long-term effects of their use is going to be. We do know that, as far as short-term effects, we see the users suffer from seizures, brain bleeds, hallucinations, anxiety, panic attacks, increased heart rate, and increased body temperature, and the ultimate negative reaction being death. Thankfully, we did not have any documented deaths in 2013, as Kali had just mentioned. And a lot of that is in due to the work of the coalitions educating the community and the laws that the legislation has enacted to combat this issue thus far. Today, I ask you to please continue to help us address this epidemic we are starting to see with these synthetics and please pass this bill through committee. [LB326]

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SENATOR SEILER: Any questions? Thank you very much for your testimony. [LB326]

JENNIFER GREEN: Thank you. [LB326]

SENATOR SEILER: Next proponent. [LB326]

AL RISKOWSKI: Thank you, Senators. Al Riskowski, it's R-i-s-k-o-w-s-k-i, Nebraska Family Alliance. We typically don't get involved in this type of legislation, but in observing what's taking place in Colorado, we felt it was important to at least make a statement. We, too, have a great concern. We don't want our jails filled with youngsters getting a felony in their record. I would agree with that. The same note, I have numerous articles here in front of me of what's taking place in Colorado. And I know this bill has...is nothing about taking us into the legalization of marijuana. But there was a...there has been a large jump in the public school system in the use of this particular drug since they have legalized it. Just in the 2012-2013 school year, 720 students were dismissed from school. Right at one-third of them was because of marijuana use. And there are numerous articles, one from the Grand Junction school system, of the incredible problem they're facing now with the legalization of marijuana among the students. And I don't know what all that will mean as these students get older. So our concern is to not weaken the laws, to encourage it, yet at the same time we don't want to fill our jails with kids, either, in regard to this drug. So please take into consideration the welfare of the children, to discourage them from using the drug, yet not filling our jails with them. And especially, the synthetic marijuana is of great concern to us, to control that substance and what it means. So thank you for your time. [LB326]

SENATOR SEILER: Thank you. Any questions? [LB326]

AL RISKOWSKI: Thank you. [LB326]

SENATOR SEILER: Thank you for your testimony. The gentleman has tried two or three times to come up. [LB326]

STEVE TUCKER: This...first of all, I should introduce myself. My name is Steve Tucker, S-t-e-v-e T-u-c-k-e-r. [LB326]

SENATOR COASH: Could you have a seat so... [LB326]

STEVE TUCKER: Yes. [LB326]

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SENATOR COASH: The only reason is because if you don't speak into the microphone, they don't get a record. [LB326]

STEVE TUCKER: The mike, mike...this is the last person to die of synthetic marijuana here in the state of Nebraska. It is my son, 18 years old. I am here basically on this bill, LB326, for the synthetic marijuana. Okay? Again, my name is Steve Tucker and I'm here on behalf of my best friend and my oldest son. He passed away on October 13, 2013, in Waverly, Nebraska, after ingesting synthetic marijuana the night before. There is nothing I can do for him now, so I am here on his behalf and as his voice. I am here to help anyone that is willing to work with me to remove synthetic marijuana from the great state of Nebraska. I am here in support of LB326, but I have named it the Band-Aid bill. It only is a temporary fix to something that is a growing problem. I'm going to give some examples. West Reading, Pennsylvania, published October 5, 2014: 55 students were hospitalized in a three-week period. Dallas, Texas, published May 6, 2014: 30 people hospitalized within 48 hours. On the same weekend, 15 more were hospitalized in Austin, Texas. Colorado Springs, published September 7, 2013: 75 hospitalized; 3 are dead. And there are many, many more cases. DEA reports that in 2010 there were 3,200 cases. One year later, in 2011, it grew to over 12,000. We need to make changes. We need to shut down this usage. LB326 has been updated year after year, adding formulas to it, to the ban list. We need to look at what other states have done to also resolve this. Increase in penalties in distributions, and I'm going to talk about that here in a second...the packages say not for human consumption. That's their way out of this. They tell you that, but when you're there at the counter, they tell you...if you ask, what will this do, what kind of high will this give you, they'll tell you. That is when it changes from being sold as a potpourri or an incense to being sold as a drug. Now I'm going to go back to the penalty phase. As today has gone on, my son was on probation and synthetic marijuana at the time...or I shouldn't say probation. Sorry. I apologize about the time. So I'll turn it over to any questions. [LB326]

SENATOR PANSING BROOKS: Please continue. [LB326]

SENATOR SEILER: Pardon? [LB326]

SENATOR PANSING BROOKS: Please continue. [LB326]

SENATOR SEILER: Please continue. [LB326]

STEVE TUCKER: Thank you. I appreciate that. In this penalty phase, my son was on, I should say, diversion, because he had a girlfriend that had...was on Adderall. He took one pill and I found out about it and I reported it, not knowing that it was a Class I drug. He was arrested and we went through diversion. His friend told him that he could take this stuff and it would not be

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tested. He took one puff and, as you can see, the results of one puff (indicates urn). I understand you guys. I don't want to see a bunch of people in jail for using for a one-time deal. But for the guys that are selling this stuff, I have no regrets to see them go down. They have no remorse. Ms. Elder down here at Dirt Cheap, we went in and she flat-out says right to us--we have it on tape--I don't care what happens when it leaves this store. She's only in it for the money and she doesn't care. Well, I care. My heart aches every day. My son is next who wants to come up here and talk, as well, on how it's changed his life. We need to do something, guys. This is a Band-Aid. Every year I've been here now, two years. We need to do something. Indiana done an umbrella, and now it's being questioned. It's in the appellate courts and they are taking it clear to court to see if they can do an umbrella. But until that is resolved in the courts there, all states for now have kind of backed off the umbrella. And maybe if more states didn't back off and moved forward, it would make the statement that we need to make. [LB326]

SENATOR SEILER: Any further questions? Thank you for your testimony. [LB326]

STEVE TUCKER: Thank you. [LB326]

JORDAN TUCKER: Hello. My name is Jordan Tucker, J-o-r-d-a-n T-u-c-k-e-r. Good morning/afternoon, members of the Judiciary board. My name is Jordan Tucker and I am the younger brother of Billy Tucker. I agree with my father about stopping synthetic marijuana, but instead of banning the chemical formulas, I suggest banning the product or sales of it in total. I will now explain how this death has affected me and my life since my brother's passing. Ever since he passed, my attitude, my grades, my emotional and physical health have gone downhill. Before his death, I was an A/B student, and now I just struggle getting past Ds. Sorry, I'm a little choked up. I am also on a line of expulsion due to the emotional outrages I've had at my school. On February 12, I was admitted into Bryan West Hospital for depression and thoughts of suicide. And when I found out that my older brother passed, I had an outrage. I ran to the backyard and began to assault steel plating and in that outrage I did not stop until my knuckles went numb and I started bleeding. Like my father, to stop K2, I started speeches at my own school, talking to kids that have offered me, myself, K2 to smoke. I have given speeches to multiple classes and multiple teachers to stop the act. I do this to let other people know that this stuff can kill. I even asked my mom once if I could bring Billy to school and she said no. I've had people tell me that my brother's death needed to happen because these are just drug users and if they use drugs they're not good people. And I don't agree with them, at all. My brother was literally the ground which I stood on. I act like him. I look like him. I have a twin and I act more like my brother. And with this K2, if we can stop it, we can save more lives than it's taking, because I am in a relationship with a girl whose older brother is on K2. And so the family, to protect him, has sent him to jail just so he would not smoke K2. And I would recommend, if you could just...anything to help the bill, I would recommend it to be added to it. Thank you. Any questions? [LB326]

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SENATOR SEILER: Any questions? Thank you very much for coming and testifying. [LB326]

JORDAN TUCKER: Thank you. [LB326]

SENATOR SEILER: Next witness. [LB326]

LORELLE MUETING: (Exhibit 13) Good afternoon, Senators. My name is Lorelle Mueting, L-o-r-e-l-l-e M-u-e-t-i-n-g. And I am the director of a substance abuse prevention coalition, and I'm here testifying today in support of LB326 as a professional in the field of substance abuse prevention and treatment for nearly 13 years. As we've heard today, the category of drugs continues to evolve, it continues to change. We've been here many times. We've been over all of this. And upon first glance, it seems like this isn't working. But this is a piece of the strategy. I urge you to pass this bill through for those synthetic compounds. This is a piece of the prevention strategy. Prevention is not...it's not one solution. It's a comprehensive...programming, we need lots of different things. This is one of the things that we know can help save lives, as others have testified here today. Additionally, across the community, other...across the nation, other communities are dealing with this. They're dealing...getting creative in some of the packaging areas and civil penalties, civil fines. Those are things that our community coalitions are working on. So while law enforcement is working on the law enforcement piece of it, community coalitions are working in the community on other pieces of it. And so I just urge you...thank you for your time today. I urge you to pass this through committee for the synthetic chemical added to the controlled substances list. Thank you. [LB326]

SENATOR SEILER: Thank you very much for your testimony. Any questions? Nope, you're fine. We have time for one more witness. Seeing none, the first witness for the opposition, or opponents. [LB326]

JAMES STATZER: Distinguished members of the committee, my name is James, J-a-m-e-s, Statzer, S-t-a-t-z-e-r, and I rise in opposition to this bill. While it may be somewhat useful to rephrase some connective phrases that list substances by their scientific rather than by their brand names, there is a part of this bill in LB326 that could be changed if you really want to be serious about getting a handle on this problem of addiction. You see, in Schedule I drugs and Section 28-405(c)(8)(R.S.C.S.) (sic), there is an item that is an example of how bad law can result in the name of fighting drug addiction blindly. It's a drug called ibogaine which is listed Schedule I that should not be there. It has been proven in NIDA animal studies and FDA has proven in humans that ibogaine is a powerful corrective--and I will repeat, corrective--treatment to end a person's addiction. Nebraska has medical facilities that would qualify to participate in FDA phase two and phase three studies for ibogaine. So by descheduling ibogaine, you would un-complicate access and allow the FDA to finish the work on this addiction antidote drug. I

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think we would all be better off promoting treatment that works, instead of legislating a malicious little loophole felony in Section 3, changing Section 28-416(10)(c), (13) to put Nebraskans and tourists in prison for any amount of cannabis, even hemp seed foods, just because it's in the form of an edible. There seems to me to be sufficient grounds to prosecute people for K2 and what were so-called marijuana synthetics under the counterfeit provision, that counterfeit tobacco and counterfeit pot is already a crime, not just because it would be advertised that way, but because it would be intended to be used that way. So it might be a little easier for the committee to amend this law in a scientific way and not have to make so many trips back and forth. The other thing is, there are medical cannabis testing companies that are arising out of the states that have legalized for medicinal that can get you your answer on what the content of a substance is in minutes. It's not a hard system. It's not a difficult technology. It's already here and it's being used so that a commercially purchased product in Colorado has a label on the bottle, tells you what is in it, how much of which cannabinoids are in it. If you want a CBD strain, you'll know by looking at the bottle. It's a very well-regulated system, and I think we could do the same here. [LB326]

SENATOR SEILER: Any questions? Seeing none, thank you for your testimony. [LB326]

JAMES STATZER: (Exhibit 15) And then I'd like to submit my remarks. [LB326]

SENATOR SEILER: That will be fine. Any further opposition? Any further opposition? Are you coming up for opposition? Okay. [LB326]

JACOB NOWATZKE: (Exhibit 14) Good afternoon. My name is Jacob Nowatzke. It is J-a-c-o-b N-o-w-a-t-z-k-e. I want to say thank you for having me, and I also want to say thank you to the proponents of this bill. They present some very interesting testimonies, and I have a few things to give. I was just going to give an anecdote relating to the bill and edibles, however, the testimonies before with the proponents were very interesting so I wanted to give a few quick points. I won't address any of the other substances besides cannabinoids. And I'd like to give my background just once, very quickly, because I plan to testify also on LB390 and LB643. I received my high school diploma and my associate's of science from Nebraska. And I'm a student researcher now living in California, pursuing my bachelor of science in biology. I possess a valid medical cannabis recommendation in California. I'm committed and dedicated to researching and educating on cannabis and cannabinoid science, and I'm qualified to present evidence regarding the safe and effective use of medical cannabis, as well as the ever-present need for further research on cannabinoid science. So I'd like to start by saying that I heard no mention of 11-hydroxy-THC when discussing edibles. I found that odd, considering that there were two chemists sitting in this very chair. One gummy bear can kill a child? I really hope you remember that every time that you decide to address a substance and the human body. And any

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time anyone wants to talk about cannabis in children, you need to look at the news, you need to get on the Internet, and you need to do a little bit of research. This synthetic cannabinoids, I don't believe many of these synthetic cannabinoids were made to be put in the mammalian body, except in the testing models in research institutions. So they are quite harmful, can be deadly. But what is this going to do with the research in the universities? How is it going to cause hindrance? Is it going to make it more difficult for the universities to research? Destructive, everybody agrees that cannabis is dangerous--I heard that today. That's absolute malarkey. The chemist from the University of Nebraska, I really enjoyed what he had to say, but I also saw that he only had negative things to say. That was very interesting to me, considering a lot of the negative things he had to say. A lot are treated by cannabis. And with edibles, in 2011, I had "bi" inguinal hernia surgery and, Senator Chambers, I actually lived in your district at that time. I had "bi" inguinal hernia surgery and I was given an opiate, oxycodone, Percocet, to relieve my pain. However, I woke up one night with a...the worst pain I can describe. I can't put into words, except that it felt like a knife in my thigh. I woke up screaming, so I procured edibles and I took them, along with my Percocet. And instead of having to increase my Percocet, I was able to back down off it and take edibles to not be in pain. So they're not that bad. [LB326]

SENATOR SEILER: Okay. Hold it. Any further questions? Seeing none, thank you for your testimony. [LB326]

JACOB NOWATZKE: Thank you, sir. [LB326]

SENATOR SEILER: Further opponents. Okay. [LB326]

WILLIAM ACHORD: (Exhibit 16) Good afternoon. I'm Bill Achord, B-i-l-l A-c-h-o-r-d, and I come in opposition to LB326. Basically, I want to talk about...I'm a social scientist, so I was taught you need to have a good theory. First, you need to have a good philosophical basis. You need to have a good theory that works. You don't necessarily have to prove it. It just needs to work. Then you can have some good practice in action. So I want to talk about the theory. "Marijuana is a gateway drug" is a statement that's used a lot and, really, it's a theory. Okay? It's a theory. The gateway theory was used...first, Google defines "theory" as an idea used to account for a situation or justify a course of action. The gateway drug theory has been used since the 1930s to justify actions to demonize the plant cannabis, used by the timber industry, the cotton industry, the pharmaceutical industry, and the petroleum industry to justify destroying their greatest competitor, industrial hemp. This is well documented by historical fact. This theory has also been used in the war on drugs to justify the war on drugs, which has been a complete and abysmal failure. What proof do reasonable people need? What more proof do you all need to dismiss this theory that just doesn't work, period? I believe it is also a major contributor, the existence of such current legislative actions as LB326. I ask this committee not to support this

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legislation that's underlying theoretical premise has been so discounted by so many and proven to be so disastrous. I was a combat medic in Vietnam. I have a master's degree in family therapy, did private practice for about 20 years in Lincoln, and for the last 15 years, I've been involved in a prison outreach program. As a result of these experiences, I've seen many examples of addictive behavior and its personal and relationship costs. It's my opinion that the criminalization of drug use represented by...in part of the legislation of LB326 is a more certain gateway than marijuana. There are other gateways. I've attached a whole bunch of resources here and I hope you have time to look at it. In closing, I ask you to search your hearts. You are like our parents. You have been given the responsibility--grandparents, if you will--to us, the citizens of Nebraska, you have been given the authority and the power to make these kinds of decisions that can right the wrongs of the past, and you have the responsibility to do so. I earnestly request you vote against this bill and protect us from the future wrongs it will cause. Thank you. [LB326]

SENATOR SEILER: Any questions? Senator Coash. [LB326]

SENATOR COASH: Thank you, Senator Seiler. Are you also opposed to the portion of the bill that updates the synthetic marijuana substances? [LB326]

WILLIAM ACHORD: I'm opposed to the terms "synthetic marijuana" but I am totally...I support the synthetic stuff...I don't have any use for it. Those...you know, cannabis in and of itself, the natural plant--there's been a lot of research--the natural plant with the combination, the gestalt of the cannabinoids is the key to medical help and to good health. [LB326]

SENATOR COASH: Okay. [LB326]

WILLIAM ACHORD: So I don't support synthetics, at all. [LB326]

SENATOR COASH: Okay, because that... [LB326]

WILLIAM ACHORD: So I would support that. But I don't support calling it synthetic marijuana, because it is not. [LB326]

SENATOR COASH: Okay. I just wanted to make sure the record was clear on...because I just want to make sure you're okay with the portion of the bill that addresses the... [LB326]

WILLIAM ACHORD: Yes. [LB326]

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SENATOR COASH: I know you don't like the term, but that's the term. [LB326]

WILLIAM ACHORD: Yes, yes, and... [LB326]

SENATOR COASH: Okay. All right. That's all. [LB326]

WILLIAM ACHORD: But mostly, you know, the...increasing the punishment, increasing the criminalization of cannabis... [LB326]

SENATOR COASH: That's that part you're opposed to. [LB326]

WILLIAM ACHORD: Absolutely. [LB326]

SENATOR COASH: I understand. Thank you. [LB326]

WILLIAM ACHORD: Thank you. [LB326]

SENATOR SEILER: Any further questions? Thank you very much for your testimony. [LB326]

WILLIAM ACHORD: Thank you all. [LB326]

SENATOR SEILER: Next witness. [LB326]

AARON WEINER: Afternoon. [LB326]

SENATOR SEILER: Good afternoon. [LB326]

AARON WEINER: Chairman Seiler, Senators, my name is Aaron Weiner, A-a-r-o-n W-e-i-n-e-r. And I actually came here to speak on behalf of a family from Colorado that had two children with Doose syndrome that caused their children to have up to 100 epileptic fits a day. And I was here to testify in favor of LB643, but I feel that this is actually a good place to come and talk about the opposition to making the possession of edible medical marijuana a felony. You are driving people to K2 and you are driving people to smoke. It makes no sense. My sister...the other thing we're doing is we're scaring the pants off of ourselves. There is 24 states that allow medical marijuana. The sky is not falling. The public health is not deteriorating. Alcohol is not good for you. Medical marijuana has whatever side effects it has. But the scare that we're having

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on the public health is unjustified. And I think you can look at these other states. My sister, due to her cancer diagnosis--she is thankfully a survivor--was having to undergo chemotherapy and radiation. I don't know what...about you, but when you have to throw up, it doesn't feel very good. And when that feeling does not go away, that is miserable. And if it goes on for days and you have to do it for weeks, that is a terrible, terrible place to be in this humanity. If there is an efficient and affordable drug--for instance, medical marijuana--that resolves that for you better than what your doctor can prescribe, why would you not allow that? You would want it for yourself. You would want it for your children. And for those of you who oppose this bill, I hope that you never are in that position or would make it a felony. I will be speaking on the other bill. But this is unwise. It has clearly not been researched to a point where someone doesn't understand they're equating gummy-bear edibles with LSD. This is not so. We need to study this much more before you make it a felony. Thank you. [LB326]

SENATOR SEILER: Further questions? Thank you, Aaron, for coming and testifying. Next witness. [LB326]

CHAD DAILEY: (Exhibit 17) Good afternoon, Senators. Thank you for the privilege. My name is Chad Dailey, C-h-a-d D-a-i-l-e-y. I primarily came here to testify in support of LB643, although, after hearing more about LB326, I couldn't help but keep myself from testifying. I'd like to submit into evidence or as an exhibit two papers that are written by scientists that outline something that's called the margin of exposure and acute lethal toxicity. And in those papers--I'm sorry I didn't bring enough copies for everyone--you'll find that marijuana is at the bottom of the list. Alcohol is on the other end. Senator Chambers has addressed to us eloquently earlier about relative harm. There are many other drugs on those lists. I'll reserve the rest of the time for others. Do you have any questions? [LB326]

SENATOR SEILER: Any questions? Thank you for coming. [LB326]

CHAD DAILEY: Thank you. [LB326]

SENATOR SEILER: Next witness. [LB326]

MARC BOWMAN: (Exhibits 19 and 21) My name is Marc, M-a-r-c, Bowman. My primary purpose to come down here was actually for LB643, so I kind of wrote this testimony as I was doing my research. I came across the American Academy of Pediatrics' recent policy on marijuana. I'm opposed to this bill because it's reactive, prosecutory, punitive in nature, as opposed to proactive, preventive, and educational. The American Academy of Pediatrics does not condone marijuana, but it recommends decriminalization and, for those states where it is legal, childproof packaging should be used, laws should be enacted to prevent marketing to kids,

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and the criminal penalties reserved for the distributors and manufacturers and pushers. I believe the American Academy of Pediatrics' approach is a better approach. Control the distribution or overwhelm the prisons with prosecution? Which is better? Which is working? Which will work? Lastly, I think we are wasting time and tax dollars suing another state and we are embarrassing the citizens of Nebraska pursuing such litigation. [LB326]

SENATOR SEILER: Okay. Any questions? Thank you very much. [LB326]

GREGORY LAUBY: (Exhibit 20) Good afternoon, Senators. Thank you very much for allowing all of us to appear today on this bill. My name is Gregory C. Lauby. Lauby is L-a-u-b-y. I'm appearing in opposition to LB326 as it pertains to the prohibition of natural THC and marijuana. I'm handing out a handout, but I would appreciate it if it could be included as part of the record. [LB326]

SENATOR SEILER: It will be. [LB326]

GREGORY LAUBY: Don't be deterred by the number of pages. I have tried to extract material that I think may bear on this bill for your perusal from legislative hearings that have occurred in the past, and I do not intend to read the whole thing. I'll spare you that, and you can do it at your leisure. But I would point out that the testimony heard by this committee this September from Doctor Ryan (Spohn) was that decades of research on deterrence suggests that increases in the severity of punishments do little to deter criminal behavior. I also tried to excerpt some information about who was coming from Colorado into the western counties and essentially the testimony was that it was college kids with no criminal history or adults coming back because they had journeyed to Colorado for some kind of medical condition and sought a substance that might relieve it. I also noted that the degree of the problem appears to be somewhat less than the generalizations might indicate. In 2013, total arrests for possession of marijuana increased by only 150. That's 1.7 arrests per month per county. You would also note that there are figures that show that marijuana possession is the most frequently arrested offense for all drug arrests in the state and blacks are the most frequently arrested subgroup for that offense. I'm seeing my light is on. [LB326]

SENATOR PANSING BROOKS: You can continue. [LB326]

GREGORY LAUBY: I will just refer to the written materials that I've handed to you. If there are any questions, I'll take them now, or you're free to contact me at some other time later. [LB326]

SENATOR SEILER: Senator Pansing Brooks. [LB326]

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SENATOR PANSING BROOKS: Well, your time really wasn't up, but...so I don't know if you have something else to add to...that you want to finish up, because your...it's only your yellow light, not your red. [LB326]

GREGORY LAUBY: (Laugh). Well, yeah, that means I have a minute left? [LB326]

SENATOR PANSING BROOKS: You still have some time, yes. [LB326]

GREGORY LAUBY: Is there anything that interests you that I might address? (Laughter) [LB326]

SENATOR PANSING BROOKS: Well,... [LB326]

GREGORY LAUBY: I might note that the language that you referred to about ingestibles excluding inhaling material, I don't know how an arresting officer would ever distinguish between an ingestible, a regular ingestible, or one that was inhaled since the exemption only applies, it appears, to it after it's consumed. The other problem that I noted is paraphernalia is expanded in its definition to where it could apply to kitchen items, such as a fork, spoon, straw, bottle, or glass, under an expansive reading. And I believe that it has been prosecutors in western Nebraska who decided to prosecute small amounts of marijuana or THC in edibles as felonies, rather than extractions, which was pretty much the standard practice for other prosecutors across the state. Yes. [LB326]

SENATOR SEILER: Senator Pansing Brooks. [LB326]

SENATOR PANSING BROOKS: Thank you, Chairman Seiler. I guess I was just interested what...do you...since you have the fact of in 2013 the total arrests only increased by 150, I presume all the people that are supporting this have...are out in the western part of the state. Do you have an idea how many of those were in the western counties? [LB326]

GREGORY LAUBY: Specifically, what was in the western counties? [LB326]

SENATOR PANSING BROOKS: Yeah. How many of those total 150 arrests in 2013 were in the western counties? [LB326]

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GREGORY LAUBY: The 150 arrests were the increase, if I read the report right, between 2000, the year 2000 itself, versus the year 2013. And that combined all seven of the border counties so that... [LB326]

SENATOR PANSING BROOKS: All seven of the what counties? [LB326]

GREGORY LAUBY: All seven of the border counties, the counties that actually border Colorado. [LB326]

SENATOR PANSING BROOKS: Okay. Thank you. [LB326]

GREGORY LAUBY: Yes. [LB326]

SENATOR PANSING BROOKS: Thanks. [LB326]

SENATOR SEILER: Any...no further questions. Thank you for your testimony. [LB326]

GREGORY LAUBY: Thank you. [LB326]

SENATOR SEILER: Any further opposition? [LB326]

BRIAN MARY: My name is Brian Mary, B-r-i-a-n M-a-r-y. I host an anticonservative call-in talk-radio show on KZUM 11 p.m. to midnight on Tuesdays on KZUM. You should be able to buy, sell, consume any poison. And "let the buyer beware" I've always thought was a particularly counterproductive and stupid argument for marijuana legalization. Now, no one needs to say that K2 and bath salts are harmful and dangerous and those who testified to that were able to give names, tell personal stories, list headlines and sources for articles. However, the chemist who listed I think at least 30 different conclusions listed no sources for any of those conclusions. The evidence was not...I'm sure in court, if you were to say has been proven, well, the judge would say, how or where or in any way how has it been proven? I think it's a matter of pretending that something is harmful and dangerous when it isn't, when it's actually beneficial and useful. The Attorney General Doug Peterson in his "Why sue Colorado?" mentioned some studies by name so that they can be looked up to see if they've been invalidated or disproven. I would like to look up the studies the chemist used. I don't know if he submitted them, but I wonder how many would be shown to be nonsense. The Attorney General Doug Peterson in "Why sue Colorado?" listed three studies. I'll just mention one, an April 2014 neuroscience study jointly produced by the medical schools of Northwestern University and Harvard University which can be looked up. If I might read from an article, "Why the Media's Fearmongering on Marijuana Effects on the

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Brain Is Faulty," by Paul Armentano, deputy director of NORML from April 14 (sic--17), 2014. In the middle of the article I'll start because he presents what the study was purported to say at first. "(Since researchers only performed a single MRI session, they could not say definitively whether these changes were, in fact, caused by cannabis or whether they existed prior to subjects' use of the plant.) Notably, however, these changes did not appear to be associated with any overt adverse effects in subjects' actual cognition or behavior. (Separate studies assessing youth use of legal intoxicants, such as nicotine and alcohol," and it gives places where you can link to those studies, "have also been associated with documented changes in brain structure. Ditto for caffeine intake in preclinical models. These findings have received far less media attention.) Both the cases..." [LB326]

SENATOR SEILER: Sir, your red light is on. Senator Coash. [LB326]

SENATOR COASH: Thank you, Senator Seiler. [LB326]

BRIAN MARY: Certainly. [LB326]

SENATOR COASH: Sir, I was just trying to track your testimony. I want to make sure the record was clear. Was it your testimony that synthetic marijuana was beneficial? [LB326]

BRIAN MARY: Oh, no way. [LB326]

SENATOR COASH: Okay. [LB326]

BRIAN MARY: I'm saying that anyone who makes the case you should be able to take any poison, buy, sell, consume, the libertarian argument that it's not government's business to regulate that, it's a ridiculous argument because you're saying right off that marijuana, cannabis, that it's a poison. And K2, synthetic bath salts and such, I think it's offensive that it should be linked in this bill. I think it makes it harder to pass legislation against K2 and bath salts. And it's because it's linked with consumable marijuana. [LB326]

SENATOR COASH: Okay. I understand. I'm more clear now. [LB326]

BRIAN MARY: Everybody knows K2 and bath salts are harmful and dangerous. You don't need to get experts up here to testify to it or show studies, although I noticed that at least those studies were mentioned where the headline came from or what the people who had claimed that or where an institution because of it were saying. [LB326]

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SENATOR COASH: Okay. [LB326]

BRIAN MARY: No one would be coming in here in favor of having K2 and bath salts legal. But the... [LB326]

SENATOR COASH: You answered my question. I just was a little fuzzy on your testimony. [LB326]

BRIAN MARY: Oh, sure. Sure. [LB326]

SENATOR COASH: You don't have to go any further. [LB326]

BRIAN MARY: Yeah, I'm saying the argument for legalization of marijuana should be that it's beneficial and helpful... [LB326]

SENATOR SEILER: Okay. I see... [LB326]

BRIAN MARY: ...and that the studies which claim to show some harm, if you do the slightest search on them, you'll find they're garbage. [LB326]

SENATOR SEILER: I see no further questions. You may step down. [LB326]

BRIAN MARY: Thank you. [LB326]

SENATOR SEILER: Thank you for your testimony. [LB326]

BRIAN MARY: Certainly. [LB326]

SENATOR SEILER: Any further opposition? [LB326]

TONJA PETERSON-WENDT: Tonja, T-o-n-j-a, Peterson,... [LB326]

SENATOR SEILER: Speak up a little bit more. [LB326]

TONJA PETERSON-WENDT: ...P-e-t-e-r-s-o-n-W-e-n-d-t. First, I want to suggest if you ever have a bill that has people with disabilities meeting and wanting to testify and you'd like to hear

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them, I suggest that you put that first. It is very difficult for people who have medical maladies to sit up or be in situations like this for this long. So if you'd consider that for future, that would be something very nice and considerate to do as a human race. I appreciate those who are wanting to save more people, and who make and sell them...and prosecute who make and sell them. Give them a felony. Oops, I started in the middle. I appreciate those who are wanting to save more people. This is a double-edged sword. Undiagnosed self-medicating goes on for a variety of reasons. Real marijuana with all of the deterrents I believe may hold is the least damaging and most helpful in many of these situations. Edibles of nonsynthetic origin, prosecute those who make and sell them. Give them the felony. That being said, marijuana oil and things like wax have a higher concentration and they're being prosecuted and charged with intent to distribute in some states, which I believe is wrong. I do not have the answers, but I do believe this bill in its entirety is not the answer. Punishment of those selling synthetics just as we punish those who sell alcohol to minors would seem to me to be the more logical way to go. Also, it would be more effective I believe. Additionally, edibles of marijuana, the real stuff, should not be prosecuted as a felony. Really, any "nonviolent, no intent to harm others" action should not be a felony in my opinion. I would encourage resources be diverted from prosecuting personal use of drugs to rape cases which are always backlogged. I believe that the penalty for using a harmful substance should include ankle bracelets, working a job or attending school, continuing to pay taxes, be on house arrest, put into a personal awareness and development classes paid for by the money that they earn from their job or community service. I think there should be no punishment for people trying to lessen the physical pain even if the source of such pain has been undiagnosed. And I encourage you to ask me why. [LB326]

SENATOR SEILER: Any questions? Seeing... [LB326]

SENATOR KRIST: Why? [LB326]

TONJA PETERSON-WENDT: I am 11 years from my first debilitating car accident. I just found the name for the migraines that I get that no doctor has been able to come up with in 11 years. I was told by my brain injury doctor who I've been telling...I've been telling my doctors, not the brain injury doctor, that I had a brain injury and they sent me to psychological evaluations. I'm as smart or as stupid as I was before. I have balance problems, mobility problems. They couldn't find the answer so I didn't have a traumatic brain injury. By the time I got to the doctor that could finally diagnose my brain injury, seven years had passed. I was in bed for four. I was using fentanyl 600 milligram lollipops at my leisure to control the pain. Up on top of that, I had to go to the ER many times to get more medications and they gave me as much as they thought I would tolerate and live. And my pain still wasn't controlled. I have resources. I have good insurance. I have persistence. I don't give up and I don't quit. I'm not normal. And I have a support system of a fantastic husband who can't solve my problems but sure is going to hang in there with me until someone can figure it out. And I'm usually the one that figures out my

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diagnoses before the doctor. So there are many more people around. My doctor, the brain injury doctor, says, I don't know how you haven't killed yourself before you got to me. The problems I have and the problems I had are so significant that most people would have. In fact, I did pray to die. I prayed for God to take my life. I certainly wasn't going to take it on my own, but I did not want to be here suffering like I do and like I was. And there are not medications, prescribable medications out there that can help me and stop what I'm going through. I have hemiplegic migraines. They're a combination of a migraine, a stroke, and epilepsy. I can become paralyzed, go into a coma. And many people like me do. And it's temporary, then I'll be out if I survive. I got...I was in the ER half paralyzed for many hours and they just kicked me right out of the ER-- no follow up, no nothing. Oh, you're fine now. Go see your doctor. That is what people experience with today's medical system. And they give up. They give up. There needs to be something that they can have that's not prosecuted by a felony. [LB326]

SENATOR KRIST: Thanks. [LB326]

TONJA PETERSON-WENDT: You're quite welcome. [LB326]

SENATOR SEILER: (Exhibits 22-28 and 30) Thank you very much. Any further opposition? Seeing none, anybody in the neutral? Seeing none, if any of you have documents you want to submit, go ahead and give them to our pages, for LB326. If you've signed in on the outer side, your signatures showing support or opposition will be placed in the record. Senator Williams, you may close. [LB326]

SENATOR WILLIAMS: (Exhibit 29) Thank you, Senator Seiler. And first of all, I would like to sincerely thank the senators that are here today and I would also like to thank everyone else that is here today either testifying for or against this bill. It is through what I call thoughtful compromise and engaging in discussion that we as the policymakers reach decisions that we can be proud of. I would like to answer a couple of questions. Senator Coash, you mentioned the...when we were talking earlier about the silver bullet. And I did want to point out, and it's not new in LB326, but there is a catchall provision that attempts to catch those unnatural substances that are not specifically described. So that's in there. What I want to take just a minute to talk about is there is a great deal in this bill that we can agree on that is an improvement from where we are. I think we're trying to take a step forward in the definitions of synthetics, a step forward in the definition of ingestibles and those sort of things. I think where we get balled up is in the penalty structure that is proposed under LB326. I do want to emphasize that the penalty structure that is in LB326 in many ways is not significantly different than where we are right today. In the portion that deals with what I will just call smokable marijuana so we're...everybody knows what we're talking about, the penalties stay absolutely the same. The penalty for highly concentrated ingestible stays the same. That's a (Schedule) I drug under the classification and it stays that

same. It's the synthetic that really raises. Now, what I do want to address and try to understand, Senator Morfeld, Senator Chambers, Senator Pansing Brooks, you all discussed the issue which I think is clearly a concern about the low-level, first-time offenders and how that happens in here. My concern is where we may be at a crossroads right now. If we're not careful, we can have the situation continue where we kick the can down the road, where the person comes in, be they young or older, with the highly concentrated THC products and they come and we just treat it as an infraction and send them right back out. At least under LB326 we have the ability to assign them to drug court and to use probation and other programs that could help them before the next time they show back up after they've been to the convenience store. I'd like to talk just briefly also, it didn't come up in great detail, but the question of prison overcrowding. I have a document that I think is very helpful which documents from the Nebraska Department of Corrections the current inmates that are in our correctional facilities that are there with drug offenses. And the quick bottom line is that of the 650 inmates at the present time, 530 of those inmates have had prior incarceration in our system. So of the 120 inmates that have not had prior incarceration in DCS, only 4 of those are in DCS on marijuana-related charges: 2 for possession over one pound, and 2 for possession with intent to deliver. Zero were incarcerated for possession of marijuana less than a pound. I just wanted to point that out because we get into this discussion of prison overcrowding and how LB326 may or may not affect that. Making public policy is not easy. I had an opportunity to visit this morning with a person that I will call a mentor, that we talked about making public policy and what is required of us in doing that. And we've heard wonderful testimony today from people that have very personal experiences with these situations. And it's difficult to separate that out from the bigger picture. I have witnessed over my short time here in the Legislature much discussion about protecting young people and that it is our responsibility as a Legislature to try to do that. And I take that job seriously and that is what I am intending to do with LB326. Also, we've talked today and Senator Chambers has talked at great length about comparing the situation with marijuana and alcohol. And, Senator Chambers, I agree with you on your comments on that. My answer there is I believe the horse is out of the barn on alcohol and I think we have the opportunity to be sure the horse stays in the barn and locked up in the barn on marijuana. And I think that's our responsibility. I had an opportunity about ten years ago to hear a speech on leadership given by General Norman Schwarzkopf. And I relate that because I think what he did in talking about leadership says a lot about what I feel about public policy at this point. He said being a leader isn't all that hard. You only have to do two things. First of all, you have to decide you want to be a leader. And the second thing is you just simply have to do what's right. And I think that's where we are as public policymakers. We are here because we did decide. We stepped up to be public policymakers, to be those leaders. And now it's our choice to do what's right. And I believe together that we can work through this and make a difference and find a solution that will fit for Nebraska. Thank you, and I'd be happy to answer any further questions. [LB326]

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SENATOR SEILER: Seeing none, thank you. That closes the record on LB326. Senator Crawford, you may open on LB390. [LB326]

SENATOR CRAWFORD: (Exhibit 1) Good afternoon, Chairman Seiler and members of the Judiciary Committee. For the record, my name is Sue Crawford, S-u-e C-r-a-w-f-o-r-d, and I represent the 45th Legislative District of Bellevue, Offutt, and eastern Sarpy County. LB390 creates the Medical Cannabidiol Pilot Study within the University of Nebraska Medical Center for patients who suffer from severe and untreatable or treatment-resistant epileptic seizures. It allows access to low-THC cannabidiol oil for patients under the supervision of a neurologist at the University of Nebraska Medical Center. Under the bill, the only allowed substance is cannabidiol or CBD that contains .03 percent THC or less. This is the same amount of THC found in industrial hemp and there is no recreational use for minors or adults. Before I begin, I want to express my heartfelt thanks to the countless families who have called, e-mailed, and written me over the past two years to express their support for our efforts and share their stories. I especially want to thank Dominic and Shelley Gillen who first brought this issue to my attention at a snowy town hall meeting in December 2013, and who have journeyed through me through countless meetings and even a field trip to Colorado. There are several other parents who have been at many of those meetings and shared their experiences and concerns. These hours of discussions went into the careful crafting of this legislation. And just to give one example of how that discussion with parents shaped the crafting of this legislation, the discussion of severe seizures initially talked about the fact that it would be a seizure which caused significant harm. And the parents said, we do everything we can to keep our children from experiencing harm, don't put that in the statute that you have to have harm to be treated, have it instead be something that it's at risk of severe harm. And so that was one of the many examples of discussions that we had that helped to shape the legislation. I also want to thank Dr. Deepak Madhavan, Dr. Chris Kratochvil, Dr. Courtney Fletcher, and Bob Barte at the University of Nebraska Medical Center who have worked so diligently and collaboratively with me over the past year. LB390 is a culmination of our work with both parents and clinicians to bring relief to children, many of whom have few options left. Neurologists consider seizures intractable when two or more first-line antiseizure medications have been tried and failed. Approximately 20 percent of patients with epilepsy suffer from these kinds of seizures. Several clinical trials and research indicates CBD shows promise in its ability to treat intractable epilepsy, particularly in children. What's more, reported overall side effects have been mild to moderate. Despite these initial promising results, research overall has been limited. LB390 seeks to contribute to the small but growing body of literature on CBD oil while offering compassionate treatment to children in dire circumstances. Throughout the interim, we were proactive in talking to law enforcement and advocates interested in preventing marijuana use among youth. We worked hard to be attentive to their concerns as well. LB390 prohibits the smoking or vaping of CBD oil and pays careful attention to identification of participants and specific labeling of the substance so it does not create issues for law enforcement. And again, there's no risk of diversion with this

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product anyway because CBD oil lacks the THC for recreational use. Under LB390, patients will work with a neurologist and a pharmacist to provide treatment, ensure quality and appropriate dosage. These medical providers will be responsible for communicating the risk to patients, or in the case of a minor patient, parents to ensure they understand the medical risks involved. While the patients will work directly with a neurologist at UNMC to receive the treatment with the CBD oil, they will still continue to see their personal neurologist for other treatment if they currently do not receive treatment at the Med Center. And we clarify, this would not be a condition of being a participant in this study, that they are currently with the Med Center. During our numerous conversations with UNMC regarding this project, we also discussed how enrollment and eligibility decisions would be made. Together, we agreed that a decision committee comprised of two to three neurologists including a pediatric neurologist will determine eligibility. We did not feel it was necessary to spell out this level of specificity in the bill, however. Last year, ten states passed CBD laws. Mississippi and Alabama are two of several states who have passed research project laws like LB390. These states have written protocols, received institutional review board approval, begun patient enrollment for their studies, and have confirmed supply and are just waiting for a DEA license approval. It is our understanding that DEA approval can take months. Other states, including Iowa, that do not use this research model, passed legislation and have had difficulty obtaining supply to begin their programs because of federal law and the interstate commerce clause. Given this experience in other states, we paid special attention to supply as we've worked on LB390. There are at least three options that UNMC is considering regarding supply. And you will hear more about these options from Dr. Chris Kratochvil later this afternoon. The pages are now circulating an amendment to LB390 that makes several small changes to the bill. Most importantly, the amendment adds an emergency clause. This allows researchers at UNMC to get the program up and running right away, including obtaining the IRB approval and applying for any needed licenses from the DEA, which as I noted earlier can take some time. Above all else, an emergency clause is needed because these children simply cannot afford to wait. I want to conclude my comments by stressing the importance of tackling this issue at the federal level as well. As a result of my work on this issue, I had the chance to meet Jayen and his parents Nicole and Matt. Jayen suffers from intractable seizures. After trying 25 different medications with no long-term success, his parents tried brain surgery. Unfortunately, less than a week after leaving the hospital, Jayen began to seize again. Jayen is part of a military family so even if Jayen is able to receive treatment in Nebraska, if his family receives orders to relocate to another state, this access could be cut off unless federal action occurs. Other families may be unable to visit family or travel outside of the state with their child. It is also vital that we continue to push for federal action to reclassify this low-THC substance. Cross-border supply issues will remain challenging until federal action reverses current restrictions or current interpretations of interstate commerce clause established by the Supreme Court in 2005. Federal action to revise schedule laws and research laws is also critical to provide appropriate frameworks for compassionate care and research for others suffering with conditions like MS, cancer, and posttraumatic stress who are not well served by

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CBD as far as I understand. Later today, you will hear from Senator Garrett and supporters of his legislation, LB643. Colleagues, this is not an either/or scenario before you. Regardless of what happens with LB643, it's still critical to advance LB390 to get access to children and others with epilepsy and to study the effectiveness of CBD oil in our state as quickly as possible. It will take months to get regulations and other infrastructures up and running if LB643 passes. LB390 will allow patients and families to start using CBD oil and for us to start studying its effects right away. Dr. Deepak Madhavan, a neurologist at UNMC who treats many of Nebraska's epileptic patients is on call this afternoon at the hospital. The Judiciary Committee has graciously allowed us to arrange for Dr. Madhavan to call in. And as such, I ask that we allow him to offer testimony first. With that, I can answer questions now, but I would encourage you to save the questions for the end if the call is live and active now. [LB390]

SENATOR SEILER: Senator. [LB390]

SENATOR COASH: Thank you, Senator Seiler. Senator Crawford, thank you for bringing the bill. It's a good bill. I'm a cosponsor, so it's pretty straightforward where I am on this bill. But I wanted to repeat something you said mainly for the folks who have been sitting here in this hot room all day. And I only bring this up because I've sat through the bill two years ago...or last year, and the interim study. And a lot of people would come in in opposition to your bill because they said what we really needed was Senator Garrett's bill. And I appreciate that sentiment and I just want to make sure people understand that this committee will look at each bill on its own merits and make a determination on that bill. And you were right when you said it's not an either/or. And if you are supportive of LB390 you should say that. And if you're supportive of Senator Garrett's bill you should say that too. But this committee is not going to evaluate them together. They're each going to stand on their own merits. So I appreciate you bringing the bill. [LB390]

SENATOR CRAWFORD: Thank you. [LB390]

SENATOR KRIST: Senator Seiler. [LB390]

SENATOR COASH: Senator Krist. [LB390]

SENATOR KRIST: I didn't sign on to the bill. I won't ask Dr. Kratochvil later or the doctor who's coming on, but I will address my comments to Bob Bartee privately. This doesn't need to be General Funds. We put the Health Care Cash Fund out there. The state of Nebraska was looking forward when they took the tobacco settlement and other monies. I think the right amount is in the millions of dollars that is set aside for research for the Nebraska Medical Center, now I guess Nebraska Medicine, and the university. They control their own grant program. This

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is important enough. If they want it, they need to take it out of the Health Care Cash Fund and go forward. That solves your fiscal note problem. [LB390]

SENATOR CRAWFORD: Okay. [LB390]

SENATOR KRIST: And the seriousness of the medical profession to do this study warrants that it comes out of the Health Care Cash Fund. And you and I have talked about that cash fund at great length in Health and Human Services. So I want to link that for the record right now. [LB390]

SENATOR CRAWFORD: I appreciate that. Sure. I appreciate that. Thank you. [LB390]

SENATOR KRIST: Thank you. [LB390]

SENATOR SEILER: Any further questions? Thank you. [LB390]

SENATOR CRAWFORD: Thank you. [LB390]

SENATOR SEILER: And I believe your doctor is on. Doctor, are you on? [LB390]

DEEPAK MADHAVAN: Yes. [LB390]

SENATOR SEILER: Okay. Go ahead and state your name and spell it for the record. [LB390]

DEEPAK MADHAVAN: Dr. Deepak Madhavan, director of the University of Nebraska Medical Center Epilepsy Program. [LB390]

SENATOR SEILER: Spell your name for the record. [LB390]

DEEPAK MADHAVAN: D-e-e-p-a-k M-a-d-h-a-v-a-n. [LB390]

SENATOR SEILER: Okay. You can go ahead with your testimony now. [LB390]

DEEPAK MADHAVAN: (Exhibit 2) Thank you for your time. You have my written testimony, which I unfortunately am not in a position to deliver personally. But just a summary, I am definitely in support of Senator Crawford's efforts to introduce a bill supporting the pilot study of

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the use of cannabidiol in our patient group with the most refractory types of epilepsy that we treat. A number of these patients do not have any further medical options to lean on, as we as a physician community have tried a number of established treatments including surgery in a number of situations. And I would definitely support efforts by the senator to make another option available. I especially believe that the study should be performed in a highly controlled manner. And I believe that the university is the ideal environment for such a study to be carried out. And I think that having the study run through a university setting where the substance in question can be verified and dispensed in a controlled and responsible manner is the ideal way to do this. So thank you for your time, and I will take any questions. [LB390]

SENATOR SEILER: I have one, Doctor. Are you satisfied that cannabidiol can be tested and relied on for strength under today's science? [LB390]

DEEPAK MADHAVAN: I do. In the correct environment and with the correct facilities, I believe that we can reliably ensure purity and potency of a substance. And that is an absolute critical point in our efforts to deliver this. I don't think that we should be delivering this type of substance without some assurance of purity. [LB390]

SENATOR SEILER: Okay. Any further questions? [LB390]

_____: I have a question. [LB390]

SENATOR SEILER: No, you're...any further questions? Seeing none, Doctor, you may hang up now. [LB390]

DEEPAK MADHAVAN: Okay. [LB390]

SENATOR SEILER: Thank you for your testimony. [LB390]

DEEPAK MADHAVAN: Thank you. [LB390]

SENATOR SEILER: Okay. Your next witness was...who do you want to...do you have anybody? [LB390]

SENATOR CRAWFORD: We don't have an order. [LB390]

SENATOR SEILER: Okay. [LB390]

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JEFFREY DAVIS: Good afternoon. [LB390]

SENATOR SEILER: Thank you. [LB390]

JEFFREY DAVIS: (Exhibit 3) Jeffrey L. Davis, D-a-v-i-s. A while back I testified in front of most of you in regards to LB390. At that time I only represented myself, the Sarpy County Sheriff. I was asked by one of you if there was any way that I could garner support from other law enforcement. I am here today representing the Nebraska Sheriffs' Association. That might seem a bit odd because I know historically in the past, any legislation that was put forth regarding medical marijuana, the use of marijuana, the legalization of marijuana and/or cannabis resulted in strong opposition by law enforcement. In fact, as you may know, recently several sheriffs in western part of the state filed a lawsuit regarding Colorado's legalization of marijuana for recreational use because of the trouble that it's causing them in their jurisdictions. Collectively, we have looked at LB390, Senator Crawford's bill, a bit differently. The fact is if research can be done on CBD oil that shows or proves to have a positive effect on juveniles and some adults that suffer repeated seizures, we feel not only we have a duty but a responsibility to go forward. You, like us in law enforcement, are public servants and are dedicated to doing what we can to help people like this. LB390 offers through research the opportunity to determine how helpful this oil can be. This process also offers us time to draft proper legislation to see that the dispensing of and/or use of this oil is not abused. Senator Crawford has assured law enforcement that no future legislation would be drafted to open any doors to the legalization or abuse of marijuana. On behalf the Nebraska Sheriffs' Association and myself, I would urge you to go forward with Senator Crawford's bill which explores the possibility of giving people afflicted with this horrible disease some relief. Thank you, and if you have any questions, I'd be glad to answer them. [LB390]

SENATOR SEILER: Senator Chambers. [LB390]

SENATOR CHAMBERS: Sheriff. [LB390]

JEFFREY DAVIS: Yes, sir. [LB390]

SENATOR CHAMBERS: Given your profession and your name, which we will understand, you have done what no witness who has come before this committee has been able to do where I'm concerned: rendered me speechless. (Laughter) [LB390]

JEFFREY DAVIS: Thank you, sir. [LB390]

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SENATOR SEILER: Any further questions? [LB390]

SENATOR KRIST: Take it and run. (Laughter) [LB390]

JEFFREY DAVIS: Thank you. [LB390]

SENATOR SEILER: Thank you very much. Next witness, next proponent. Go ahead. [LB390]

ANN FROHMAN: Good afternoon, Mr. Chairman, members of the committee. My name is Ann Frohman. For the record, that's spelled A-n-n F-r-o-h-m-a-n. I'm here today to testify on behalf of the Nebraska Medical Association to voice support for LB390. The members of the Nebraska Medical Association comprise of approximately 80 percent of the physicians of the state of Nebraska. We applaud Senator Crawford for bringing this bill and are pleased to see that, if enacted, it would create the Medical Cannabidiol Pilot Study within the University of Nebraska. Patients who suffer from severe and untreatable or treatment-resistant epileptic seizures are often in need of medicines that can assist them in many ways with trying to alleviate some of the symptoms. The members of the Nebraska Medical Association believe that access to low-THC cannabidiol oil for patients under the supervision of a neurologist, in particular at the University of Nebraska Medical Center, is an appropriate approach. LB390 seeks to narrowly study one form of treatment related to medical marijuana. It provides for limited scope, evidence-based study to determine the safety and efficacy of treating seizures using cannabidiol. We cannot fault patients for wanting to try any form of medical treatment for seizures, and we owe it to the patients to have medications accessible. That's why we believe that doing research on this and components of marijuana, to deliver them in a safe and effective way that allows doctors to prescribe them is a good pilot study to undertake. This bill also provides access to a limited number of patients, and our members believe that, most importantly, in a form that is not inhaled and has the low-THC content. The low-THC cannabidiol does not have the psychoactive effects on the users and as such has no recreational use. So we are comfortable with this approach. Even with that said, we do caveat that marijuana when used for medicinal purposes has side effects. And we're cognizant of one of the main goals of treating pain is to improve patients' functionality, yet marijuana use often does the opposite. So we think that with this kind of study and to get it into proper medication-based formulas and on evidence-based studies is the proper approach. Thank you. [LB390]

SENATOR SEILER: Any questions of this witness? Seeing none, thank you very much for your testimony. [LB390]

ANN FROHMAN: Thank you. [LB390]

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SENATOR SEILER: Next proponent. [LB390]

MARIE RIEKE: (Exhibit 3) Good afternoon. My name is Marie Rieke, spelled M-a-r-i-e R-i-e-k-e. This is my granddaughter Alaina. She's who I'm here to talk about today. I'm here to speak for my granddaughter Alaina RaeAnne Case because she is unable to speak for herself. At almost three years old, she has not spoken her first word. She cannot walk. She does not know how to chew her food. She hasn't learned to wave goodbye or to pucker up for a kiss. Mentally, she functions as a nine-month-old. She has Lennox–Gastaut, a form of epilepsy. Her seizures started when she was five months old and the nightmare continues. She's had test after test, the majority of them under general anesthesia because they are incredibly painful. Next came the surgeries. She has a credit-card sized electrode inserted to her chest with wires leading to a nerve in her vein. She's had her skull opened up twice and her brain has been separated. She has a scar that extends over the top of her head from ear to ear. Drugs, drug after drug, few have left untried. They all have an array of potential terrible side effects. Liver damage, blindness, blurred or double vision, and trouble breathing are among the few. They have not stopped the seizures. The one drug that she has not been able to try because in the state of Nebraska it is illegal: Charlotte's Web, hemp oil, medical marijuana. Alaina and every child with similar disease should have access to any and all drugs which might help. They should not be deprived because of ancient laws passed when little was known about the benefits of marijuana. Many other states allow the use of medical marijuana. Nebraska needs to be one of them. Forcing families to uproot and move to another state so that their children can receive potentially life-changing treatment is inexcusable. Hemp oil may not help Alaina, but if she were your child, your grandchild, or any child that you cared about, wouldn't you want every possible option available? Please give her the opportunity to try it. It may be the miracle she needs. [LB643]

SENATOR SEILER: Any questions? Senator. [LB643]

SENATOR CHAMBERS: There's an old-time poet. If he were still alive, he'd be older even than I am. And one of his famous lines is, no man is an island. Well, children should lead us to say that no child is an island, which means that we as adults should do everything we possibly can to help our children. And every child should be our children. And one thing I'll say about your granddaughter, she has plenty of spirit. [LB643]

MARIE RIEKE: She does. [LB643]

SENATOR CHAMBERS: So keep doing what you're doing and maybe we'll be able to do what we're able to do. [LB643]

MARIE RIEKE: I mean she has been through hell in her two and a half years. [LB643]

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SENATOR CHAMBERS: I imagine. That's all that I have though. [LB643]

SENATOR SEILER: Okay. Ma'am, your testimony was related to LB643. [LB643]

MARIE RIEKE: Yes. [LB643]

SENATOR SEILER: Do you want it apply to LB390? [LB643]

MARIE RIEKE: No, LB643. I'm sorry. She was just getting very antsy back there and I thought that I needed to get up here before we had to take her out. [LB643]

SENATOR SEILER: Okay. We'll apply your testimony to LB643. [LB643]

MARIE RIEKE: Okay. Thank you very much. [LB643]

SENATOR SEILER: Thank you very much. Next proponent of LB390 and AM638. [LB390]

NICOLE JACOBSON: (Exhibit 4) Good afternoon, Senators. My name is Nicole Jacobson; it's N-i-c-o-l-e, Jacobson, J-a-c-o-b-s-o-n, and I'm speaking for LB390 and LB643. Sorry, she's had a long day. Our daughter, Sydney, was born August 2006. She appeared to be normally developing until five and a half months of age. She woke up one night, went limp, stared off to her side. I rushed her down to my husband. By the time she was back to normal...by that time, she was back to normal. From that moment on, life as we knew it had changed. Sydney went through all the standardized tests--EEGs, MRIs--and was placed on her on first seizure medication. When that didn't work, they put her on a second medication. Eventually, she was diagnosed with intractable epilepsy. After only three months, her neurologist told us we needed to go to a pediatric epileptologist in Minnesota. After numerous medication changes and intense and lengthy trial of the ketogenic diet and nearly four years of traveling to and from Minnesota, we decided to seek treatment locally since we had exhausted all options other than surgery, which for her type of epilepsy was not a viable option. Since staying in Omaha for treatment, Sydney has tried an additional three medicines--we just added another one with Dr. Madhavan last week--and had a vagal nerve stimulator implanted. After constant adjustments with the VNS, we still see no seizure reduction. Sydney is currently on those four medicines, none of which are approved for children and many of which have severe long-term effects. She is still having one to three seizures almost daily lasting anywhere from 2 minutes to 25 minutes. She has never gone for more than ten consecutive days without a seizure in the past five years. Her current meds are not holding off her seizures. Sadly, she has started to develop drop seizures that are far more detrimental to her safety. Sydney is now eight years old. She remains nonverbal, more than likely

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due to the damage her brain after thousands of seizures. Our hearts break for her with each seizure and know that how it must make her feel and know any seizure can be fatal, that we could lose her at some point. Not a day goes by that we don't think of seizures. We live in constant fear they will continually progress, get longer in duration, more frequent. Will she fall and hit her head? Will she fall down the stairs? Will she stop breathing? It's a constant roller coaster of emotions and it's a horrible way to live for her and her family. The stress this disease puts on family members is tremendous--when siblings are forced to grow up way too fast and see things no small child should see and are asked to assist in keeping a constant eye out for their sibling's safety. We try to live our lives as if we were normal. However, with epilepsy, the unexpected is always there and we constantly have to make combinations and adjustments to suit Sydney's needs. We were one of the families who traveled to Colorado with Senators Crawford, Davis, and Garrett and saw firsthand a few of the children whose lives had been saved by cannabis oil. We want the best life for her possible. We are hopeful...sorry. I just have like two sentences. [LB390 LB643]

SENATOR SEILER: Go ahead. [LB390 LB643]

SENATOR MORFELD: Please. [LB390 LB643]

SENATOR COASH: Go right on. You're good. [LB390 LB643]

NICOLE JACOBSON: We are hopeful with the help of the wonderful politicians of the great state of Nebraska that cannabis oil will be available for our child to try soon. We realize that cannabis oil may not work for her, but we think it's an absolute shame that she's not able to even see it...see if it's an option. Thank you. [LB390 LB643]

SENATOR SEILER: Thank you. Any questions? Thank you for coming and your testimony. [LB390 LB643]

NICOLE JACOBSON: All right. Thank you so much. Oh, I'm sorry. My daughter, our oldest daughter wanted to say something, too, with your permission. [LB390 LB643]

BRYNN JACOBSON: (Exhibit 5) Hi, my name is Brynn Jacobson, and my sister Sydney has epilepsy. She has had seizures for as long as I can remember. It is very sad. [LB390 LB643]

SENATOR SEILER: Ma'am, speak up louder so it can be recorded. [LB390 LB643]

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BRYNN JACOBSON: Okay. It is very sad to have watched your sister have seizures every day. She has tried the keto diet, but it didn't work. She also tried many meds, but they didn't work either. It is really scary to have a sister who has seizures. Last week, I was with my sister when she started to have a seizure and I had to take care of her and make sure she was safe. I don't want her to have seizures anymore. I hope you can help my sister. [LB390 LB643]

SENATOR SEILER: Thank you. Senator. [LB390 LB643]

SENATOR PANSING BROOKS: I just wanted to thank you for having the courage and love to testify for your sister. It must be scary at times to watch it and feel responsible at such a young age. And I just want to thank you for coming to speak today. It's very, very big of you. Thank you. [LB390 LB643]

BRYNN JACOBSON: Thank you. [LB390 LB643]

SENATOR CHAMBERS: Hey, come back. (Laughter) I don't have a lot to say, but you're a very good big sister. Keep doing like you're doing and you'll be an example for a lot of people. So I appreciate you coming, okay? [LB390 LB643]

BRYNN JACOBSON: Thank you. [LB390 LB643]

SENATOR CHAMBERS: I'm through now. [LB390 LB643]

SENATOR SEILER: Anybody else? Thank you very much for your testimony. [LB390 LB643]

BRYNN JACOBSON: Thank you. [LB390 LB643]

NICHOLE PERRY: (Exhibit 6) Hi, my name is Nichole Perry, N-i-c-h-o-l-e P-e-r-r-y. I am here on behalf of my son Max Perry. At the age of four--and I'm sure it'll start hearing redundant--but at the age of four, my son started to have seizures. And that first picture, I don't know if you guys can follow along with the pictures with me, he developed normally. He was ahead of the curve. And when he was diagnosed, we rushed him to Children's Hospital because he was having seizures every hour. He was admitted for three days and was diagnosed and sent home on his first seizure med. And on the car ride home we could already tell a difference. He wasn't acting like himself. He was in a daze. He was dizzy, wobbly. He could hardly walk on his own. He then started to have stomach problems. He wouldn't eat, and if he ate he would throw up. We switched meds and I noticed that my loving son disappeared for the duration of his medications. He became impulsive, he became aggressive, and he became secluded socially. We switched meds

again and his impulses and social skills went back to normal but he became severely OCD and even more aggressive. Tantrums and rages began. And the neurologist at the time added an antipsychotic. It helped a little bit but his weight doubled very quickly and he only ate three high-fat foods that were high sugar as well. He would not eat anything else. We tried five more seizure meds and all had detrimental side effects. We sought opinions from several neurologists and he was hospitalized multiple times for EEG monitoring and MRI testing. He was asked to leave two preschools in two weeks due to the med changes and behaviors. And we finally weighed the options with our current neurologist, Dr. Deepak Madhavan, and decided that brain surgery would give him the best odds at a successful life. Max had a left temporal lobectomy in June of 2014 to remove a seizure focus and give him an 80 percent chance of seizure freedom forever. We quickly realized the brain surgery didn't work as planned. Within three days, my son started to have seizures again. We were readmitted to UNMC for more EEG monitoring and to initiate new seizure meds. He then had a vagus nerve stimulator surgically implanted. And for seven months after surgery, he would cry for no reason. He would say his body was going crazy, that he didn't know why he was crying. He became very sensitive to light. If he got less than 11 hours of sleep, he would have a seizure. If he got too hot, he would have a seizure. If he played with his friends for five minutes, he would have a seizure. And the list goes on and on. The stress of surgery, the emotional toll, the financial toll, the time off work, the time from your home, it's too much to endure again for us. And there is also a risk of complications. And we're talking brain surgery versus a plant or oil from a plant. We have been adjusting seizure meds for almost two years now. And he is on three seizure meds and one behavior med. Since surgery, he has tried seven behavioral medications that ultimately made his behaviors worse every time. He currently goes to a preschool for children with behavior problems because of his aggression and impulses. He is extremely OCD. He shows behaviors similar to high-function autism on certain seizure medications and not when he's off certain meds. And his seizures are still not controlled. If we had had the option of cannabidiol oil first, we would have taken it. Why not give children with epilepsy or adults with epilepsy who have tried almost everything and are still having seizures a chance? They cannot afford to wait any longer, so please support this moving forward. [LB390]

SENATOR SEILER: Questions? Senator Pansing Brooks. [LB390]

SENATOR PANSING BROOKS: Hi. Thank you for your testimony. I'm sorry for all you're going through. It's really, really hard. Have you been to...have you taken him by chance to Colorado to... [LB390]

NICHOLE PERRY: We have not. [LB390]

SENATOR PANSING BROOKS: ...try any of the...? [LB390]

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NICHOLE PERRY: We have not. No. We did the brain surgery. And we are actually going to NYU in a week to talk, to get a second opinion. And I believe that they are doing some cannabidiol trials there. So that could potentially be an option there. But when we return home, we have no option. If what we find out there doesn't work, I'm willing to move to Colorado and give it a try for a couple months. And if it doesn't work for my son, it might work for somebody else. [LB390]

SENATOR PANSING BROOKS: All right. [LB390]

SENATOR SEILER: Anybody else, questions? Seeing none, thank you, and good luck. [LB390]

NICHOLE PERRY: Thank you. [LB390]

DESIREE STEDNITZ: Are you ready? [LB390 LB643]

SENATOR SEILER: Yep. [LB390 LB643]

DESIREE STEDNITZ: (Exhibit 1a) Hi, my name is Desiree Stednitz, D-e-s-i-r-e-e S-t-e-d-n-i-t-z. I'm a Gretna resident and a full-time caregiver to my daughter with epilepsy. I have been a former Army officer, an engineer for General Electric, and a part-time accountant at the Med Center in better times. I am asking you to vote to move LB390 and LB643 forward for debate. I have confidence in the lawmakers of Nebraska to create a law or laws that will allow for medical cannabis to legally be used to help those in the greatest need while protecting the vulnerable. My husband Andy, and Reggie, were here earlier, but she wasn't feeling well. And my daughter Lydia and Anna, all three of them are in middle school. I don't think they'll ever go into politics after sitting here all day. (Laughter) But they are here to support the bill due to our experiences with intractable epilepsy. Our twins Lydia and Reggie were born four months premature. Reggie suffered a bleed on the brain in the NICU which has resulted in cerebral palsy and hydrocephalus. We have dealt with those diagnoses with surgery, braces, therapies, and a positive attitude. She's doing well and her sisters are very compassionate. However, her unpredictable and often prolonged seizures have been a difficult, ever-present burden. I would like to share some of the things we've learned in our 13 years of struggling with epilepsy seeking treatment from medical specialists in Atlanta, St. Louis, and Omaha. Many of these points address the opposition to the bill we have heard from friends, read in the news, and even been taught in school...or actually, both bills. First, people with epilepsy don't have healthy brains. We hear the changes that it, marijuana, causes to the brain. But a lot of these brains are not healthy in the first place. Many of the really cool advances in imagery are really nothing more than interesting, expensive pictures. Unlike many others, we have an abnormal MRI. Part of Reggie's brain is missing from the bleed. But this does not correlate to a certain treatment or surgery, nor can it

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identify for certain the location of brain functions such as speech, which makes us hesitate for surgery. Doctors have limited treatment options which combined are only 70 percent effective at controlling seizures. Very quickly, you and the doctors come to the point of no other treatment. And you limp along assuming all of the things that you are doing are actually making a difference. There are many side effects with current medications, even the ones with FDA approval. And finally, seizures are painful and cause damage. My daughter's seizures are nonconvulsive and focal. However, they cause such headaches that she vomits and passes out afterward. She wakes with a crushing headache for a day and is wiped out for a week. For the long ones, we must administer Valium and have been transported to the ER. It etches our souls as parents and siblings to hold her and pray that it will stop and she will be okay. The families here have made the difficult decision to pursue a medication that will confine their loved ones to Nebraska, may not ever be covered by insurance and may carry health risks, and they are choosing to proceed because what they are facing now is worse. Do not make these families wait for a federal decision. There are best practices and big mistakes to learn from 23 states with over 13 years of medical marijuana legislation. Please choose between what is right and what is easy. Thank you. [LB390 LB643]

SENATOR SEILER: Any questions? Senator Pansing Brooks. [LB390 LB643]

SENATOR PANSING BROOKS: Thank you, Chairman Seiler. Thank you so much for your testimony, Ms. Stednitz. I just wanted to say I'm sorry that your daughter couldn't stay. And it is my mission after having had my mom live with us for ten years, but she was in a wheelchair the last eight years, I will hope that the Legislature never again schedules something where people are coming here with disabilities and make them wait for four hours until they can finally testify. From now on, we need to prioritize people who are having healthcare issues. And I'm sure...it isn't anybody...it wasn't intentional. We just need to think about it and prioritize. It wasn't anybody's intention. It wasn't...it's just one of those things... [LB390 LB643]

DESIREE STEDNITZ: After being in that community, there are a lot of things you just don't realize: ramps, walkways. [LB390 LB643]

SENATOR PANSING BROOKS: ...that happened. Yeah. So I know everybody feels regret about this on this committee. [LB390 LB643]

SENATOR SEILER: Next witness. [LB390]

DeJAY MONSON: Hello, there. My name is DeJay Monson, D-e-J-a-y M-o-n-s-o-n. I previously wanted to speak on the bill that's coming up, but I am one those kids that had seizures and migraines. And I've got to get out of these lights. So you'll have to excuse me. My story, I'll

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try to keep it very short. At the age of 12 years old I was in a severe bus accident where the telephone pole came through the bus and smacked me on the head. My trauma has since started after that. By the time I was 14, I had my first seizure and I was working in a hog pen. And I don't know if you guys know hogs, but hogs will eat you. So luckily, I was able to get out of the fence and I woke up later not knowing what I'd had. But I knew that with the daily headaches were turning into migraines and then I was having seizures. By the time I was 18 years old, I had tried 19 different prescription drugs, 4 of which were suicidal drugs that the doctors had prescribed on me. At the age of 20 years old, besides my health, I met a wonderful woman who married me and we had...by the time I was 21, we had two wonderful children. But by the time I was 21, I was having migraines and seizures so severely that I started having strokes--not one but two strokes by the time I was 21. At that time, my doctor had suggested to me that maybe I should get off of pharmaceutical drugs and try something called medical marijuana. At that time I was still very inexperienced and did not know what she was talking about, but I have to credit that to my life and why that I am sitting here to this day. My headaches do not go away. I'm having a massive one right now because I've waited too long under these lights. It goes into a migraine after a migraine seizure. Therefore, there are things that I need to control it, which prescription drugs weren't doing. Moving fast forward, because again I meant to speak on the other bill, my beautiful wife at the age of 36 came down with a very rare form of cancer: high-grade sarcoma of the chest. They gave us no options other than to do surgery. So, okay, we did two surgeries. The only other option was chemotherapy. But they said, no, it probably won't even work it's such a rare cancer. So we started investigating. We come to find out that cancer was...I mean, cannabis was actually killing cancer cells. Okay, let's try this. So we started my wife on a Phoenix oil treatment. Now, it was more than just CBD. It also had everything in it. And I do feel that people need more than just CBD. At that time, the cancer progressed to the point where I could no longer get her the medicine that she properly needed. Money was tight. Everything was shot, couldn't get it anywhere. She soon died two months after quit taking the CBD oil. Now, just so that you know real quick, again, time is short. This is my beautiful wife and my five children that she gave me. And not even a year after this picture was when she was pregnant again and then got diagnosed with cancer. I am a man that I feel like, just, I want to be a freedom fighter here on this aspect. We need to quit telling people what to do and let people have the options. If this is truly a free state, let it be. [LB390 LB643]

SENATOR SEILER: Any questions? Thank you very much for sharing your...and we'll put your testimony against both. [LB390 LB643]

DeJAY MONSON: I appreciate that. And God bless all of you. [LB390 LB643]

SENATOR SEILER: Thank you. Next witness. [LB390]

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SHELLEY GILLEN: (Exhibit 7) My name is Shelley Gillen, S-h-e-l-l-e-y G-i-l-l-e-n. I am a constituent of Senator Crawford's and I'm here in favor of LB390. This is a photo of my 12-year-old son Will, who we affectionately call "God's Will." As an infant, Will was given a devastating diagnosis called infantile spasms. These spasms were literally hundreds of seizures a day requiring us to administer an aggressive steroid treatment which we injected in his thighs on a daily basis for several months. As his parents, it was very emotionally difficult for us to inflict pain upon our baby by having to give him these injections every day. Not only that, but we also had to witness Will endure the horrific side effects from the steroid treatments. And remember, we're talking about an infant. As an infant, he had dangerously high blood pressure, a compromised immune system, excessive weight gain, deterioration of his stomach lining, and inconsolable irritability and crying that would break any human heart in two. Because of the side effects and the spasms, Will started to regress with his development very quickly. It was a very, very dark time for our family. Eventually, Will's spasms did resolve but then new seizures came. He was later diagnosed with Lennox–Gastaut syndrome, yet another rare and catastrophic seizure disorder that is almost always treatment resistant. This has proved to be true for Will because his seizures still persist. He has now failed 11 meds, special diets, a surgically implanted vagal nerve stimulator, homeopathy, chiropractic treatments, and neuro feedback. There are other man-made pharmaceuticals that he could try, but we have decided as his parents for him not to because there is now only a 1 to 2 percent chance of one of them working. Therefore, he would have a better chance experiencing the detrimental side effects of the pharmas than actually gaining any seizure control. This has left us with making the decision for Will to have brain surgery done. This brain surgery is not a guarantee and even if it does work, the results may be temporary. Presently at this time, for us personally, we are not comfortable putting him through the physical trauma of such an invasive procedure. As a result of the thousands of seizures, Will is completely nonverbal, still wears diapers, cognitively a two-year-old, and legally blind. He is completely depending on us 24/7. He is mobile; however, with that blessing has come great injuries. No child or human being should have endured as much as Will so innocently has. Because CBD hemp oil has often proven to be effective for seizure control and does not have the mile-long list of side effects that accompany all of the man-made pharmaceuticals for epilepsy, LB390 would offer a very hopeful option for Will and those who suffer from debilitating seizures. Thank you for your time and consideration. [LB390]

SENATOR SEILER: Senator Pansing Brooks. [LB390]

SENATOR PANSING BROOKS: Thank you for taking the time to come down. Have you ever taken Will to Colorado by chance? [LB390]

SHELLEY GILLEN: We've traveled to Colorado with Senator Crawford and Garrett and Davis. But, no, we did not try it. You have to be a resident of Colorado to be able to try it. [LB390]

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SENATOR PANSING BROOKS: Oh, you do have to be. Okay. Sorry. [LB390]

SHELLEY GILLEN: That's okay. [LB390]

SENATOR SEILER: Any further questions? Thank you for your testimony. [LB390]

SHELLEY GILLEN: Thank you. [LB390]

SHARI LAWLOR: (Exhibit 9) Hi, there. My name is Shari Lawlor, S-h-a-r-i, Lawlor, L-a-w-l-o-r, and my daughter wasn't wasn't able to stick with it today either. So she went home to grandma's. But she's 22 years old. And she's suffered from epilepsy since she was 15 months old. We've been to nine hospitals in five states searching and trying nearly every treatment in modern medicine. She's had surgery for three vagal nerve stimulator implants. She's tried the ketogenic diet, the low-glycemic diet, vitamin therapy, acupuncture, and failed over 15 different pharmaceutical meds, which I've lost track of. She currently takes four antiseizure meds, up to 16 to 20 pills a day. This toxic cocktail costs the taxpayers of Nebraska over \$34,000 a year because she's considered a disabled adult on Medicaid. And this is not to mention the doctor appointment, labs, and surgery costs. And this is her disgusting bag of medicines. Felbatol, it comes with an FDA warning about increased risk of suicidal thoughts and behaviors. This caused Brooke at the age of eight to lose ten pounds and it took her appetite in one month. So we had to add another one to keep her appetite up, and then yet another one so that she could sleep because she would just be up until 2 in the morning bouncing off the walls and nobody could get any sleep. Sabril is one that we considered, but then we found out that you would...20 percent of the patients lose their peripheral vision, so you only can see tunnel vision in front of you. Keppra has adverse reproductive and fetal effects in humans. And since she's a girl, it's like, you know, even though I know maybe she probably isn't going to be able to have a family, I want to preserve that. Diastat, which is used as a rescue medicine, the tolerance...most within a few weeks is...it gets less effective, and it's as addictive as heroin. Then there are other side effects: headaches, fatigue, depression, learning disabilities. And you know, she has daily falls. She wears a helmet when she goes to day services. She's in a wheelchair because she's fallen so many times that one fall or the toxic effects of these could be catastrophic. We haven't considered brain surgery because, you know, the people that I know that have had it, they may get rid of the seizures but they may have other deficits and there's no guarantees. So we have put that on the back burner because there is possibly a natural plant that can do wonders. I was on the trip to Colorado as well. And I was just...I just want Nebraska to not make us wait any longer because there's 23 states that have a full medicine law. There's 11 that have CBD. And those affected do not have time on their side to wait for FDA for six to ten years to have approval. Fifty thousand people die every year from epilepsy, so you must act urgently so we don't have to bury any more of our loved ones. And they just need the option and deserve a quality in healthcare. And you

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know, it's like just because there's a line drawn on the map and we live in the wrong zip code is a horrible way...a horrible message for the sick of the state of Nebraska to say move. So I guess I thank you for your time and consideration. [LB390]

SENATOR SEILER: Thank you. Senator Pansing Brooks. [LB390]

SENATOR PANSING BROOKS: Thank you, Chairman Seiler. Thank you for your testimony, Ms. Lawlor. Is that right, Lawlor? I was just wondering, did you...now that I know that you couldn't try it when you were there, could you explain to me what you saw when you were there? I don't... [LB390]

SHARI LAWLOR: Well, we went to Charlotte's Figi's house. And she was the first little girl at five years of age that got the oil. And she was the little girl that was...they had video of her seizing on the ground, having 300 seizures a week. And the first dose of the oil, which is under your tongue, it's not in...it's in edible form. It's smoke free. She didn't have a seizure for a week. And they're saying...Heather Jackson, who's the director, said that like 73.5 percent of their clients that have tried it get at least a 50 percent reduction in seizures. There's 13 percent that are seizure free. Now, Charlotte, her mother probably will testify today as to maybe she has one a month. And she was a child that was on a do not resuscitate. They were going to let her go because they couldn't bear to watch her any longer. [LB390]

SENATOR PANSING BROOKS: ...her go through that. So sorry. Thank you. [LB390]

SENATOR SEILER: Any further questions? Thank you for coming and thank you for your testimony. [LB390]

SHARI LAWLOR: Thank you. [LB390]

LORELLE MUETING: (Exhibit 8) Good afternoon, Senators. My name is Lorelle Mueeting, L-o-r-e-l-l-e M-u-e-t-i-n-g. Thank you for the long day that you're putting in here today. I wanted to thank Senator Crawford for introducing legislation that will enable additional research to be conducted on the medical benefits of CBD oil for the treatment of intractable epilepsy. I've been in substance abuse prevention for 13 years, and marijuana has been and continues to be controversial. I feel that LB390 has been thoughtfully considered and constructed in a manner to obtain much needed research on CBD oil and its effectiveness in helping those with intractable epilepsy. This is not about whether or not marijuana should be legalized for recreational purposes. It's about helping find scientific research-based options for those whose epilepsy is not responding to traditional treatment. And in prevention, we appreciate that. As in my prior

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testimony today, legalization is a slippery slope. But this particular piece of legislation I believe sends the message to Nebraskans that CBD oil very well could have value as a medicine and as there...it's already in various clinical trials and research studies that are going on throughout the country and through the FDA process. But there are families who simply cannot wait that long. This legislation will help those families who are willing to participate in the research to try this method of treatment sooner to see if it can relieve some of those seizures. I also appreciate the fact that the THC is removed from this. This also sends the message that it's not about getting high. The THC is not in there. This is truly about medicine and trying to find what works for families. The issue is complicated. There is no doubt. But the research-based approach that is presented in this bill is what's necessary to break down those misperceptions in our Nebraska communities that smoking marijuana and the THC content in it is medicine. But there may be some components of the cannabis plant that could be regulated and have medicinal value. Those are two very different and important distinctions that need to be brought to the forefront to educate all Nebraskans. Please vote this bill out of your committee to the floor of the Unicameral. Thank you. [LB390]

SENATOR SEILER: Questions? Thank you for your testimony. [LB390]

LORELLE MUETING: Thank you. [LB390]

SENATOR SEILER: Next proponent. [LB390]

MARC BOWMAN: (Exhibit 10) Dear Senators, my name is Marc Bowman, M-a-r-c B-o-w-m-a-n. Thank you for letting me come before you again. I support this bill because my soon-to-be 12-year-old daughter is a part of this target population. She has Lennox–Gastaut syndrome. We had followed the same path, very similar as Will, Shelley's son. My wife and Shelley called the Epilepsy Foundation locally ten years ago and that's how we met up and we've kind of followed this similar path. My daughter Isabel (phonetic) has suffered from seizures since she was six days old. We have failed more than six medications and the ketogenic diet. She suffered peripheral vision on one of the medications...peripheral vision loss. This picture here shows the ACTH treatment and the bloating that she got from that. And it didn't work. She has the cognitive and physical ability less than a one-year-old. My experience from other parents that have truly gained seizure control have reported some normal cognitive development. That's miraculous in our books. In our world, we are still waiting for some cognitive development, not just palliative stability. We're on three antiseizure medicines right now, and wife feels that's comfortable, that's stable. But again, I think...you know, we have 21 years to work with limited to enhancing and to give her an opportunity. There's plenty of anecdotal evidence supporting the efficacy of CBD oil. While anecdotal, this evidence is real. I urge you senators to advance this bill to help our children. We need this now. [LB390]

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SENATOR SEILER: Any questions? Thank you very much for coming and testifying. Next proponent. [LB390]

JASON KROLL: (Exhibit 11) Hi, my name is Jason Kroll, K-r-o-l-l. I was originally going to testify on LB643, but after hearing the stories and the issues with the epilepsy and my story is actually is related to this very much. And I'd like mine to actually satisfy both LB390 and LB643. [LB390 LB643]

SENATOR SEILER: Okay. [LB390 LB643]

JASON KROLL: My sister and her family live in Colorado. My niece Lily was diagnosed with a rare form of epilepsy called Doose syndrome when she was two and a half years old. Prior to her diagnosis, Lily was meeting all of her developmental milestones ahead of time. She was a vibrant, articulate, happy two-year-old. Doose syndrome is a devastating diagnosis: hundreds of seizures a day of all types that led to bloody noses, split lips, bruises on her face, and staples in her head. However, there was hope because Doose is a childhood condition that the majority of children outgrow. Doose is known to be resistant to medications. In her first five months, she failed Kepra, Banzel, and Onfi. Rescue medications that are intended to stop status or cycling seizures had minimal if any impact including Klonopin, Ativan, and rectal Diastat. My sister and her husband lived in constant fear that the next seizure would be the one that actually took Lily's life. They started Lily on a ketogenic diet, a very difficult, restrictive diet. She had some success and seizure control that encouraged them to stay on the diet for two years. But over the course of those two years, the harsh medications and daily seizures took their toll. Lily was slipping away. She no longer had her contagious smile. She started to regress developmentally. She had severe behavior issues and mood swings. The diet just wasn't enough. Any parent who has watched their child suffer understands fear and desperation not only for their child's well-being, but to regain some sort of quality of life for their family. I watched my sister and her husband suffer through financial, mental, physical, emotional, and social impacts that no one should ever have to bear. The clock was ticking and it was only a matter of time before the seizures and medications caused too much damage to recover. The only option left were stronger seizure medications that come with known serious side effects and less than a 5 percent chance of working, or medical marijuana that has unknown side effects for a child with a developing brain. So with heavy hearts, they administered Lily's first dose of medical marijuana--it was actually CBD oil--in May of last year. By the end of September, Lily was seizure free and with no negative side effects. Over the next three months, Lily transitioned off the diet, had an EEG that revealed zero seizure activity, and completely weened off of one pharmaceutical. She's in the process of weaning her last pharmaceutical and is getting ready to start kindergarten in the fall. She has some developmental delays, but has already made major improvements and is expected to make up for the rest over the next couple of years. She is going to live a normal life. And best of all, her smile is back. Because of Lily's medication, my sister and her family aren't able to

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legally travel outside the state of Colorado. They risk having her medication taken away, or worse yet, having Lily taken away. Lily is not able to visit her grandparents, uncles, aunts, and cousins in Nebraska. And additionally, children like Lily who live in Nebraska with parents who are out of options don't have access to the same medicine that gave Lily her life back. We hope Lily's story can make a difference. Thank you. [LB390 LB643]

SENATOR SEILER: Any further questions? Thank you for coming and thank you for your testimony. Next proponent. [LB390]

JANE STANLEY: Excuse me. Is it okay if I come up and speak on LB643? But I cannot sit here any longer. [LB390]

SENATOR PANSING BROOKS: Yes. [LB390]

SENATOR COASH: Chairman? [LB390]

SENATOR SEILER: Yes. [LB390]

JANE STANLEY: (Exhibit 13) Thank you so much. Ladies and gentlemen of the Judiciary Committee, thank you so much for letting me speak to you today. My name is Jane Stanley. Many of you know me already from letters that I have sent each and every one of you. And I hope that someone has given you a letter to you, Ernie, since you do not have an e-mail address. I'm with NORML Nebraska; I'm member 112. I have interstitial cystitis, pelvic floor dysfunction, fibromyalgia, widespread pain syndrome. I have just been diagnosed with hypothyroidism. I also suffer from other chronic pain conditions and PTSD. Most of my pain conditions are incurable. I suffer all the time, 24/7. My sister-in-law Nancy Schumm has recently had brain surgery. They do not know what the diagnosis is, and she is not doing well. And I know that medical marijuana can help us both. Before I had gotten ill, I was working six 12-16 hour days. I was also going to school to get my bachelor's degree in forensic science. I have DNA research published with the Nebraska Academy of Sciences at Wesleyan University here in Lincoln. I can barely walk halfway down my block now without pain. I used to bow hunt, hike, fish, ride my motorcycle, go camping, garden, and other physical activities which has all ended for me. This is the first time I've said this in public. You see, I am a survivor. I have survived many years of molestation. But this battle with pain is the hardest fight I've ever had to fight. I've raised three children and I taught them that you fight for what is right or what you want. Passing LB643 is the right thing to do. Schedule I drug has a high potential for abuse and has no currently accepted medical treatment. Both of these are false. LB643 must go through for all of the ill here in this state who desire to use a safer, more effective, healthier alternative to pharmaceutical medications. With most pharmaceutical medications, which also include

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synthetic cannabinoids, can do more harm than good with side effects which includes death just to name a few. I... [LB643]

SENATOR PANSING BROOKS: Please continue. Thank you. [LB643]

SENATOR SEILER: You may continue. [LB643]

JANE STANLEY: Thank you. I myself have been on several medications that, if not taken correctly, will kill me. I have had several serious allergic reactions to my medication. One put me in the hospital for a week fighting for my life. The second one, my lips, tongue, and throat were starting to swell but I stopped the medication in time. I've heard you want to pick and choose which disorders or illness or conditions that will qualify for medical marijuana. There are many disorders some of us never heard of. What happens to us? Those who suffer from interstitial cystitis as I do, our pain is greater than cancer patients. There is so much research that is being done and more and more illnesses are being treated and cured with cannabis. I have also heard that you want to choose which plant is grown here, also not the correct decision since there are different strains that help different patients. This is all due to the concentration of cannabinoids and also the THC in the plant. Research also has proven that THC also helps pain and other ailments. There are over 80 cannabinoids in the plant. Research also shows that medical marijuana helps PTSD patients, and also growing the plant helps our situation. We should be able to grow and find out which plant is best for us so that we have that medication at all times. When inhaled, onset takes minutes, the peak is at 30 minutes, duration is one to four hours. When taken orally, 60 to 90 minutes onset; peak, two to three hours; duration lasts six to eight hours. Sublingual, under the tongue, 5 to 60 minutes for onset, one to two hours for the peak, and one to four hours for the duration. I will include my papers on some of the cannabinoids and some of the...the two THCs that they talk about in here and what they help. So LB643 must go through not only for myself, my sister-in-law, but for everyone who is sick behind me and at home. So thank you. [LB643]

SENATOR SEILER: Yes, Senator Pansing Brooks. [LB390]

SENATOR PANSING BROOKS: Thank you, Mr. Chair. Again, Ms. Stanley, thank you. I'm so sorry that you've had to wait this entire amount of time in such pain. And to everybody, again, we pledge not to have a hearing where people with healthcare issues are going to have to wait five hours to be heard. [LB390]

JANE STANLEY: Thank you. [LB390]

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SENATOR PANSING BROOKS: So thank you. I'm sorry about all you're going through and we'll...we're going to work on this. [LB390]

JANE STANLEY: Thank you so much. [LB390]

SENATOR SEILER: Senator Chambers. [LB390]

SENATOR CHAMBERS: A hard life makes a hard man, but there are times and things that will somewhat soften at least the exterior. Ordinarily this room is imbued with a toxic environment and atmosphere, because of the types of legislation we consider. I'm especially glad that the children came here today. I regret the pain, the suffering that they've gone through and that will be in front of them. I will say this because you're an adult: You mentioned the various illnesses, afflictions, pains that you have. And we've had medical testimony. We can read literature and see where this almost miraculous plant can give relief to people. I watch television. I pay particular attention to the advertisements they give on drugs. Every drug that I've seen advertised had side effects that could be so severe, including death, that I would rather deal with what I've got than to risk what those drugs could do. What I'm going to say next is not intended to be a joke, but it sounds like one. I won't mention the particular drug, but it...they tell you, if you have problems with your vision, with your hearing, with your speech, call your doctor. When I heard that, I was thinking, if I have problems with my vision, I can't see how to dial the phone. And if I dial the phone and get the doctor, I can't hear that I've got the doctor. And if I think the doctor might be there, I can't say anything to the doctor. But these things are said time after time, day after day. Other people hear them. And nobody says those things should be taken off the market. [LB390]

JANE STANLEY: Right. [LB390]

SENATOR CHAMBERS: Maybe having people take these drugs are a part of a gigantic experiment. But nobody says, take them off the market. Then we have a drug, a substance which--even if the information is anecdotal--is testified of as bringing relief where nothing else will. They are talking about large-scale--I guess you'd have to call it--experiments. But they're going to have vaccinations with an Ebola vaccine and nobody knows what the ultimate outcome is. But since these vaccines are made by pharmaceuticals, they're allowed to do this and people who are in desperate straits and may be facing death, the parents, the infection of their children, everybody allows it. Then we can sit here and see the children, see the adults, hear their painful stories, and maybe wonder if we ought to do anything. I'm not a religious man. I don't pretend to be. But when I was little, I read the Bible a lot. And my memory...I'm a slow reader and my mind is like a piece of iron. But once you scratch it, it stays there. And a story that impressed me dealt with Jesus. But I was most impressed by a Centurion, a Roman soldier. The word went out that Jesus could heal. Romans were superstitious, but anything that might work, they would try it. So

this Centurion came to Jesus. He said, I've got a servant at my house and he's sick, I want you to heal him. And Jesus said, take me to your house. He said, no. He said, you don't have to come to my house; like you, I am a man set under authority; I say to this one, come, and he comes; I say to that one, go, and he goes, and all you have to do is give the word and my servant will be healed. And Jesus made the comment, I have not seen this kind of faith in Israel. We shouldn't have to tell these kind of stories. We shouldn't have to make people come here and show us their wounds, tell us of their pain, of their suffering, and then maybe we'll consider doing something. I say this next for my colleagues. They hear me ridicule and mock their prayers every morning that they give them. I don't mock them every day, but I say all the things that are prayed for, your prayers aren't answered by any supernatural power, because they were answered already. Everything that they ask for in these prayers, we could do as a Legislature. If there's sickness, we don't have to pray for healing. We can pass legislation that will make medical care available to people. We don't have to have you all begging and crying and showing us your wounds and your blood to make us do what these people pray about every morning. So I want them to show me that I'm mistaken, that I've judged them too harshly, that what they were really praying for was not magical intervention but enlightenment as to what we can do to make a difference. And maybe you all are the answer to their prayers. But being an old sin-cursed person who will knock sparks a mile high when I go to hell, I didn't need all of this. I don't need supernatural intervention. I know how I felt when my children were sick. I sat with two of my sisters who died, with my niece who died, my mother who died, so I have a different attitude toward death than a lot of people, not that I like it, but it's going to happen. But those things teach me, and I think we have an obligation to act. So I'm glad you came and didn't just stand back there and try to make us hear you. I'm glad you were escorted to that chair. I'm glad you gave your testimony. And I hope that my colleagues will be able to mock me in the Legislature by saying, we heard, we saw, and we're going to do the right thing. Then maybe there will be joy throughout the land including a hardhearted man who has no heart whatsoever. (Laughter) Thank you. [LB390]

JANE STANLEY: Oh, you have heart. Thank you. Anyone else? [LB390]

SENATOR SEILER: Thank you very much for coming. [LB390]

JANE STANLEY: Okay. [LB390]

SENATOR PANSING BROOKS: Senator Seiler, could you make an announcement asking the people to be quiet when they go in the hall, because they aren't opening the door because of it. And so if we could leave the doors open, you know... [LB390]

SENATOR SEILER: I can't... [LB390]

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SENATOR COASH: I'll make the announcement. I got it. Just a quick announcement: Everybody knows it's getting pretty hot in here, but the reason they keep shutting the door is because the noise from the hallway is coming in here. So we can keep the door open if we keep the noise in the hallway down. Thank you. [LB390]

SENATOR PANSING BROOKS: Thank you. [LB390]

SENATOR SEILER: Next witness. Next witness in favor. [LB390]

_____: Are we ready for the 60 (inaudible)...the next one? [LB390]

SENATOR COASH: No. [LB390]

_____: Okay. I'm... (inaudible) [LB390]

SENATOR COASH: We're still on LB390. [LB390]

_____: My disability is not as obvious but it's... (inaudible). [LB390]

SENATOR SEILER: Any opposition to this bill? [LB390]

SENATOR PANSING BROOKS: Oh, there's more proponents. [LB643]

SENATOR COASH: I think she's a supporter. [LB643]

CAROL SHEPARD: I'm a proponent of both LB390 and... [LB390]

SENATOR SEILER: You're a proponent? [LB390]

CAROL SHEPARD: Yes,... (Laugh) [LB390]

SENATOR SEILER: Okay. [LB390]

CAROL SHEPARD: ...and of LB643. I just wanted to make a quick remark. My granddaughter, who was here, takes medication for her seizures. [LB390]

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SENATOR COASH: Excuse me. Will you start with your name? [LB390]

CAROL SHEPARD: I'm so sorry. [LB390]

SENATOR COASH: That's okay. [LB390]

CAROL SHEPARD: I'm Carol Shepard, C-a-r-o-l S-h-e-p-a-r-d. My granddaughter takes medication for seizures which started about a year and a half ago and over time was increased. The side effects of the medication she has taken have had terrible effects on her. She has spent her whole life in physical therapy because of cerebral palsy. Now, one of the side effects is it causes muscle weakness, so what she has spent her whole life working towards is being lost because of the medication she has to take to control seizures. The other medication she takes causes confusion, causes difficulty remembering. We used to tell her she had an elephant memory. Now she says, I wish I still had my elephant memory. She gets angry that she's not able to learn the way she did before. She's a smart girl. But for the last year, these medications have prevented her from accelerating like she was able to before. And that's what I wanted to tell you basically. The medications that are available cause these devastating effects for people. Thank you. [LB390]

SENATOR PANSING BROOKS: Thank you. [LB390]

SENATOR SEILER: Thank you. Any questions? Thank you very much for your testimony. [LB390]

CAROL SHEPARD: Thank you. [LB390]

SENATOR SEILER: Any further proponents in favor of the bill? [LB390]

SENATOR PANSING BROOKS: We need more people here. That's the problem. (Inaudible) We need more Red Coats. (Inaudible) [LB390]

JACOB NOWATZKE: (Exhibit 12) My name is Jacob Nowatzke, J-a-c-o-b N-o-w-a-t-z-k-e. I have already submitted to Senator Crawford a summary encouraging allowance of the further study of cannabidiol and also cannabidivarin by qualified research institutions of Nebraska though it wasn't what I had in mind. And what I had addressed was that it allows state sanctions for qualified research institutions here in Nebraska. But what I found in the bill now is that it actually encourages the further research of cannabidiol as it pertains to epilepsy. And I really need to express my gratitude to Senator Crawford for encouraging the further research of any

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cannabinoid at all. I appreciate you, Senator. Ladies and gentlemen of the Judiciary Committee, I have handed you a pamphlet already on the endocannabinoid system previously...in the previous bill, excuse me. And now I have handed you a pamphlet on some of the various cannabinoids from cannabis. Senators, you now have information on several compounds from cannabis as well as the endogenous signaling system that's within every mammalian body. So I hope that you're going to use this literature to make proper decisions and to learn about the beneficial sides of cannabis while also knowing that there are some negative side effects. But for the most part, the endocannabinoid system is something that's very, very, very important, because when something goes wrong in our body, it corrects it. And some researchers from the National Institutes of Health have been quoted as saying that nearly all human diseases are in some way involved with the endocannabinoid system. Now, Raphael Mechoulam, who I absolutely adore--he's the godfather of cannabinoid science--he isolated CBD and described the structure. He isolated THC and described its structure. He helped find the first two endocannabinoids. He said that this statement by, I believe it...Pal Pacher and I forget the second gentleman from the NIH, that if all diseases pertaining to the human condition can somehow be related to the endocannabinoid system, that even if that's 90 percent true, even if it's 70, 50, 40...even if it's 20 percent true, just think about the implications of that. And CBD is one piece of the picture, but it does these amazing things. And I want the committee and I want the citizens here to know that I, as a father, know what it's like to want cannabidiol for my child. It's too late now, but I will not give up. And I want the parents of the children who need CBD to not give up either. Thank you very much. [LB390]

SENATOR SEILER: Any questions? Seeing none, thank you for your testimony. [LB390]

JACOB NOWATZKE: Thank you, sir. [LB390]

SENATOR PANSING BROOKS: Chairman Seiler? Chairman? Can we see how many people are in pain, because the guy is saying he's in a lot of pain? So I...if we've got people in pain here that need to testify and get out of here, it seems like we might also let them, so could we...maybe a show of hands? [LB390]

SENATOR SEILER: Okay. Yeah, a show of hands of who is suffering by sitting here. (Laughter) [LB390]

SENATOR COASH: Come on up. [LB390]

SENATOR PANSING BROOKS: On which bill are you testifying? [LB390]

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ALFREDO SINECIO: LB643. [LB390 LB643]

SENATOR COASH: Okay. [LB390 LB643]

ALFREDO SINECIO: I give thanks to Senator Garrett for introducing this bill. I've been waiting for this for many, many years already. [LB390]

SENATOR PANSING BROOKS: You need to say your name, sir. [LB390 LB643]

ALFREDO SINECIO: My name is Alfredo Sinecio. [LB390 LB643]

SENATOR PANSING BROOKS: Will you spell your last name? [LB390 LB643]

ALFREDO SINECIO: It's S-i-n-e-c-i-o. And I'm originally from Mexico. I was born in Mexico. My brother and sister were born here in Omaha. This issue goes beyond the borders of Nebraska. We're having problems here with Colorado. You know, it goes beyond the borders of even the states neighboring. It goes on, you know, to my country, my older country, my folks' country, Mexico. It is very important. You guys each have a copy of my doctor's letter. You guys have my own personal testimony. But this goes beyond my own suffering. I'm here to speak for the people who still haven't been heard. Okay. Give me one minute, please. Let me see. I had to turn my phone off because it was running low on battery and I have my speech here. It's on Facebook if you guys want to look it up. It's free for anybody to look and you can look it up there, okay? Here you go. The path of freedom, justice, and liberty is legalization. Dignity of the human race has been eradicated by prohibition and twisted laws. It is time for internalization, a new paradigm. We, the people, demand a change on a dismal and discriminatory, antiquated law. The laws are harming more than helping, eroding the confidence of society between law enforcement and citizens. This radical perception of right or wrong any prudent person without a biased opinion would understand. Nebraska can lead the nation on research and science. The evidence is crystal clear with medicinal cannabis perhaps finding cures for epilepsy, PTSD, Alzheimer's, Parkinson's, diabetes, nerve disease, blood disorders, rheumatism, psychiatric internal medicine for pain management, glaucoma, so on and so on. The method of use...age appropriate. Children with seizures from epilepsy may need it in a different approach in an infusion oil or capsule form. An adult with fully developed lungs may take it through inhalation either through smoking or vaporized form for a more effective relief. Tobacco and nicotine is not the same as cannabis smoke. The lungs remain intact from the side effects of smoking. Cannabis is the safest, most noble plant in this world...common sense. Cannabis needs to be relegalized and recategorized in the whole world, not just a few states, and put into the formal (inaudible) list of medicines introduced back into the universities for science and research on the many benefits of this wonderful, natural gift of God. Medicine, textile, biofuel...in an executive order by the President

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of the United States of America in an imminent response it is not fair nor just that for recreation is allowed in other states and for medicinal uses not. Cannabis cures tumors, relieves chronic pain, epilepsy, depression, anxiety, stress, etcetera, etcetera. [LB390 LB643]

SENATOR SEILER: Sir? Sir? Your time... [LB390 LB643]

ALFREDO SINECIO: Let it be clear and end the contradictory...I've been waiting too long. Now you wait and listen to me, please. [LB390 LB643]

SENATOR COASH: Excuse me. [LB390 LB643]

SENATOR SEILER: That's not the way it works. [LB390 LB643]

ALFREDO SINECIO: Let it be clear and end the contradictory, antiquated laws on a sacred and blessed plant. You can't compare synthetic drugs versus natural medicine. [LB390 LB643]

SENATOR PANSING BROOKS: Sir, we can...we'll just tell you to...I'll ask you to go ahead, but you just have to stop for a second. We have to do that. [LB390 LB643]

ALFREDO SINECIO: Okay. I'm sorry, ma'am. I'm just...need to be heard. Thank you. [LB390 LB643]

SENATOR PANSING BROOKS: I know. I'm sorry. Chairman Seiler, would you, please, let him finish what he's trying... [LB390 LB643]

ALFREDO SINECIO: Thank you. [LB390 LB643]

SENATOR SEILER: I'll...he can proceed on... [LB390 LB643]

SENATOR PANSING BROOKS: And there was a problem because he was trying to get it. [LB390 LB643]

ALFREDO SINECIO: I'm a...yes. [LB390 LB643]

SENATOR PANSING BROOKS: So his time was running the whole time he was trying to get his... [LB390 LB643]

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SENATOR CHAMBERS: Amigo, por favor. [LB390 LB643]

ALFREDO SINECIO: I'm just so sore and so tired. [LB390 LB643]

SENATOR PANSING BROOKS: It's okay. [LB390 LB643]

ALFREDO SINECIO: Please, understand my frustration. Cannabis cures tumors, relieves chronic pain, epilepsy, depression, anxiety, stress, etcetera, etcetera. Let it be clear and end the contradictory, antiquated laws on a sacred and blessed plant. You can't compare synthetic drugs versus natural medicine. Cannabis is the best, safest alternative. Cannabis prohibition is a straight-out lie and a fraud on society. Medicinal cannabis has been utilized by many different cultures over thousands of years. Only in the last few decades have patients been criminalized. We need to establish trust on the officials we elect for government and a better world this would become. This is a civil rights and health issue. It shouldn't have to be a political one, only logical. And the hypocrisy: it never should have been illegal to start with. Let's leave a better world for our children. Veterans should be the first to obtain it through government at no cost, zero tax. People with disability from work also earned it...their stripes. All we ask is quality control and the protections from law enforcement. Legalization is our salvation, our hearts' desires. Trust amongst all nations will prevail...freedom, justice, liberty, and the pursuit of happiness, for we are the United States of America. Godspeed. And a little...I would add to this, governments of the world, please, stop the criminalization and prosecution with cannabis. Legalize the truth. Revolution and evolution...compassionate humans we must become so our generations may glory with the creator of this world. Peace will be our guarantee. Sovereign wonders born and sovereign we shall leave. Peace to all. Peace and love to all. Cannabis is the Christ conscience. And that's...I'll close with that. [LB390 LB643]

SENATOR SEILER: Any further questions? Senator Brooks. [LB390 LB643]

ALFREDO SINECIO: Thank you very much for listening to me. [LB390 LB643]

SENATOR PANSING BROOKS: I have... [LB390 LB643]

SENATOR SEILER: Hold it. You have a question here. [LB390 LB643]

ALFREDO SINECIO: Do you have any questions? [LB390 LB643]

SENATOR PANSING BROOKS: Oh, okay. Mr. Sinecio... [LB390 LB643]

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ALFREDO SINECIO: Sinecio. [LB390 LB643]

SENATOR PANSING BROOKS: Sinecio, sorry. I see that you have severe back pain and all sorts of things and then you have in the record that a doctor... [LB390 LB643]

ALFREDO SINECIO: I think I'm on...the first doctor in Nebraska to receive a letter recommending me marijuana if it was legal in the state. He has his hands tied or behind his back because he can't prescribe the medicine to me. I'm the very first patient in Nebraska to obtain a doctor from...a letter from a doctor or physician here in Nebraska. We need to establish this in the university so they could take a look at it. And quality control is what we're asking for, because it's...this cannabis that you have on the synthetic side, that's detrimental. That has nothing to do with the essence of the real matrix of the cannabis plant. [LB390 LB643]

SENATOR PANSING BROOKS: Right. Thank you. [LB390 LB643]

ALFREDO SINECIO: Thank you so much. [LB390 LB643]

SENATOR PANSING BROOKS: I appreciate that difference. And also it's quite important to get the fact that there is a doctor willing to at least consider prescribing... [LB390 LB643]

ALFREDO SINECIO: Thank you so much. Yes. [LB390 LB643]

SENATOR PANSING BROOKS: ...the oil should it become legal. [LB390 LB643]

ALFREDO SINECIO: So I'll be a guinea pig for cannabis. I've been a guinea pig already for all these other prescription medication drugs that were killing me, you know? There is a study--it's called Investigational New Drug program--has been established in Mississippi many years back. There's only one or two patients still receiving cannabis cigarettes in a tin can from the government. And that would be a viable way for us to obtain it, us patients that need it from disabilities. I don't...you know, I'm...in five years I'll be 50 years old. I hurt my back in...when I was 33 years old from work. It was labor-intensive work, you know? Some of us come here to study. Some of us come here to work right away. I was taught, you know, as a young boy to work hard and be honest. My boys want to be in the law enforcement, both of them. I have a little girl who wants to be a teacher maybe one day, you know? I just want this to be passed right now, as soon as possible. We can't wait until two years or three years down the road. There's children...the very sick people who need it now. Thank you so much. [LB390 LB643]

SENATOR PANSING BROOKS: Thank you for your testimony. [LB390 LB643]

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ALFREDO SINECIO: Thank you very much. [LB390 LB643]

SENATOR SEILER: Thank you for your testimony. [LB390 LB643]

ALFREDO SINECIO: Thank you. I've waited to say this for many, many years. Thank you for listening. [LB390 LB643]

SENATOR SEILER: Next...we've got to...we've crossed over the hour, so we need to go to the opposition now. [LB390]

SENATOR COASH: To LB390. [LB390]

SENATOR SEILER: On LB390, right. Opposition to LB390. [LB390]

SUSIE DUGAN: (Exhibit 14) Good afternoon, Senator Seiler and members of the committee. My name is Susie Dugan, and I have been in drug prevention for over 35 years. And I appear here today in full sympathy with the people who have such pain. And I just want to go on record as saying that I hope you will look at what is in my packet, because there's a faster way to do this. The trials by the FDA I've heard everything today from is going to take two years to five years to ten years. They are scheduled to be done this year and patients should be able to start getting CBD oil that is standardized, that is purified, that can pass the dosage tests that are reliable. And that should be ready within 5 to 12 months. And by the time we start up a new bureaucracy, how long is that going to be? I just ask you to look into this. There are several things that a lot of people don't know about CBD oil. There is...the CBD oil that is in the states that have legalized it is not standardized. It's not pure. It is...if you look on page 3 of this booklet, you can see the different types. What happens with the CBD oil is they take...they extract that from the marijuana plant. And there are two cannabinoids that are the primary cannabinoids. That's THC and the CBD oil. And it...the ratio of the CBD to the THC is not always the same. Marijuana is a very unstable drug. It can change with light and with exposure to air. And so it's very, very important that we get the right kind of marijuana to be studied. So who's going to grow that here? Are we going to get Charlotte's Web or some of the other oils from the other states? I just ask you to look at it. I want relief for these patients as much as anybody. But I just bring that to your attention just so that you can see the differences in the two whether they're the FDA or from the states. I'd be happy to answer any questions. [LB390]

SENATOR SEILER: Senator Coash. [LB390]

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SENATOR COASH: Thank you. Ma'am, do you want to go on record as opposed to LB643 as well? [LB390]

SUSIE DUGAN: Yes, I will. [LB390]

SENATOR COASH: Okay. Then you don't have to come... [LB390]

SUSIE DUGAN: And I'm opposed to this just because I want to make sure that we look into all the possibilities and the best thing is done for these patients. [LB390]

SENATOR COASH: I would recommend you contact Senator Crawford's office on this...on that issue. [LB390]

SUSIE DUGAN: I'll be happy to. Yes. [LB390]

SENATOR PANSING BROOKS: I'll...I'm sorry. [LB390]

SENATOR SEILER: Senator Pansing Brooks. [LB390]

SENATOR PANSING BROOKS: Thank you. Ms. Dugan, have you talked with Senator Crawford's office? [LB390]

SUSIE DUGAN: No. I've been retired for three years and I have some real health problems in my family. So I wasn't keeping a close enough tabs on legislation this year. LB189 got by me and I just couldn't stay silent, because I've watched this marijuana legalization movement for so long. But I would be happy to provide any information to Senator Crawford or anybody else. [LB390]

SENATOR PANSING BROOKS: And have you been aware of this movement for quite a while? [LB390]

SUSIE DUGAN: Yes. [LB390]

SENATOR PANSING BROOKS: And you've been aware of testimony similar to today? [LB390]

SUSIE DUGAN: Yes. [LB390]

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SENATOR PANSING BROOKS: So I just wonder if you have a feeling why no one has moved on this at all? We've known about some of these possibilities for years and decades. [LB390]

SUSIE DUGAN: The FDA is moving right now. And they are...the trials are on the fast track. They really want to make sure that the product that they are administering is safe and consistent and pure and reliable. [LB390]

SENATOR PANSING BROOKS: It just seems to me that they've known about it at least since the '60s and way before that. And no one has moved quickly enough. And... [LB390]

SUSIE DUGAN: I agree. [LB390]

SENATOR PANSING BROOKS: ...I can't imagine that we can trust five months. [LB390]

SUSIE DUGAN: I just ask you to consider it. It's the... [LB390]

SENATOR PANSING BROOKS: Well, if we don't move forward and they don't move forward then we're still all stuck in the same spot again. That's... [LB390]

SUSIE DUGAN: Okay. They are moving forward, though, as I understand it. I just hope you'll look at the information and consider it. [LB390]

SENATOR PANSING BROOKS: Thank you very much for your testimony. [LB390]

SENATOR SEILER: Thank you. [LB390]

SUSIE DUGAN: Yes, Senator. [LB390]

SENATOR CHAMBERS: Just a minute. [LB390]

SUSIE DUGAN: Yes. [LB390]

SENATOR SEILER: Oh, Senator Chambers. [LB390]

SENATOR CHAMBERS: Not to be argumentative but for the record's sake, FDA does not regulate these energy drinks. FDA does not regulate supplements, because they're not considered

drugs, so anything can be in it. They don't have to be properly labeled. They could have rat poison and nobody would know until somebody died. BSE are letters known to all people in agriculture: bovine spongiform encephalopathy, or mad cow disease. There are rules in every country that would stop infected or animals suspected of being infected from coming into their country or entering the food chain. But there are certain parts of these animals that can slip by and certain parts of animals are used to produce gelatin. I like Jell-O. But that is not subject to inspection. And somebody could get BSE from eating Jell-O. And here's why I'm saying it: I want any substance that is going to be ingested by human beings to be as safe as possible. But as with Ebola, a situation can be in existence where it's better if there's something that might be helpful to be available. Look, I couldn't stand to see my children have earaches. I would sit up all night and I'd put them on a bed and I would gently let them, I guess, be like on water. I would rock them in the rocking chair. And I would think those thoughts that I guess every parent does: This ought to be me. My child didn't do anything. My child came into this world because of me. And if somebody is being punished or somebody is to be harmed, I can be punished through my child, but my child should not have to suffer in the process, all that stuff. So when I hear about the kind of repetitious seizures that these little children are having, that children who are not so young are having, it's easy for some of us to be academic, to be theoretical, because we don't even have to watch it. But when you live with something like that and it's happening to a child, somebody could say, if you took a rusty nail and soaked it in water for five minutes and let the child drink it, then the seizures would stop. You might try it, because you've reached the point where anything is better than this. So I understand what you're saying. [LB390]

SUSIE DUGAN: And I understand what you're saying. [LB390]

SENATOR CHAMBERS: And while all of that research is being done, all the checking and crosschecking is being done, I accept anecdotal evidence, especially when a lot of it is--and I mean a lot--presented by medical people. And everybody has to say, I'm going as far as my knowledge takes me, but I don't know what the ultimate outcome will be. So I intend to do everything I can to see that this bill is passed. [LB390]

SUSIE DUGAN: I understand that. [LB390]

SENATOR CHAMBERS: And I think you know that I respect you. I respect what you're doing. But this is one time when if I had a heart it would be called compassion. (Laughter) But my brain tells me that it's time for those of us who have the authority to do something to do something. We don't profess to be medical people. We are not experts. We are politicians. But we have the authority and we have the obligation to pass laws that we feel are in the interest of the public. And philosophers used to call it the greatest good for the greatest number. And I think where these children and those who are not small children are involved, I think the greatest good

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for the greatest number would be for this bill to pass, because we have to do what we're able to do. But I think it's always good to have that voice of caution, not get carried away to such an extent that we bring into being something worse than the disease. But I say again, in this case, I've become convinced that this is the course I ought to follow. And once my mind is made up that I have to follow this course, heaven and earth cannot stop me unless one of them can stop me from breathing. (Laughter) [LB390]

SUSIE DUGAN: We understand that, Senator. [LB390]

SENATOR CHAMBERS: Okay. [LB390]

SUSIE DUGAN: And just so that you are aware, the reason that all these herbs and things are not regulated by the FDA is because in 1994 those companies that had promoted it got it into federal law. The politicians in Washington made that the case. So...but I fully understand what you're saying and I understand the suffering that goes on. I've got four members of my family that have had epilepsy. And I understand. I just want to make sure that they're getting the best care that they can get. Thank you. [LB390]

SENATOR SEILER: Thank you very much. [LB390]

AMY DICKES: My daughter that was here earlier, we have a half hour to do her meds at home and we don't live in Lincoln. And I have a very short... (inaudible) [LB390 LB643]

SENATOR SEILER: Okay. Come forward, please. [LB390 LB643]

AMY DICKES: My name is Amy Dickes. It's A-m-y. Last name is D-i-c-k-e-s. [LB390 LB643]

SENATOR SEILER: In favor of the bill or... [LB390 LB643]

AMY DICKES: I'm in favor of the...yes, the LB643. [LB390 LB643]

SENATOR SEILER: Okay. [LB390 LB643]

AMY DICKES: On January 3, 2011, my then 11-year-old daughter McKenna Smith, who was in the room earlier, was diagnosed with juvenile Huntington's disease. It's a neurological disorder that has no cure and has an average lifespan of 10 years for juveniles. Along with this horrific disease also came epilepsy. It started out at about one seizure a few months, but as the disease

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progressed, along came more seizures which then brought on more meds. By June of 2013 started our journey of traveling back and forth to UNMC in Omaha. In August of 2013, McKenna had a vagal nerve stimulator put in. Shortly after that we had a food...we had a G-tube put in for feeding. October 9, 2013, McKenna had a brain surgery to separate the two frontal lobes so they could not send seizure signals back and forth and then pretty much lived in the hospital and rehab hospital until December of 2013. We have tried so many different kinds of epilepsy meds, it's unreal. Not only did they not control her seizures, but they added more side effects that made her situation worse, side effects such as destroying her liver and causing blindness. At this point, we had no other direction. January 14, things got worse. We have had...we were having 40 to 60 seizures a day, and then we hit bottom. McKenna went into respiratory distress and the only two pediatric ICUs in Nebraska were both full. And we were flown to Children's Mercy in Kansas City where we spent ten days because she ended up with pneumonia. Unfortunately, it didn't end there. The epilepsy has put her in her chair faster than the actual disease. That's why we are here before you today to ask for your help. McKenna will be 16 next month, and we feel that with the help of your decision to approve the medical marijuana, it may give her that fighting chance. Please, for all the children who are suffering and all the people that are here today and the ones that aren't due to their illness and diseases, let them have this chance. Wouldn't you feel the same if it was your spouse, sibling, or child? We aren't supposed to bury our children. And until this possibly gets approved, it may be. But I would invite any one of you that are here today to come spend one day with us and tell us that we don't deserve a chance to give the medical marijuana a try. Thank you. [LB390 LB643]

SENATOR SEILER: Senator Colby. [LB390 LB643]

SENATOR COASH: I just wanted to make sure the record is clear. You were talking about... [LB390 LB643]

SENATOR PANSING BROOKS: LB643. [LB390 LB643]

AMY DICKES: LB643. [LB390 LB643]

SENATOR COASH: But LB390 is on the CBD oil for the seizures. [LB390 LB643]

AMY DICKES: And I'm...well, I'm also for...well, I'm for that also. [LB390 LB643]

SENATOR COASH: Okay. All right. We'll make sure the record reflects that. [LB390 LB643]

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AMY DICKES: Okay. McKenna is actually a patient of Dr. Madhavan, so...that spoke earlier. [LB390 LB643]

SENATOR COASH: Okay. All right. That's what it sounded like, so I wanted to make sure the record was... [LB390 LB643]

AMY DICKES: They kind of both coincide with each other, so... [LB390 LB643]

SENATOR COASH: Well, they're pretty different bills. [LB390 LB643]

AMY DICKES: Well, I get that. [LB390 LB643]

SENATOR COASH: And I understand there's some similarities. [LB390 LB643]

AMY DICKES: I understand that too. [LB390 LB643]

SENATOR COASH: But as I said at the beginning, the committee is going to treat each one separately. So I just wanted to make sure we get the record clear. Thank you. [LB390 LB643]

AMY DICKES: Right. Okay. Okay. Thank you. [LB390 LB643]

SENATOR SEILER: Thank you. [LB390 LB643]

AMY DICKES: Thank you. [LB390 LB643]

SENATOR SEILER: Opposition to LB390. Aaron. [LB390]

AARON WEINER: (Exhibit 15) Greetings once again. As I said before, I came here to read a letter from some residents in Colorado. Oh, my name is Aaron Weiner, A-a-r-o-n W-e-i-n-e-r. I'm here speaking on behalf of Dawn, Kevin, and Jacob Wanser. And I got a text while I was back there because they felt THC was important to their son's treatment, that they thought I should oppose this bill because it seems to overly...the testimony here today seems to overly exaggerate the dangers of THC and underestimates the benefits of treatment. And if we want to help people like we've heard today, we can help more people. In the large packet I've handed out, there is a study that shows that states that have liberalized and adopted medical marijuana have actually seen a decrease in traffic fatalities. The bogeyman of this--that we heard earlier--is just not supported by the evidence. And it's not supported by our sister states. And travel is affected. If

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you've got 24 of your sister states handing out prescriptions, how are families supposed to travel back and forth to Nebraska? If your family is in Nebraska and you're being treated with medical marijuana and some people here want to make it a felony, how does that affect people? And I just want to read Dawn's letter. It's so well written. And I'll switch to the part where she talks about THC. My name is Dawn Wanser. My husband Kevin and I are the parents of two special needs sons, Cody and Jacob, and are current residents of Colorado. Attached to this testimonial is a letter that describes our family situation in detail and why we utilize cannabis for treatment. Cody and Jacob were both diagnosed with a rare and terminal illness called metachromatic leukodystrophy. The illness works ruthlessly to completely shut down the central nervous system with the prognosis of a very short lifespan within two years of the onset of symptoms. Unfortunately, our oldest son Cody passed from the disease and was laid to rest in Clearwater, Nebraska, on February 5, 2013, at the young age of 20. Our youngest, Jacob, who is now 14 years old, is not only fighting this painful and debilitating disease, but is also subject to 100-plus seizures per day. Shortly after our Cody passed, we discovered a form of treatment that would work for Jacob in stopping his life-threatening seizures in Colorado. In March of 2013, Jacob began cannabis treatment. Our Jacob now relies solely on cannabis treatment, a whole plant medicine that includes the components of both CBD and THC. So if you want to help these seizure patients, you're going to have to include some form of medical marijuana that has THC. She gives more detail in the attachment. Unfortunately, after what seemed to be a short time, my son began to experience frequent seizures that gradually increased until I added THC to his treatment plan. In short, CBD oil alone began to fail. I understand the big push on CBD oils with no presence of THC, but it's only part of the solution. Our son's life depends on all the medicinal properties represented in the marijuana plant. Without this medicine, Jacob instantaneously returns to catastrophic seizures and pain. I need for the community to understand that there are patients who need access to the entire profile of cannabis. Just as with any health treatment, one strain is not a one-size-fits-all. There is enough documentation that we can learn from the pioneers in Israel about the importance of THC and its purpose. There are clear... [LB390]

SENATOR SEILER: Sir, your red light. [LB390]

AARON WEINER: Thank you, Senator. Thank you all. [LB390]

SENATOR SEILER: Any further questions? Senator Brooks...Pansing. [LB390]

SENATOR PANSING BROOKS: Okay. Can you tell me again...I think we're a little bit confused. You're against this bill because it doesn't go far enough with having some THC so it doesn't offer... [LB390]

AARON WEINER: That's correct. [LB390]

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SENATOR PANSING BROOKS: ...a broader spectrum of ability to treat some of these diseases. Is that correct? [LB390]

AARON WEINER: That is correct. And early on there was sort of the suggestion of, like, we're only going to go this far and we're sort of committing to only go this far. So, yes, it's well intended, but it is not helping enough people. [LB390]

SENATOR PANSING BROOKS: And are you also testifying on the next bill? [LB390]

AARON WEINER: No, I would like my submission to count as a proponent for LB643 and opposition to this bill. [LB390]

SENATOR PANSING BROOKS: Okay. [LB390]

SENATOR COASH: Great. [LB390]

SENATOR SEILER: Okay. [LB390]

AARON WEINER: Thank you, everybody. [LB390]

SENATOR SEILER: Thank you. Any further opposition? Anybody in the neutral? [LB390]

CHRIS KRATOCHVIL: (Exhibits 16 and 17) Good afternoon, and thank you very much for the opportunity to speak before the committee today. My name is Chris Kratochvil, C-h-r-i-s K-r-a-t-o-c-h-v-i-l, and I'm the associate vice chancellor for clinical research at University of Nebraska Medical Center and the vice president for research for Nebraska Medicine. In these positions I provide oversight for clinical research conducted by both organizations. Today I'm testifying for myself. I do not speak on behalf of the University of Nebraska. CBD is a low-THC product which through LB390 would be used in a pilot study for the treatment of pediatric patients with epilepsy who have not responded adequately to other treatments. UNMC's mission is to improve the health of Nebraska through premier education programs, innovative research, and the highest quality patient care. Participation in this pilot study evaluating the safety and effectiveness of CBD for children with treatment-resistant epilepsy would certainly fall squarely within the mission. Last month, I participated in a...or, excuse me. UNMC has broad clinical expertise, an extensive clinical research portfolio, as well as infrastructure to support the conduct and oversight of this research. Clinical space, clinical research coordinators, and research pharmacy resources could all be accessed for the pilot program. Research involving patients at UNMC involves stringent regulatory and operational oversight by the Institutional Review Board with

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additional oversight by our Pharmacy and Therapeutics Committee as well as the Office of the Vice Chancellor for Research. Last month I participated in a forum at the University of Mississippi which included experts in pharmaceutical development, epilepsy, research, as well as regulatory issues surrounding CBD. Participants included individuals representing the National Institute of Drug Abuse, patient advocacy, a pharmaceutical company, and academic health centers. Topics such as sourcing, product development, DEA scheduling, operationalizing clinical trials, and potential complications in initiating the trials were discussed. These discussions provided insights as to how Nebraska might conduct a program to provide and monitor the use of CBD for pediatric patients with epilepsy nonresponsive to other treatments. In this forum I was able to discuss with experts regarding possible sources of the product for Nebraska should a pilot project be conducted at UNMC/Nebraska Medicine. Potential options to provide the CBD include a pharmaceutical company source such as GW Pharmaceuticals, the University of Colorado, or possibly the nonprofit organization Realm of Caring. In conclusion, with the resources I've described, UNMC would be able to provide the expertise, infrastructure, and oversight necessary to conduct this pilot study. I have also provided a letter to submit from the dean of the UNMC College of Pharmacy which was presented at the hearing on the interim study. [LB390]

SENATOR SEILER: I have to ask you a question. [LB390]

CHRIS KRATOCHVIL: Certainly. [LB390]

SENATOR SEILER: Are you related to the Kratochvils up at Clarkson? [LB390]

CHRIS KRATOCHVIL: So, my grandfather had a very large family so we spread out across Nebraska. So, probably so. [LB390]

SENATOR SEILER: Colby, you might want to take over as Chairman. I'm married to one. (Laughter) [LB390]

SENATOR COASH: With that in mind, we're done with the...we'll see if we got any more questions for you. It sounds like...I mean, I always get skeptical of neutral testimony, but basically what you're saying is if this bill is passed, the university is equipped to do what the bill is asking the university to do and you'll cooperate and... [LB390]

CHRIS KRATOCHVIL: Exactly. Because this is not something that's within the budget of the Board of Regents or approved by the Board of Regents, I present this neutral on my own behalf. [LB390]

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SENATOR COASH: I understand. Thank you. [LB390]

CHRIS KRATOCHVIL: Certainly. [LB390]

SENATOR SEILER: Thank you. I'll take it back. (Laugh) Any further in the neutral? [LB390]

GREGORY C. LAUBY: Senators, Gregory C. Lauby, L-a-u-b-y. I have no handouts for this testimony. I would just say that generally I'm supportive of the bill as an improvement over the situation that may offer some relief to a significant number of Nebraska families who have such suffering from the specific medical conditions it addresses. I would like to see it more expansive in terms of the substances that are being researched and the conditions that may be researched in its application. But what I would really like to draw your attention to is what may be just a drafting difficulty with the bill. The green copy, at least, referred to cannabis rather than marijuana. Marijuana is a statutorily defined object and is defined by both the Nebraska Controlled Substances Act and the federal Controlled Substance Act in such a way that it excludes parts of the plant and some extracts from it. I think that's an important exclusion to maintain should this bill pass. Using the term cannabis may eradicate that distinction and subject products which contain trace elements of THC and are marketed regularly throughout the state now and are protected from DEA restrictions subject to prosecution for possession of either THC or cannabis plants. Secondly, the plants are apparently restricted to the University of Nebraska and their medical program. Currently, the statute last year regarding industrial hemp authorizes any postsecondary institution in the state as well as the Department of Agriculture to grow industrial hemp, as it's defined by the act, for research. That is a program that is sanctioned by the United States Congress in their act in the Farm Bill. I would hope that the restriction contained in this act, if enacted, would not supersede the allowance that was contained in the industrial hemp act. So I would appreciate your attention to both of those matters. [LB390]

SENATOR SEILER: Any questions? Thank you very much. [LB390]

GREGORY C. LAUBY: Thank you. [LB390]

SENATOR SEILER: Any further in a neutral? Seeing none, Senator Crawford, you may close. [LB390]

SENATOR CRAWFORD: Thank you. I'd like to thank you for great questions today and more than anything just want to thank those who have been working so hard over the past two years for your hard work and your patience and...honored to have had the chance to work with you. Given the time and the heat, I'm going to forgo a normal closing and I'm going to commit to you

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that I will bring the information on the floor and be happy to answer any questions on the floor and take any suggestions on the floor from the committee. But I understand if you have a question or a comment that you want on the transcript, I'm happy to answer those. But otherwise I would answer other questions on Monday. [LB390]

SENATOR SEILER: Seeing none, thank you. [LB390]

SENATOR CRAWFORD: Thank you. [LB390]

SENATOR SEILER: All the written materials and signatures will be added to the transcript. Senator Garrett, LB643. [LB643]

SENATOR GARRETT: Chairman Seiler, if you don't mind, we have got a young testifier who has had a seizure and is in a lot of pain. If we could let her go before my opening remarks, I'd appreciate it. [LB643]

SENATOR SEILER: Oh, sure. [LB643]

LYNN REDDING: Good afternoon, Chairman Seiler and members of the Judiciary Committee. For the record, my name is Lynn, L-y-n-n, Redding, R-e-d-d-i-n-g. I'm here in support of LB643. My support for this legislation is personal. I'm not here representing anyone other than myself, so I appeal to you from my heart. I have multiple chronic health conditions including a recent diagnosis of MS. For me, that means every single day I have chronic pain, discomfort, muscle spasms, and various other conditions that limit what I could do physically including my ability to work, to have a productive life, and to basically enjoy myself on a regular basis. My conditions require that I live in a state of constant uncertainty. I never know when my conditions will flare up and how much they will affect me. I have had to develop strategies to hide my pain. Sometimes it's a test of sheer will. To deal with my health conditions and their symptoms, I take 54 prescription medications daily. Some of those 54 medications are to counteract side effects of the other medications. I am grateful that I am fortunate enough to qualify for Medicaid, because maintaining not only my overall health--for examples, visits to my general practitioner and the nine specialists I see on a routine basis--but my prescription load would be impossible, in real terms, a death sentence. By the way, this is not abuse of the system. These are services and prescribed medications that work to keep me alive and functioning. My physician--who has been my physician since I was born--and I have discussed the use of cannabis oil in the context of my condition and this bill in particular. According to my physician, the cannabis oils which would be allowed by this bill bind the receptors in the nerves and muscles. This will help relieve some of my pain and control my muscle spasms. My physician and I are convinced that the use of cannabis oils will not only address my pain and other symptoms, but also reduce a major portion

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of the 54 medications which I remind you are covered through Medicaid. I support LB643 because I and others like me should have the opportunity to use cannabis as an alternative medicine. Please advance LB643. [LB643]

SENATOR SEILER: Thank you. Any questions? Thank you very much. Senator Garrett, would you care to open on LB643? [LB643]

SENATOR GARRETT: Thank you, Chairman Seiler. Esteemed members of the Judiciary Committee, I will be brief. A quick history on this: Last session was my first session in the Legislature. I proudly supported Senator Crawford's CBD oil bill. I was very upset when it was pulled because we didn't...she didn't at that time have UNMC on-board and I'm very upset with what I call paralysis through analysis and the fact that there are so many people suffering. First of all, let me apologize to all the folks that came out here today to testify both as opponents and proponents, apologize for the hard seats and the oppressive heat. And we've had a number of testifiers have seizures and many had to go home already. And my apologies to everyone for these conditions and just...I thank you all for being here. But I was on-board again to support Senator Crawford's bill. I'm a cosponsor of that bill. Some constituents came to me. I got very familiar with this subject. Some constituents came to me when they first read Senator Crawford's bill and found out that they really didn't go far enough and it has a very limited scope in number of the people who are going to be able to participate in the study. So I stepped up and said, you know, it's time. It's time for us to stop talking about this. People are suffering. And we needed to go further. And so I stepped up with this bill. I have a personal history with marijuana for medicinal purposes. My father-in-law was diagnosed with pancreatic cancer in 1978, was undergoing aggressive chemotherapy, and he was severely nauseous and had no appetite. Pancreatic cancer being what it is, he had less than a year to live. And the oncologist at the time said if he could get some marijuana, it would do...it would help with the symptoms of chemotherapy. And it did exactly what the doctor said it would. That was almost 40 years ago. We've known for a long time now about the medicinal value of marijuana and you're going to hear lots of testimony here today. You've already heard it. Enough. Enough already. Here's an opportunity for us to step out and help the people of Nebraska. There are 23 states and the District of Columbia that have already passed medicinal marijuana. Eleven other states are looking at it this year. We need to provide our citizens relief. I'm sorry. I should have mentioned, if we can get our first testifier, Dr. Mikos from Vanderbilt University, on the phone. Okay. We've got him good to go. I want to keep my comments brief. I appreciate the late hour and... [LB643]

SENATOR SEILER: I wanted to tell you that I have a list that you provided me of witnesses... [LB643]

SENATOR GARRETT: Yes. [LB643]

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SENATOR SEILER: ...so the audience doesn't think I'm corralling them. [LB643]

SENATOR GARRETT: Yes, we understand the late hour. [LB643]

SENATOR SEILER: Okay. [LB643]

SENATOR GARRETT: And we've tried to prioritize our list. And we've lost some of our people. But again, thank you. [LB643]

SENATOR SEILER: Okay. I'll call them in the order you have them. [LB643]

SENATOR GARRETT: All right. I'll entertain any questions you might have at this point. The bill is very technical. We made it very technical. We've taken the best of all those 23 states that have legalized this for medicinal purposes and tried to cherry-pick the best parts of that to tightly control our law. [LB643]

SENATOR SEILER: Did you say Robert Mikos from Nashville? [LB643]

SENATOR GARRETT: Yes. [LB643]

SENATOR SEILER: And are you on the phone, sir? [LB643]

OLIVER VANDERVOORT: I have him here. [LB643]

SENATOR SEILER: Oh, okay. Ready. Mr. Mikos, are you on the phone? [LB643]

ROBERT MIKOS: Yes, I am. [LB643]

SENATOR SEILER: Would you go ahead and start your testimony by pronouncing your name and spelling it? [LB643]

ROBERT MIKOS: Sure. My name is Robert Mikos. That's M-i-k-o-s. [LB643]

SENATOR SEILER: Would you proceed with your testimony? [LB643]

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ROBERT MIKOS: Yes, sir. Mr. Chairman, members of the committee, I want to thank you for giving me the opportunity to testify today and to do so remotely. I'm sorry I can't be in Lincoln tonight. I'm a professor of law at Vanderbilt University in Nashville. And I've spent the last eight years researching, writing, and teaching about the different federalism issues that arise out of state marijuana reforms like the one that you're now considering. And tonight I want to explain to you why you, as state lawmakers, have the power to make medical marijuana legal in Nebraska notwithstanding the fact that the federal government continues to ban the drug. The proposal before you, this LB643, is actually very similar to ones that have been adopted by 23 other states and the District of Columbia. At bottom, it legalizes medical marijuana for purposes of state law. And by that, I mean it removes all of the sanctions that Nebraska historically has imposed on the possession and distribution of medical marijuana. If you pass this bill, it simply means that Nebraska officials would no longer arrest, fine, jail, or otherwise punish people for using or distributing marijuana for medical purposes. Now, this is obviously a departure from the letter of federal law. After all, federal law bans marijuana outright and recognizes no legitimate medical purpose for the drug. And normally, we've seen that a law like this would be preempted. Indeed, there are law books that are filled with examples of state laws that are not enforceable because they conflict with federal law. Think of state laws banning products that have been approved by the federal government. But federal supremacy has limits. State laws that legalize marijuana, unlike state laws that forbid some private conduct, are constitutionally sound. Under the constitution, states have no obligation to punish private citizens even when they violate federal law. This is known as the anticommandeering rule. And in a nutshell, that rule says that Congress cannot force you, the state, to pass or enforce a law including a ban on medical marijuana. And if Congress can't force you to ban medical marijuana in the first instance, it naturally follows that Congress also can't prevent you from repealing a ban that you passed long ago but no longer want to keep. This is an important limitation on federal supremacy. Now, the anticommandeering rule doesn't empower you, the state, to push people to violate federal law, nor does it empower you to repeal the federal marijuana ban. So as a formal matter, people would still be committing a federal crime if they used or distributed medical marijuana in Nebraska even if you gave them your blessing. But as a practical matter, there is very little chance that the federal government would actually punish those people. In part, this is because the federal government no longer wants to punish people who simply use or supply medical marijuana so long as they obey state law. This is the stated enforcement policy of the federal government and it's one that they have honored. But even if the federal government suddenly changed its mind and decided to crack down on medical marijuana, the risk of federal prosecution would still be trivial. And this is because the federal government doesn't have enough agents to sustain a vigorous crackdown. Indeed, historically, it has depended heavily on the assistance of state law enforcement agents to fight the war on marijuana. For example, states have typically handled 90 percent or more of marijuana cases in the past. And the federal government can't force state agents to continue that fight. The anticommandeering rule I mentioned earlier prohibits that. So if you were to instruct your Nebraska law enforcement

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agents to focus on other crimes, the federal government would be unable to pick up the slack on its own. Medical marijuana would become de facto legal in Nebraska under the rules that you've prescribed. [LB643]

SENATOR SEILER: Excuse me, Professor. Just a second. [LB643]

ROBERT MIKOS: Yes. [LB643]

SENATOR SEILER: We have a red light going on your testimony. I'd entertain a motion to continue. [LB643]

SENATOR EBKE: Would you please let him continue? [LB643]

SENATOR SEILER: I have a motion and I will order that you can continue. (Laughter) [LB643]

ROBERT MIKOS: Thank you very much. I couldn't see the red light, naturally. (Laughter) I'll be brief. [LB643]

SENATOR SEILER: That's both of us. I didn't see it either. [LB643]

ROBERT MIKOS: So marijuana would become de facto legal in Nebraska if you were to adopt a proposal like this. And this is why...this practical limitation on federal power is why you now have hundreds of thousands of people using medical marijuana in the 23 states and the District of Columbia, as I mentioned, that have allowed it under state law even though federal law continues to ban the drug. In short, you have the ability to make medical marijuana legal in Nebraska just as it is in 23 other states and the District of Columbia. Whether and how you exercise that authority, I'll leave for others to debate. That concludes my comments. I'm happy to answer any questions you might have. [LB643]

SENATOR SEILER: Okay. I have a question from Senator Williams. [LB643]

SENATOR WILLIAMS: Thank you, Senator Seiler. Thank you for your testimony and bringing your legal expertise on this. My question is, because of your legal background and expertise, were you involved with the drafting of this bill? [LB643]

ROBERT MIKOS: No, I was not. And I haven't been involved in drafting any of the other bills that I mentioned. [LB643]

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SENATOR WILLIAMS: Okay. That was my question. So you have not been involved with the drafting of the legislation itself. [LB643]

ROBERT MIKOS: Correct. [LB643]

SENATOR WILLIAMS: Thank you. [LB643]

SENATOR SEILER: Senator Ebke. [LB643]

SENATOR EBKE: Thank you, Professor Mikos. I could talk all night but I won't, because there's a lot of people here, and then talk to you about the supremacy clause and your...and the concepts of federalism. Something that I'm curious about is when...as we're considering this, are there pitfalls that the states ought to be careful of as they take a look at legislation like this? Or how do we practically avoid keeping ourselves from running afoul of the federal government? [LB643]

ROBERT MIKOS: Well, like I say, that's...it's actually hard to do. The only time that you need to start worrying about either incurring the wrath of the federal government and bringing down a crackdown in Nebraska or possibly doing something that is preempted by federal law--and that could be challenged by private citizens as well--would be if you have your own state officials somehow violate federal law or forced private citizens to do so. And that would be a pretty unusual situation. I don't...I'm not aware of any state so far that has done that. There have been some close cases, for example, where states or localities have tried to force landlords to rent to medical marijuana dispensaries. That would create a problem, because federal law forbids property owners from renting to marijuana dealers. So if you were to force property owners to do that, you would essentially be forcing them to violate federal law. But, generally speaking, as I've read the bill, I don't see any obvious conflicts or anything that is necessarily vulnerable to a challenge under federal law and certainly nothing that would put your law enforcement agents at risk of being, you know, in the cross hairs of a federal prosecutor. [LB643]

SENATOR EBKE: Thank you. [LB643]

SENATOR SEILER: Senator Pansing Brooks. [LB643]

SENATOR PANSING BROOKS: Thank you, Mr. Mikos. Is it Mikos? Mikos. [LB643]

ROBERT MIKOS: Mikos. [LB643]

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SENATOR PANSING BROOKS: Mikos. Oh, okay, sorry. It's probably doctor, too, Dr. Mikos. I was just trying to...while I am a lawyer, I've never worked with the anticommandeering law. So I guess I just want to clarify that one more time. What I understood is that you said that the federal supremacy has its limits if it legalizes rather than prohibits. So you're saying that if the state prohibits a constitutional right, the state does not have the ability to do that. But if the state legalizes a law which is more liberal than a federal law, that is okay. Is that what you're saying? Or maybe I should have you reexplain it. [LB643]

ROBERT MIKOS: That's basically correct. So anytime you, as a state, interfere with private activity, say by banning it or putting conditions on it, that's a situation where Congress has the power to preempt your law. It doesn't always want to exercise that power. So there are situations where Congress might let the state law slide. But the important thing is, when you try to interfere with state...or with private conduct by banning it, taxing it, and so on, there you at the least are subject to a congressional override. But if you are doing nothing, if you are simply saying, we are going to allow this conduct to occur, then you can take advantage of this anticommandeering rule, because it...constitutionally, it makes the distinction between interfering with private action and just allowing private action to occur. [LB643]

SENATOR PANSING BROOKS: And no constitutional rights are at stake. Is that generally right? They would not allow that if constitutional rights were at stake. [LB643]

ROBERT MIKOS: Correct. You couldn't take away constitutional rights, but the situations where you would be doing that would be situations where you are interfering with private individuals who are arresting someone, for example. That's a clear situation where you're interfering with a private citizen and Congress could bar what you're doing. [LB643]

SENATOR PANSING BROOKS: Yeah, I just wanted to clarify that for all future legislation. So thank you. That's what I wanted to know. (Laughter) [LB643]

ROBERT MIKOS: Right, that... (Laugh) [LB643]

SENATOR PANSING BROOKS: Thank you. [LB643]

SENATOR SEILER: Any further questions? Seeing none, thank you very much, Professor. [LB643]

ROBERT MIKOS: You're welcome. Thank you for having me. [LB643]

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SENATOR SEILER: The next one on the list is Paige Figi. [LB643]

PAIGE FIGI: Mr. Chair, members of the committee, I'm Paige Figi. It's P-a-i-g-e F-i-g-i. I'm a mother of a child with epilepsy. My story is different than the ones you've heard here today. I am from Colorado, so I'm here to represent a success story and a successful organization. I am the mother of Charlotte. You've heard her name a couple times, I believe: Charlotte's Web oil. She has Dravet Syndrome, so three years ago is when I began this with her. She was end of life, she was on a do not resuscitate at home with a couple months left to live, her organs shutting down. I wouldn't be able to bring her to a hearing such as this, she was so fragile. And I stumbled onto the old research proving that cannabis--components of cannabis--are anticonvulsant. It's absolutely well documented. I started her on an oil and her seizures stopped. And when I began this with her, she was having a seizure every 30 minutes, a massive grand mal seizure every half hour, had lost all her life skills, couldn't walk, swallow, talk, hold eye contact. And her seizures stopped. So she went seven days without a seizure from that first day we began the treatment. I actually gave it as an end-of-life comfort measure. I didn't think it was going to be a proven anticonvulsant. She had failed every drug in multiple countries. And you've heard the story many times today. So it was one anecdotal story. She was five years old at the time, one of the youngest--if not the youngest--child that I had heard of in the world to use cannabis. It was...there's not structure. Despite that we live in Colorado and we were doing this legally through a medical marijuana program, it was still very controversial and very, very scary for us. And it was one anecdotal story. It could have been something else, is what I hear. It could have been a placebo effect in something else I tried. I formed a nonprofit called the Realm of Caring around the fact that there was no structure. There was no CBD information. There was no cost cap. There was no quality control, lab testing, and so on. And so we started this nonprofit. We now have...we just removed 15,000 patients from an access list. We have...we are housing medical refugees from Nebraska that have left your state to come to Colorado to access this oil. The efficacy rate beats any pharmaceutical drug that these children have tried. And so you understand, this is intractable, untreatable epilepsy. Nothing is going to work for these children. So people don't want to watch a seizure. And you've seen a couple here today. It's an ugly disorder. And it's, I think, in legislation, people don't understand it's not a benign case of the hiccups. This is life or death. If Charlotte were to leave the state of Colorado, I'd have to remove her from her therapy and she would pass, probably very quickly. So I'm here to give you a glimpse of what's happening in Colorado. I know that Colorado is a kind of a sensitive term here. And it's not a regulatory structure that you want to model. And that's fine. You should pass this bill because there is an absolute medical need and a validity to this as a treatment. And you can regulate it in any way. [LB643]

SENATOR SEILER: Just a second. You have a red light. [LB643]

PAIGE FIGI: Sorry. Sorry. [LB643]

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SENATOR SEILER: But I'll let you go on if you want to talk some more. [LB643]

PAIGE FIGI: My apologies. Thank you. Thank you. So I hear constantly that your opposition here is law enforcement. You have a lawsuit against our state for diversion of the plant coming into Nebraska. There's a way to regulate this to make everybody happy, to keep it safe, to keep it strictly medical, to...in Nebraska, it's growing here. People are using it illegally already. It's always been the case. The only people who don't have access, who want safe, responsible access, are the patients who need access. I don't speak to recreational and that problem is a law enforcement issue. But there are professionals that can help you regulate it to your liking. And I encourage you to understand the urgency of this issue. This is a very urgent issue. And I am in full support of allowing the people access. I would like to send the refugees home to Nebraska. I would like to send the people who just received their e-mail that they can come now...they're off the waiting list and they can come pick up oil, and they can't move. Their lives are living in a medical ICU in their home. They can't go stay in a motel. I heard yesterday in private meetings five times, why don't you just leave, take your child and leave the state and go to Colorado and get treatment? And I think that's an unacceptable answer, to force your constituents, the people who voted you and elected you to your seat...I think that's unacceptable. They've spoken. And we should stand up for them here in Nebraska. [LB643]

SENATOR SEILER: Okay. How hard is it to get stabilized, consistent oil? [LB643]

PAIGE FIGI: It is not hard. We have exactly that. We prove our reproducibility. We have...Charlotte's Web, particularly, is a hemp oil. So it is not even medical marijuana. We grew it under that regulation until Colorado passed a hemp bill. It is not grown seeds in the ground. This is a grown...this is reproduced in a tissue culture laboratory that's sterile. We have laboratory testing. And it's right between a pharmaceutical and an herbal supplement. We treat it like an herbal supplement, but we test it for safety like a pharmaceutical. And I treat it like a seizure therapy. And the patients, the clients, are not allowed to run out of medicine. They're given a lab report. And it's guaranteed safe. We're doing research. We collect money and donations from the Realm of Caring to do research. So we can't do research on this, which is why it remains a Schedule I substance. And it will remain a Schedule I until we can do research. We're doing this in South America where we can do a whole plant complete cannabinoid profile research. We're not isolating this in a laboratory like a pharmaceutical. This is what's working. This is what the people want for their children and themselves. And so I've been advocating for this for years now. We just started another nonprofit, so I represent two nonprofits and a social enterprise. And we started a D.C.-based 501(c)(4). We have a bill in Congress named the Charlotte's Web Medical Hemp Act that will be reintroduced this month. And our coalition supports the advocacy for this. And we are going to try and change the scheduling at least of CBD and hemp as a baby step so that you don't have this legislative issue and these parents don't

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have to decide between being a criminal, waiting, possibly losing their child, or refuging to another state. [LB643]

SENATOR SEILER: And how long has it been since your child had a seizure? [LB643]

PAIGE FIGI: She has...she's 99.9 percent seizure controlled. She was having 1,200 a month. And she has one or two now a month. She hasn't been to the hospital in three years. [LB643]

SENATOR SEILER: Wow. [LB643]

PAIGE FIGI: So it's a...she's a super responder, is what we call it. [LB643]

SENATOR SEILER: Any further questions? Senator Pansing Brooks. [LB643]

SENATOR PANSING BROOKS: Yeah. Thank you for coming and coming all the way from Colorado. I really appreciate it. It's very kind of you to take that time and go away from her. And I guess I'm interested...we heard therapy earlier from a...I think it was Mr. or Dr. Weiner. And he talked about the fact that the previous study...were you here for any of that? [LB643]

PAIGE FIGI: I watched on the monitor. [LB643]

SENATOR PANSING BROOKS: Okay. So I guess I'm interested. There was some discussion about THC levels and all of that. Do you...can you speak to that a little bit, or... [LB643]

PAIGE FIGI: So the oil that we use...and we have a full medical organization and we have a hemp organization. We didn't go into the rec industry. So if I'm speaking to...what my daughter is using is a Charlotte's Web hemp oil. The definition of hemp is anything that's less than 0.3 percent THC; 0.3 percent is the limit for hemp. The state Department of Agriculture approves us as hemp and tests our crop. And so that's the nonintoxicating factor of what we're using. Many patients use full medical with other levels of THC and it's beneficial. And so we can prove and reproduce that THC level to be compliant, because every person who purchases this hemp oil from us is entered into a research arm. It's an IRB-approved observational research registry. So they're...they purchase this oil, they are entered into an ORR, and that makes us Farm Bill compliant, federally Farm Bill compliant, because it's hemp grown in Colorado to state code, to state law, and we're undergoing research. [LB643]

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SENATOR PANSING BROOKS: Okay. Then I guess what I'm interested in...because I think what...the people that I have talked to who are opponents of this have driven through Colorado and have seen the...are there differences between each corner store that has a thing that says medical marijuana versus what it is that you're talking about? [LB643]

PAIGE FIGI: There is many, many differences. [LB643]

SENATOR PANSING BROOKS: Okay. Could you talk to that, please, because I think everybody thinks this is going to just turn into one of those things where every corner has a... [LB643]

PAIGE FIGI: It will turn into that if that's how you regulate it. They don't have a...they didn't have a license limiting bill. There were 1,100, I think, issued when Colorado passed its medical marijuana bill. And you don't have to do that. You can look at states. No two states are the same. You can look at a state that has highly regulated it. I don't recommend that. You have to have some restrictions for safety. But you have to allow access. And it's a free market. And you have to allow for competition. States like New York, Florida, Minnesota have written a very strict, limited license situation. So it's not pot shops, if that's what you're concerned about. It's not medical pot shops. It's...these are going to be run by pharmaceutical-grade doctors that have been in the pharmaceutical industry. And so you could have it however you want. If that is uncomfortable for Nebraska, and it sounds like that is the issue, then you don't write the regulations for dispensaries on every corner. And, yes, they're very different products at each one. Unless there's a laboratory testing happening at the discretion of the owner or the proprietor of that store and that strain, then it's up to me. And that's why I started this. I require the laboratory testing for consistency. And it's not a requirement in Colorado. But it is for my organization. And you can have that as well here. [LB643]

SENATOR PANSING BROOKS: That's very helpful, because I think that our perspective is that just anybody can say, I have a toothache or something, and then just get it, whatever. But we're talking about something more serious and more overseen by pharmacists and doctors in a more regulated way. [LB643]

PAIGE FIGI: Yes. This is. Yes. [LB643]

SENATOR PANSING BROOKS: Thank you. That's a big help. Thank you for all your work. And this is wonderful that you came to clarify this. [LB643]

PAIGE FIGI: Thank you. [LB643]

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SENATOR SEILER: Thank you. No further questions. [LB643]

SARAH LYON: Is it okay if I speak next? Is it okay if I speak next, Senator? [LB643]

SENATOR PANSING BROOKS: She needs to speak next. [LB643]

SENATOR SEILER: Okay. [LB643]

PAIGE FIGI: Okay. Thank you. [LB643]

SENATOR PANSING BROOKS: Thank you. [LB643]

SARAH LYON: (Inaudible)...thank you so much. Thank you. [LB643]

SENATOR SEILER: You bet. [LB643]

SARAH LYON: My name is Sarah Lyon, S-a-r-a-h L-y-o-n. In 2005, I broke my...I broke five vertebrae, shattered two, and severed my spinal cord. Two metal rods now hold together my spine. I am paralyzed from my chest down with no feeling or movement. Within a year of my injury, I was prescribed 11 different medications, everything from anxiety meds to antidepressants to bladder and bowel pills. I was put on muscle relaxants and heavy narcotic pain pills for spasms that caused chronic all-over pain. Those pills also caused permanent kidney and liver damage. I dropped from a healthy 125 pounds to 75 pounds in less than two years. Because of my dramatic weight loss, I was prescribed yet another medication to increase my appetite. I was constantly sedated and sick. All these pills combined made my life seem very unworthy of living. A few months passed and I had another life-altering experience. I was robbed at gunpoint. After that point, I was diagnosed with PTSD and suffered from severe anxiety and terror all around the clock. A close friend of mine offered me cannabis to soothe my fears. My life has never been the same since that day. This plant has helped me with literally every medical ailment I have suffered from being paralyzed. Within six months of using cannabis regularly, I gained 30 pounds and remain that healthy weight to this day ten years later. I can proudly say that I no longer take any pharmaceutical medications. Cannabis has replaced 11 pills and has made my life worth living again. The one downfall of this great plant is that I am made to hide my medication and my lifestyle like I am a criminal. I'm a full-time college student majoring in childhood education. I'm a wife and a mother of two. And I also home school my children. Medical cannabis users are not criminals. We are people just like you trying to have the best life for ourselves possible. It's not fair for me and for other parents to live in fear of losing our children because we choose to live a better life for ourselves. Keeping my medication illegal

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causes me to live in fear. I am forever fearful because the plant that helps me immensely in several ways also puts my entire life and family at risk of falling apart because of the obsolete law that forbids people in need of regularly using their medication. Cannabis has never caused a single death in the history of its use, yet it's scheduled as a Class I drug in the United States right there with heroin. According to the government, methamphetamine is safer than cannabis. This is not okay. You can ask any high school student, or anybody else for that matter, if meth is safer than cannabis, and they will look at you like you are oblivious. How can the youth of this country trust what the government says about cannabis if they so blatantly deny the truth? According to the United States government, cannabis has no medical use. I am proof that that is untrue. Millions of Americans are being criminalized for wanting a healthy and happy life. We choose an alternative medication. That does not make us bad, just different. Cannabis is nothing to fear. Enough is enough, and we won't back down. Times are changing and people need to stand up for what is right for the greater good. Thank you. [LB643]

SENATOR SEILER: Thank you. Any questions? (Applause) I hate to discourage your enthusiasm, but in hearings and before the Senate, that's not allowed. Thank you. [LB643]

SENATOR PANSING BROOKS: Ms...did you call on me? [LB643]

SENATOR SEILER: Yes. [LB643]

SENATOR PANSING BROOKS: Okay. Thank you, Chairman Seiler. I just wanted to thank you for your courage to come forward and talk with us about this. And we all wish you well and continued health and... [LB643]

SARAH LYON: Thank you. I appreciate you listening. [LB643]

SENATOR PANSING BROOKS: Thank you very much. [LB643]

AMBER McCONKEY: Could I also, because I have to take my seizure medicine and go home and I've been here all day. [LB643]

SENATOR PANSING BROOKS: Yeah. [LB643]

SENATOR SEILER: Sure, go ahead. [LB643]

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SENATOR PANSING BROOKS: Yeah, we can never do this again--I am really upset--ever. [LB643]

AMBER McCONKEY: My name is Amber McConkey, A-m-b-e-r M-c-C-o-n-k-e-y. I have a mixed seizure disorder with tonic-clonic complex partials, simple partials, gelastic, and progressive seizures. My seizures, my epilepsy actually started seven years ago when I developed lupus and lupus injured my brain. So I haven't had epilepsy for long, but my epilepsy is nonresponsive to medications. Right now, actually, I'm only taking three, which is unusual. I've actually taken a lot more. I've tried most of the medications, so right now I'm only on VIMPAT, Topamax, and gabapentin. However, they're not very effective and we're searching for...my neurologist and I are searching for a fourth medication to add to hopefully control my seizures. Last summer, I went into status epilepticus three times. And if you don't know what status epilepticus is, it's where you have a seizure that doesn't end. And I ended up in the emergency room and they had to give me rescue medication to hopefully stop the seizure. If it doesn't stop, they actually put you into a coma to hopefully help your brain heal so they can bring you out and see if the seizure has stopped. And that happened to me three times last summer. I also have dystonia. Dystonia is where instead of your muscles, like, one muscle contracts and the other relaxes, both muscles contract at the same time. It's also...it's very similar to a seizure. They use seizure medications to control that. So really, what it is, is there's a lot of pain. There's...my life has been destructed by epilepsy. My life has been disrupted by the epilepsy medications, by having seizures that don't respond to medication very well, and having seizures that go on and on. At one point, I was having five seizures a day. Right now, I'm down to about three seizures a week. They usually happen in clusters where I'll have five seizures at a time and then I'll go a couple days and then have a few more. I'm now having postictal psychosis because of the damage to my brain, which means that after a seizure I'll go into a psychosis. So I've had to go onto an antipsychotic. This is something that is not very...something I don't like to actually talk about to just people I know. It's not something that's very conducive to my life in general. It's not something I ever actually imagined for myself when I was young, that one day I would wake up and have epilepsy or that one day I would wake up and actually be psychotic after having a seizure. And my psychosis is I'm aggressive. I want to go home even if I'm at home. I don't recognize I'm at home. I am aggressive toward my husband. It's a red light. [LB643]

SENATOR PANSING BROOKS: Could she go ahead? [LB643]

SENATOR SEILER: Okay, you can go ahead. [LB643]

AMBER McCONKEY: I just wanted to say that I am... [LB643]

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SENATOR PANSING BROOKS: You can go ahead. [LB643]

AMBER McCONKEY: ...interested that I actually have taken Cytoxan, which is a medication that's created from mustard gas. So I'm just surprised that where there is medications that are prescribed and legal that were made from things that were used to kill people, you know, in horrific ways, that you can take those and have terrible side effects, that something that is relatively harmless is being debated so much. That's really all, something that could really help, so. [LB643]

SENATOR SEILER: Senator Pansing Brooks. [LB643]

SENATOR PANSING BROOKS: Have you...thank you for your testimony. I'm sorry you're going through all this. Have you talked to your doctor about possibly prescribing medical marijuana at some point or did you...have you talked to them about that, at all, or...? [LB643]

AMBER McCONKEY: Right now, I'm working on getting my insurance company to agree to a fifth trip to the Cleveland Clinic and working on maybe getting deep brain stimulation before trying some of those other things, because it's not legal here. [LB643]

SENATOR PANSING BROOKS: Okay. [LB643]

AMBER McCONKEY: So it's either...since it's not legal, it's having metal inserted into my brain or having parts of my brain cut out, because that's another thing, is having...they burn out different parts of your brain... [LB643]

SENATOR PANSING BROOKS: Are you... [LB643]

AMBER McCONKEY: ...and as people talked about before, having the brain cut, I mean, having all of these other massive surgeries done first just because it's not legal in this state. [LB643]

SENATOR PANSING BROOKS: Yeah. Unfortunately, I think I'd become a medical refugee to Colorado before letting them touch my brain. [LB643]

AMBER McCONKEY: And that's something that kind of I'm considering with my husband. [LB643]

SENATOR SEILER: Any further questions? Thank you very much for your testimony. [LB643]

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AMBER McCONKEY: Thank you for letting me talk. [LB643]

SENATOR SEILER: I have next Brian Gaughan. [LB643]

BRIAN GAUGHAN: (Exhibit 6) Good evening. Thanks for letting me come and speak. My name is Brian Gaughan, B-r-i-a-n G-a-u-g-h-a-n. I'm here today speaking not just on my behalf, but on behalf of an organization that I am a proud member of. It's called Law Enforcement Against Prohibition, or LEAP. We're a group comprised of current and former law enforcement officials and supporters who seek to educate others about concerns that we have concerning drug policies throughout the country. I'm a former police officer in suburban Chicago. I spent part of my career as an undercover narcotics officer. After 10 years as a police officer, I quit to take a job as a paramedic on the fire department, where I spent 23 years. My testimony here today is dedicated to Meghan O'Brien of Huntley, Illinois. Meghan died this week. In fact, her funeral is tomorrow. She was a 31-year-old schoolteacher, as well as my daughter's best friend. I knew Meghan since she was five years old. Eighteen months ago, Meghan was diagnosed with a rare, aggressive form of cancer that ravaged her body. She went through chemo, surgeries, and a multitude of conventional medicines, and they all left Meghan not only extremely ill but with severe pain, terrible nausea, insomnia, and virtually no appetite. Her friends wanted to help her. The medication that did provide Meghan relief, the only medication to provide Meghan relief, were cannabis-infused edibles made for her by a multitude of her friends. While this cannabis did provide physical relief for Meghan, Meghan became very concerned about her friends having to purchase cannabis in less-than-desirable neighborhoods, risking robbery, assault, theft and, of course, arrest. Many of her friends had professional licenses and certifications. They were at risk of losing them if they were arrested. The ability to obtain student loans would be stripped away with a conviction. Jobs could be lost, and families could be financially ruined, all because they committed an act of kindness and compassion. This anxiety and fear is state created, and this state-created fear really needs to change in this country. As elected officials, you're charged with the task of making certain your constituents are safe, secure, and afforded the freedom that individuals in other states are granted. A vote in favor of medical cannabis will help ensure that people right here in Nebraska, thousands, will not have to go through the same situation that Meghan did. These patients will know that they and their family won't risk having to purchase cannabis in dangerous situations, along with the risk of arrest and imprisonment. They'll know that the strength...they will then know the strength of their medication; they'll know that it's free of mold, toxins, and other unwanted additives. People won't have to uproot their families and move in order to provide a medicine for a sick family member. I've worked in both the law enforcement field as well as the medical field, and I state with certainty that this issue should be viewed from a public health perspective, not a law enforcement one. It's only a law enforcement issue because the state legislated that it be one. That can change. You have the power to change that, and I urge you to do just that. Twenty-three states, as well as the District of Columbia, now have either medical or outright legalization of cannabis. And for the rest of the country, it isn't a

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matter of if, it's a matter of when it's going to happen and they're going to join the other states. It's time for elected officials of this great state to move forward and vote in favor of this well-written, compassionate legislation. I urge all of you to do just that. Nebraskans need and deserve compassion over the cannabis hysteria we hear from the other side. You can provide them that with passing this bill. I thank you very much for your time, and I thank you in advance for doing the right thing with this bill. [LB643]

SENATOR SEILER: Any questions? Seeing none, thank you for your testimony. [LB643]

SENATOR PANSING BROOKS: I might have some. [LB643]

SENATOR SEILER: Wait a minute. [LB643]

SENATOR PANSING BROOKS: Can you, since you worked in law enforcement so long, can you talk about the...I mean you saw effects of this young woman on...after she had taken the cannabis, I presume. Did you? [LB643]

BRIAN GAUGHAN: Correct. [LB643]

SENATOR PANSING BROOKS: And so could you speak to that it's not necessarily a high that you might have seen in people that you arrested as an officer. Could you speak to that a little bit? [LB643]

BRIAN GAUGHAN: You know, I would think if you ask any police officer which would they rather deal with, someone that had four beers or someone that smoked a joint, unequivocally, they would say, I would rather deal with someone who smoked a joint. They're not people who want to start a fight. [LB643]

SENATOR PANSING BROOKS: But...and this isn't even smoking. This is... [LB643]

BRIAN GAUGHAN: Oh, this is cannabis edibles. [LB643]

SENATOR PANSING BROOKS: Yes. [LB643]

BRIAN GAUGHAN: Well, it's really kind of the same thing. And even from a more personal point of view, I can tell you that since, you know, I didn't live in the same house as Meghan, obviously, I can tell you that for six years my wife has been a cancer patient. We actually had to

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move from Chicago to Oregon so my wife could become a medical cannabis patient in Oregon. So I can speak to that from having to be with my wife and... [LB643]

SENATOR PANSING BROOKS: Okay, if you could speak to that, yeah. [LB643]

BRIAN GAUGHAN: It really...all...the only effect I've ever seen, it makes my wife sleepy. It...but it gave her back her appetite. She was down to 80 pounds. She gained weight back. She got her appetite back. She felt better. She had a better outlook of life. It...each day is better with my wife because of medical cannabis through the state of Oregon. [LB643]

SENATOR PANSING BROOKS: I really like your perspective that you said it should be a health issue, rather than a law enforcement issue, so...and maybe having law enforcement decide something that affects people's health does seem a little unusual. [LB643]

BRIAN GAUGHAN: It does to me. I don't think law enforcement should step between a physician and the patient. [LB643]

SENATOR PANSING BROOKS: Yeah. Thank you. Thank you for taking the time to come. [LB643]

BRIAN GAUGHAN: Sure. [LB643]

SENATOR SEILER: Thank you for your testimony. [LB643]

BRIAN GAUGHAN: Sure. [LB643]

SENATOR SEILER: Teresa Moberly. [LB643]

TERESA MOBERLY: Good evening. I'd like to thank you for the opportunity to share with you today. My name is Teresa, T-e-r-e-s-a, Moberly, M-o-b-e-r-l-y. And this is my daughter, Molly. Molly is 18 and she has an intractable epilepsy known as Dravet Syndrome, same thing as Charlotte Figi has. I'd like to talk to you today about the word "expert." Expert is described in Webster's Dictionary as having or showing some special skill or knowledge because of what you have been taught or what you have experienced. Molly was born without complications, a perfectly healthy baby. At four months old, she received a DPT shot, which experts agree are necessary, thus, began our journey. Her first CAT scan, MRI, and the EEG showed a completely normal brain. Eighteen years and 20 seizure medications later, that is no longer the case. Of the

medicines Molly has been on, three actually caused seizures. I told her neurologist I thought this was happening because I'd give her the medicine and, like clockwork, within 15-20 minutes she would begin rubbing her eyes incessantly and then seizures would start in. He said that was not possible. Well, who am I to question him? He's the expert, right? I later learned this was very true. These particular seizure medications can actually cause seizures in someone with Molly's diagnosis. That brings up another issue. She didn't get a diagnosis until she was ten-and-a-half. Despite seeing six different neurologists, it took a parent's recommendation to me and me relaying it to her doctor before the diagnosis was made. We have been told by four different neurologists that they rely heavily on the parent to relay what is going on with the child, because the parent is with them all the time. Seizures can manifest in so many different and unique ways that even an expert neurologist could miss one if not hooked up to an EEG. Molly went through several years of constant subclinical seizure activity where she lost many basic skills, like toileting, talking, and singing. During this time, three neurologists saw her and her MRI, but it was the third who caught onto the fact that she was actually seizing all this time. Thankfully, we made some changes and got a little better seizure control. It took Molly five years before she talked again. After getting the diagnosis of Dravet Syndrome at ten-and-a-half, we became involved in an international parent and physician group and went to medical conferences across the country. We learned how to tweak and ween medicines. We learned about stiripentol, Depakote, and clobazam, the triple threat in Dravet Syndrome. Clobazam is only available in Canada and stiripentol only in France. These are the go-to medicines recommended by Dr. Charlotte Dravet herself. [LB643]

SENATOR SEILER: Senator (inaudible)... [LB643]

SENATOR EBKE: Go ahead, please. [LB643]

TERESA MOBERLY: Okay, thank you. You might understand my concern when I mentioned stiripentol to a Nebraska expert recently and he'd never heard of it. The neurologist we see now tells me that I am an expert on Molly, that I am the expert on Molly. I share all of this to say, how would you feel if you had been thrown in the position for 18 years to make hard decisions about your child's care only to then find the perfect treatment and be told you can't try it because the experts have not approved it? How would you feel to know there was a treatment that could definitely help your child but you lived in the wrong ZIP code? We've been given the responsibility of choosing between the medicines that can cause aplastic anemia and Stevens-Johnson Syndrome, both which can lead to death. We've been given rectal Valium and oxygen to use at home. We are the ones who usually guide the ER doctors as to what they need to do, but now we aren't educated enough to choose this plant. When you vote about this lifesaving medicine, I ask you to think about who the experts are in caring for our kids. Is it really the FDA? Is it really the doctors who are great at what they do but cannot be with every one of their patients 24/7? Do you really understand Felbatol, stiripentol, Valium, or CBD enough to say

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which one my daughter, who is already an expert on 20 of them, should take? Do you know which one made her angry and aggressive, which one caused kidney stones, which one made her eyes burn, which one made hair grow on her back, and which one made her hair fall out? Because I do, I submit to you today that I am an expert on my child, based on 18 years of on-the-job training, vigorous research, and life-limiting experiences. Please, give me the chance to choose a better quality of life for Molly. I apologize for my voice. [LB643]

SENATOR SEILER: Any questions? No problem. Questions? Senator Brooks. [LB643]

SENATOR PANSING BROOKS: Thank you so much for coming today. And I agree. You know, that's the whole point, is that we are the experts on our family as the caregiver, and medical professionals do need to listen to the caregivers, as well as the patients. And I just really appreciate your spending the time and leaving...and staying here this long. And thank you, Molly, for being here for us. I appreciate it. [LB643]

TERESA MOBERLY: Thank you. [LB643]

SENATOR SEILER: Any further questions? Thank you very much. [LB643]

TERESA MOBERLY: Okay, thank you. [LB643]

SENATOR SEILER: I have Debra Timm next. [LB643]

DEBRA TIMM: (Exhibit 4) My name is Debra Timm. It's D-e-b-r-a T-i-m-m. Am I awake? Am I still awake? Am I awake? I didn't fall asleep, right? The number of times those questions are asked by our 18-year-old epileptic son Matthew every day is in the hundreds. This is just one of the many side effects that have popped up since Matt started taking epilepsy medication. When Matt was one year old, he began having difficulties in most every area of his development. By the time he was two-and-a-half, his skills had digressed to those of a nine-month-old. At age six, Matt was diagnosed with an autism spectrum disorder. Through the help of an outstanding Nebraska school system and a lot of therapy, we managed to keep Matt off medication until third grade. Even then, the dose was small and seemed to help with very few side effects. Puberty definitely threw us a few curve balls, but by high school Matt was really starting to mature. In his sophomore year, Matt had his first grand mal seizure. Initially, the doctor hoped it was a one-time event due to a routine surgical procedure he'd had a few days prior. Unfortunately, ten weeks later, he had another seizure and we were told that medication was now necessary. Within three weeks of starting epilepsy medication, Matt had developed severe acne and had punched me in the face. At that point, we hadn't even titrated Matt to anywhere near the full dosage

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needed to attempt to keep him seizure free. The side effects Matt was experiencing were not acceptable, so we slowly backed off that medication while starting a new one. The acne and violent behavior lessened, but now Matt was asking us hundreds of times a day if he was awake. He also started mumbling under his breath, asked other repetitive questions, and frequently made loud, unintelligible sounds. The seizures were not well controlled on this medication, either, so we started titrating down again while adding another new medication. The side effects worsened again, so we decided to go back to the second medication that didn't work as well but had the fewest side effects. Matt's epilepsy diagnosis has made an already difficult life much more difficult for him. Suggested surgical procedures with no guarantee of correction would cost hundreds of thousands of dollars. They are fraught with risks and potential side effects that, frankly, don't allow us to even consider these options at this time. What we would like most is the option to do something noninvasive and without the side effects that most commonly prescribed epilepsy drugs present. Currently, more than 20 states permit the use of medical cannabis for eight conditions, and one of those is seizures. The simpler, more natural approach of using medical cannabis is one that we would want to try before even considering more invasive treatments. As parents, we want the opportunity to try medical cannabis to manage Matt's epilepsy. I urge you to pass LB643, the Cannabis Compassion and Care Act. You can improve the quality of life for countless Nebraskans. Thank you for your time. [LB643]

SENATOR SEILER: Questions? Thank you very much for your testimony. Nicolette, Nicole "Harrison" Geiger. [LB643]

NICOLETTE GEIGER: My full testimony is on here--I know we don't have time to go through it all--as well as sources from what I'll be talking about. [LB643]

SENATOR SEILER: Go ahead. [LB643]

NICOLETTE GEIGER: (Exhibit 5) My name is Nicolette A. Geiger, N-i-c-o-l-e-t-t-e G-e-i-g-e-r. I am 32 and I live in Norfolk, Nebraska, with my husband and our seven-year-old son. As I was explaining to our son what I was doing today, he could not comprehend why I am not allowed to take a medication that would help me do more things with him. I told him, I don't understand, either. I consider myself an expert on my illness because I was diagnosed 19 years ago with Crohn's disease, an inflammatory bowel disease. I suffer from severe pain, increased risk of colorectal cancer, liver disease. I've had dangerously high liver enzymes, skin lesions, extreme fatigue, just to mention a few. Following my surgery to have my entire large intestine removed, I almost died twice due to internal bleeding and infection. I had a two-year-old at the time. You would not know this simply by looking at me, which is exactly why I'm here today. You cannot see the war that is going on within my body because we want to appear normal when we are out in public. We don't want to be more different. I currently take a medication called

ENTYVIO, which is considered a form of chemo, every four weeks, two-and-a-half hours from where I live. After each infusion, I develop a fever, nausea, burning, skin lesions on my face, neck, back, and chest that look like cigarette burns, and extreme fatigue. Why don't I stop the medication if I have a bad reaction? The alternative is worse: a permanent ostomy or a stem cell transplant. I'm not talking about a toothache, wanting to get medicinal marijuana for. I am talking about my life. You have the ability to approve a medication that has been proven to work for people like me and make this medication available to us sooner than medications that are even in clinical trials currently. Since Crohn's disease is both a chronic and incurable illness, I will be on ENTYVIO every four weeks for the rest of my life. Imagine being told right now that you need chemotherapy for the rest of your life. When I spoke with my pain doctor, Dr. Daniel Wik, who supports legalization, he suggested me...suggested I testify and explain I take MARINOL, which is the legal synthetic form of THC in the state of Nebraska, for my nausea, not to be confused with its synthetic forms, such as K2 and Spice. MARINOL has eliminated 95 percent of my nausea, something even prescription nausea medications couldn't do, and it has also decreased the amount of pain medications I need. We have seen positive benefits for patients who use MARINOL and have not seen an increase in recreational abuse. Legalizing medicinal cannabis would give patients access to the benefits of the actual marijuana plant, versus only synthetic THC. CBD is considered to have a wider scope of medical applications than THC, which is why, despite having legal forms of synthetic THC, we need to legalize the use of marijuana plant. Not all forms of cannabis have to contain THC. There are already systems in place to deal with employees taking prescription medications. Cannabis is no different. Opium is legal in Nebraska through prescription medication. If you take Vicodin, for example, you are taking legal opium. We don't make medicinal forms of opium illegal since there are people who illegally obtain and abuse opium for recreational use. Please, do not do that to marijuana. [LB643]

SENATOR SEILER: Ma'am, just hold on a second. Entertain a motion. [LB643]

SENATOR PANSING BROOKS: Could you please go ahead? [LB643]

SENATOR SEILER: You can now continue. [LB643]

NICOLETTE GEIGER: We deserve the opportunity to try a substance that has been proven to improve patients' quality of life. When done under the direction of a doctor, patients have access to the appropriate form of medicinal cannabis for their illness. People like me rely on lawmakers like you to make certain medical decisions such as this. If I can make just one thing stick from my testimony, it would be how severely, chronically ill people like myself are always living in survival mode. I am putting my most valuable possession in your hands: my life. When you contemplate legalization, please, remember that is my life on the line. Please help me to be the

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wife, the mother, the daughter, the friend I want and deserve to be. It's hard to tell your only child he won't have a sibling because I'm too high risk for another pregnancy or that I take category X medications. I had to give up my dream job less than two years after being hired as a hospice social worker after graduating college with honors. I can't coach my son's soccer team or be a room mom. We rarely travel, as changes in climate and altitude make me worse. And we spend over \$12,000 a year on my medical needs. Crohn's disease affects every aspect of our lives. Please support legalization for people like me. [LB643]

SENATOR SEILER: Senator Pansing Brooks. [LB643]

SENATOR PANSING BROOKS: Thank you. Thank you for coming. I'm sorry you've had to wait here so long. Could you please tell me, in your packet, what is the sheet on ENTYVIO's side effects? Is that a medication you're taking now? [LB643]

NICOLETTE GEIGER: Yes. The ENTYVIO is my current medication. I started it back in June. That is why I had to start taking the MARINOL. Those are the side effects listed with it, as well as other medications that I've been on and the side effects, that you can compare to medicinal cannabis. [LB643]

SENATOR PANSING BROOKS: And just for the record, I do like your point about opium. That's one of the things I figure. If we limit it, we can have doctors attempt to prescribe it. [LB643]

NICOLETTE GEIGER: The same for... [LB643]

SENATOR PANSING BROOKS: They are practicing medicine and we know that science...that medicine is as much of an art as a science. And so we all know that doctors have to spend all sorts of time finding the right medication. And so why not put this in the arsenal? Thank you for your time... [LB643]

NICOLETTE GEIGER: Thank you. [LB643]

SENATOR PANSING BROOKS: ...and your testimony. [LB643]

NICOLETTE GEIGER: Thank you. [LB643]

SENATOR SEILER: Seeing no further, thank you. [LB643]

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NICOLETTE GEIGER: Thank you. [LB643]

SENATOR SEILER: Josie Kranz. [LB643]

JOSIE KRANZ: (Exhibit 7) Hi. My name is Josie Kranz, J-o-s-i-e K-r-a-n-z. I'm 36 years old, and I have four children and a small farm. Two years ago, my husband Christopher was diagnosed with brain cancer. After surgery, they told us it was glioblastoma multiforme, the most aggressive type of brain cancer. It can double in size in ten days, they told us. I'm a scientist, so I started researching right away to find anyone who had any success reducing brain tumors. Friends and family were also looking for ideas and sending me information. That's when we discovered the many successful uses, medical uses, of cannabis, including tumor reduction, anti-inflammatory, and general pain relief. Not only are there many, many anecdotal stories from brave people coming forward in the face of harassment and prosecution to tell their story, but there are studies proving it works. We soon realized that most of the things we knew about cannabis was based on very old propaganda. I support the Nebraska Compassion and Care Act because it will allow us to learn more, to have a healthy dialogue without fear, and to help the many, many people for whom this may be the only thing that allows them to live a comfortable life. My husband died last July. No one should have to watch their husband or wife, their child or their daddy degrade slowly, losing skills and strength, their features changing as they develop the full-faced side effects of months and months of prescription steroids, knowing there's something else out there that might make them more comfortable and might even save them. But our government says we can't try it or we could become a criminal. It isn't reasonable to expect us to uproot our families, leave our farms and our jobs to take...to go to a place where it's legal to pursue this medical treatment. So here we are, doing our best to take care of our sick loved ones, the rest of our family, and keep our life together, and we have to decide between quality of life and prosecution. Going through all of this is terrible enough. We shouldn't have to risk becoming a criminal to medically treat our loved ones who are suffering. We need to pass the Nebraska Compassion and Care Act into law right now to give Nebraska families the basic right to choose. I don't think any person who becomes educated on cannabis can deny the plausible medical benefit. When you know there is a medical benefit to your constituents, it seems unethical to deny them access to it. Is your reason to deny it good enough to justify the death of children and parents in our state while you wait to see what happens in the rest of the country? Please, imagine what it's like to be in any one of our situations. If you were in our situations, you would probably be on the other side, in our seat, because we've experienced terrible suffering and we wouldn't want anyone else to have to suffer that as well. There are 24 new people each day in Nebraska being diagnosed with cancer. There's a lot of people that we could help. It's too late for my husband, but it's not too late for the rest of the people who are suffering in this state. So please give mothers and wives like us the option to use this medication to improve quality of life or even heal our families. We need your support for the Nebraska Cannabis Compassion and Care Act. Thank you. [LB643]

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SENATOR SEILER: Thank you. Any questions of this testifier? [LB643]

SENATOR PANSING BROOKS: Thank you for your testimony. [LB643]

SENATOR SEILER: Thank you very much. I have Shelley Gillen next. [LB643]

SENATOR GARRETT: Pardon me, Chairman. We've got another testifier who's got a bit of a medical condition (inaudible)... [LB643]

SENATOR SEILER: Okay. [LB643]

SIERA HEHNER: (Exhibit 8) My name is Siera Hehner, S-i-e-r-a H-e-h-n-e-r. I am 29 years young with a list of medical conditions, one of which I'll be talking about today. In school you're told that drinking, smoking, and doing drugs are bad for you. When you reach a certain age, however, you're able to drink, smoke, but are still being told drugs are bad for you, marijuana included. No one tells you that there are benefits from using medical marijuana. In 2011, I was diagnosed with autoimmune hepatitis. That's where my body attacks the cells in my liver and tries to shut it down. I was put on prednisone, which has many bad side effects, and I'm now on a form of oral chemo which I will need to take for the rest of my life. Due to my liver being sick, I'm no longer able to take anything for pain, so you can see where I'm sort of stuck with no other options. When it's that time of the month, most females can grab a Midol and be on their way. When you have a headache, you can take some Tylenol and in a while all your pain is gone. When you aren't feeling well, there's always some sort of pill to take to get rid of your pain. Having AIH, I can no longer take anything, not even a baby aspirin, as it will raise my liver enzymes, causing a flare and making me sick. After the liver biopsy, I was left with a constant stabbing pain on my right side where my liver is. I was tired of crying myself to sleep each night due to all the different pains my body was going through. I thought to myself, I have finally had enough, and I couldn't take the pain anymore. So I decided to try medical marijuana. I unfortunately had to travel to our neighboring state to do so. To my surprise, it worked for me. I could actually sleep and it felt great to finally not feel any pain. When you're sick, that causes more stress on your body and makes you feel even worse. To be able to get some relief had a big impact on my body. I could finally smile again and it didn't raise my liver enzymes. It's actually the only thing that hasn't raised my liver enzymes. I started to wonder why so many people seemed to be against it when it actually helps. I'm far from a criminal and I don't think anyone else looking for relief from pain should be considered one. For someone like myself, this is the only thing that helps. If it were legal here, my medical team would prescribe it in a heartbeat. I hope you take into consideration all of the sick people who can't take anything else the next time you grab a Tylenol. Think to yourself, what would I do if I couldn't take this anymore, how much longer would I suffer? And think about the tons of us sick people and put yourself in our shoes. I

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love my home state of Nebraska and I shouldn't have to move to a neighboring state to get relief. Please make medical marijuana legal in Nebraska, and thank you for your time. [LB643]

SENATOR SEILER: Okay. Any questions? Thank you for your testimony. [LB643]

SIERA HEHNER: Thank you. [LB643]

SENATOR SEILER: I show Shelley and Dominic Gillen, but I believe they testified earlier, did they not? Oh, okay. [LB643]

SHELLEY GILLEN: (Exhibit 9) Thank you. Good evening. I would like to ask the committee and everyone in this room to imagine who you love the most. Now imagine that loved one violently smacking the floor. Imagine them being covered in blood due to injuring themselves from the fall. Imagine their stiffened body convulsing, their eyes rolled back, their face grimaced, and their shrieking due to the air being forced out of their lungs. And now I'd like to pause for a moment. That was just a 15-second seizure. Imagine one lasting five minutes, ten minutes, even hours. My son does not have time to wait for the FDA to approve cannabis extracts, not when the next seizure could kill him. Every single seizure and every single day is a risk for Will. Although my husband and I know that LB390 offers an option for Will, we are also realistic in knowing and preparing ourselves that it may not help him. The reason why is that it is very possible that Will may need more THC than just 0.3 percent, as what's allowed in LB390. It is not realistic to assume that legalizing one strain of the cannabis plant will become a one-size-fits-all remedy for all who suffer from epilepsy. Ignorance breeds fear, and THC is a component of the cannabis plant that is not to be feared. It's a very important and essential part of the plant that is needed at times depending on the severity of a condition being treated. There have been many stories shared through social media about children needing more than 0.3 percent THC, especially those children who are very medically fragile or who are trying to wean off of their powerful "pharmas" due to their detrimental and unknown long-term side effects. This may or may not come as a surprise, but my son has literally been high for over 12 years now due to the side effects of his FDA-approved meds. With our neurologist's support and approval, in the next few months we will be weaning Will off of one of his prescription meds that is 100-percent addictive. As a result of the research we have done on this particular med, we have learned that it will be more difficult to wean from Will than if he were on heroin. We are very concerned and very frightened as to what this med is doing to his growing body, especially since there are no long-term, FDA-approved studies that have been done on a 12-year-old boy who has been taking it for four years now. As for addressing the fear of medical cannabis being abused if legislation is passed, or the slippery slope, it is disheartening and insulting when someone compares this treatment we want for Will, who is innocently suffering, and comparing it to someone who may consciously choose to abuse it. Will is not able to make any conscious

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choices on his own. We have to make those for him. Who are we as human beings if we ignore the suffering of others because of those who may choose to abuse it, not to mention that Will is not denied any of his other "pharmas" due to their high likeliness of being abused. In closing, I would like the committee to be aware that personally I am very conservative, a strong Christian, and a college-educated elementary educator. I am also a law-abiding citizen who is going through all the proper channels to try and obtain safe and legal access to medical cannabis treatment for my son. Ironically, those who are not supporting LB643, in turn, would actually be supporting and giving stronger business to the black market and drug cartels if legislation is not passed. If you are truly compassionate for Will and those in similar situations, you won't make us wait; you won't stand in the way of possible lifesaving treatment. As a mother who is desperately seeking relief for her son, I would like to respectfully ask that the committee please be my son's and others' heroes and pass LB643. Thank you. [LB643]

SENATOR SEILER: Shelley, would you state your full name and spell it? [LB643]

SHELLEY GILLEN: Oh, I'm sorry, yes: S-h-e-l-l-e-y G-i-l-l-e-n, Shelley Gillen. [LB643]

SENATOR SEILER: Thank you. Any further questions? Yes. [LB643]

SENATOR PANSING BROOKS: Thank you, Ms. Gillen, for your testimony. And I do think it's a good point about the black market and the fact that by not doing it we're just promoting other activities to occur, so thank you very much. [LB643]

SHELLEY GILLEN: Thank you. [LB643]

SENATOR SEILER: Is Dominic going to testify? [LB643]

_____: Yes. [LB643]

SENATOR SEILER: Okay. [LB643]

DOMINIC GILLEN: Good evening. My name is Dominic Gillen. It's D-o-m-i-n-i-c G-i-l-l-e-n. My son Will has lived with a catastrophic seizure disorder since the age of four months. He's now 12. Over those 12 years, he has endured thousands and thousands of seizures. He has been subjected to countless drugs and other treatments, none of which have offered any long-term control. We've been left with three options: maintain the status quo of FDA-approved drugs with their horrible side effects; have invasive brain surgery with no guarantee of seizure control; or fight for an alternative treatment, such as those offered in LB643. About a year ago, I was here at

the Capitol and as I walked the halls of the building I saw Senator Chambers, so I introduced myself to him. I told him who I was and that I wanted to thank him for supporting Senator Crawford's bill, the one that she had introduced last year. He said to me very politely, why are you thanking me, this is what we're supposed to do. Those words have stuck with me ever since. My wife talked a little bit about the abuse and I'd like to talk about that, as well. Unfortunately, people find ways to abuse way too many things, but we don't deprive the vast majority of people who are responsible citizens access to things that might be abused by someone else. The percentage of abusers of anything is small when compared to all users, whether it be alcohol, prescription drugs, or any other substance. Attorney General Peterson was interviewed on a medical cannabis issue a few weeks ago by radio guy Tom Becka, and during the interview Mr. Becka showed him a picture of my son Will wearing his full face-guard helmet that you saw here a little bit ago. This was his response, and it was not in a disrespectful way, but he said, if you're going to show me a picture of a kid in a helmet, then I'm going to tell you about my nephew. He went on to describe how his nephew at 17 had begun smoking marijuana heavily and developed schizophrenia. I feel for him and his family. Unfortunately, we've allowed this discussion to be hijacked by those who insist on equating recreational use with medicinal use. They aren't the same thing. When thinking about the abusers, please, remember one very important fact: They make a very conscious choice to abuse. My son Will has had no choices in his life. He's been able to make none. Instead, his choices have been made for him: to become addicted to drugs he never would have chosen to take, to combat an illness he never would have chosen to have. Think of all the other people in this room and across the state who would benefit from passage of this bill. They've also had no choice in their medical circumstances. Who deserves more consideration here, the small number of abusers or the potentially thousands of fellow Nebraskans who have had no choice in their medical circumstance and are begging you to give them a compassionate option? A recent Pew survey showed that 78 percent of Americans approve of medical cannabis. That's about seven of ten people in this room, if you think about it, Nebraskans, and that seems like a pretty big majority. As Nebraskans, we provide ourselves...we pride ourselves on helping our neighbors, even if we don't know them. Look at our response to national natural disasters. The tornado in Pilger, for instance, Nebraskans by the hundreds bussed there, rolled up their sleeves, and did the tough, dirty job of helping fellow Nebraskans. I lived through the tornado in Omaha in 1975 and I saw firsthand what Nebraskans do for other Nebraskans who are in need, and that takes me back to what Senator Crawford...oops. [LB643]

SENATOR PANSING BROOKS: Can you finish that? [LB643]

SENATOR SEILER: Go ahead. [LB643]

DOMINIC GILLEN: Thank you. That takes me back to what Senator Chambers had said to me last year. His response reminded me of something very important: that he is a voice, one of 49 voices who aren't here to speak for themselves but, instead, to be the voices of the people they

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represent and particularly those who literally can't speak for themselves, like my son Will. My plea to you is this: Many Nebraskans are living that disaster I spoke of on a daily basis, and they need you to roll up your sleeves, not be afraid, and do the hard work of making it possible for all those Nebraskans to see this treatment option. Thank you. [LB643]

SENATOR SEILER: Any questions? Thank you very much for your testimony. Shari Lawlor, you're next up on the list. [LB643]

SHARI LAWLOR: (Exhibit 10) Actually, I am testifying for my sister Linda Weinmaster who lives in Colorado who would not be able to appear here in person because her son takes a cannabis-based product. Her name is Linda Weinmaster, L-i-n-d-a W-e-i-n-m-a-s-t-e-r. Her son Adam is a six-foot-five, 240-pound, 23-year-old and he's on the autism spectrum. And he has a tendency to escalate with behavior rages that my sister would handle it in a way so that she would not be injured and she would lock herself in her bathroom as Adam carried on and destroyed the house. I mean she would come over to my house with bite marks and bruises, and she couldn't handle him and her husband couldn't handle him, either. And so basically, they moved out to Colorado for a job change last July and they had an incident right away in the neighborhood because in Colorado you can leave your windows open and you don't have to have air conditioning. And Adam proceeded to have one of his rages and, since they didn't know their neighbors, the police were called and three people showed up at the door and, you know, they had to do some explaining. Luckily, Adam that night was able to calm down. But it led her on a journey just to investigate. And she went and got a cannabis-based chocolate bar, which they look like just any Hershey bar, which they're divided in little rectangles. And so the next time when Adam started to escalate, she just was afraid to give him even one square because, you know, she doesn't know what's going to happen. So she just gave him a half of a little square, and it calmed him down, because basically some people have said that, you know, autistic people, they feel like their brain is on fire, and this basically, you know, calmed his brain down. And she said he went, sat on the couch the rest of the day, and watched TV and was happy the rest of the day. And I just wanted to bring that to testimony because, you know, it's hard to come forward if you are using here in Nebraska. And she's perfectly legal to use it for her son in Colorado, so that's what I wanted to add, so. [LB643]

SENATOR SEILER: Any further questions? Thank you very much for your testimony. I believe Lynn Redding already testified. Megan McCarty. [LB643]

MEGAN McCARTY: (Exhibits 11 and 12) Hello. My name is Megan McCarty, M-e-g-a-n M-c-C-a-r-t-y, and I am here on behalf of my three-year-old son, Hudson. First of all, I'd like to thank you for this opportunity to share his story and for the privilege to speak on his behalf, as well as the other residents who may benefit from the legalization of medical marijuana. Hudson

was born with Sturge-Weber syndrome, which is a rare congenital neurological and skin disorder. This disease is associated with a facial birthmark, called a port wine stain, which can cause abnormalities in the brain. These abnormalities include, but are not restricted to, intractable epilepsy, uncontrolled glaucoma, mental retardation, behavioral disorders, cerebral malformations, and tumors. Hudson was diagnosed with Sturge-Weber at birth; however, his battle did not truly begin until he turned two months old. This is when he had his first seizure. We have lost count of his seizures since then due to the high frequency at which he has them. Hudson has also endured seven strokes and has developed glaucoma as a result of this horrible and life-threatening disorder. Three years and countless hospital stays later, my son has been on 12 different antiepileptic medications and has underwent eye surgery to try to control the side effects of Sturge-Weber, yet, after all of our efforts, his seizures remain uncontrolled and his glaucoma is still progressing. As his mother, I have explored every possible outlet to better his life. I have done my homework and studied up on all the medications. I have jumped through the hoops necessary to make them obtainable to him. I have even traveled out of state to get my son the level of care that he needs and deserves, only to be failed by the new and changing regulations in healthcare. At this point in our journey, I am rather discouraged. During my research, however, I have come across a possible candidate of treatment for my son, which is medical marijuana. The information is out there. It's undeniable that marijuana has healing properties and that its legalization can benefit the lives of people suffering from epilepsy and countless other conditions. The list of benefits I have found exceed the list of possible side effects by a long shot. If you take every other antiepileptic med out there and compare their list of side effects versus benefits, it's astonishing and heartbreaking. What is beyond baffling to me is the fact that I had to fight so hard to get Hudson on one of his current medications, which, mind you, is not FDA approved in the United States because of the extreme list of side effects, including permanent damage to the peripheral vision. It gets him high 15 minutes after taking it. All of his balance is lost. [LB643]

SENATOR PANSING BROOKS: Could she go ahead? [LB643]

SENATOR SEILER: Yes, go ahead. [LB643]

MEGAN McCARTY: And he basically becomes a zombie and falls asleep while seizing, yet this is okay. All of these medications are poisoning our children. As parents, we are forced to deliver the medication in hopes it may slightly bring down seizure activity. The more medications we put our kids on, their risks of sudden unexplained (sic--unexpected) death in epilepsy, or known as SUDEP, is heightened severely. These meds are not working, at least not for Hudson. We are spending more time attempting to control the side effects, rather than his seizures, at this point, but this is what's acceptable. I know that medical marijuana may not completely eliminate my son's seizures, but I have no doubts it'll help. If there is a chance we can get him off one of his

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medications, then it's worth it. Give him a chance. Let him...let me know my son. That's all.
[LB643]

SENATOR SEILER: Thank you. Any further questions? Thank you for your...oh, go ahead.
[LB643]

SENATOR WILLIAMS: Ma'am, can I see your picture? [LB643]

MEGAN McCARTY: Yeah. I'm so sorry. [LB643]

SENATOR WILLIAMS: Thank you. Thank you. [LB643]

SENATOR SEILER: Thank you for your testimony. [LB643]

MEGAN McCARTY: Thank you. [LB643]

SENATOR SEILER: Senator,... [LB643]

SENATOR GARRETT: Yes. [LB643]

SENATOR SEILER: ...do you have any other witnesses? You've run your hour. [LB643]

SENATOR GARRETT: We have one more. Are they on the list? [LB643]

_____ : If we don't have written testimony, can we testify? [LB643]

SENATOR SEILER: You can, but we're running out of the hour that I allocated. Go ahead.
[LB643]

DANIEL SCHROEDER: (Exhibit 14) My name is Dr. Daniel Schroeder, Daniel, common spelling, Schroeder, S-c-h-r-o-e-d-e-r. I'm here to speak in favor of LB643, referred to as the Cannabis Compassion and Care Act. And the comments that I am making here today are purely my own--this is my disclaimer--do not reflect the position or opinions of any organizations to which I am now or have previously been connected. Just briefly, my credentials are as follows: I'm an ordained minister in the Lutheran church. I have been for almost 27 years. I'm also an active chaplain and I have been for almost 16 years. Formerly, I was a Mental Health Board

member for six years, retiring from that position in December of 2011. I have an undergraduate degree in psychology and sociology. I also have two graduate degrees: a master's of divinity and a doctor of philosophy in biblical studies. Now, my varied positions have given me a unique perspective regarding the medical use of marijuana, connecting me with past and present users in various capacities. And as Senator Chambers has pointed out, my testimony is going to be purely anecdotal, but I have observed some things. And with some of the testimony that you've heard today, I'm not going to add to that, but I have ministered to people with a wide variety of illness and health issues. And some of these people have confided in me that they have been using medical marijuana, or cannabis, in its various forms, as treatment. And this includes but extends beyond the smoking variety, the edible forms, the vaporized liquids, the oils, the salves, the creams, the ointments, etcetera, have also been used by patients. Slowly but surely, all the different states have seen the positive aspects of cannabis to the point where people are now tempted to leave the good life of Nebraska and seek the compassionate life of a different state. And the only other alternatives are for the patient or someone acting on their behalf to go to a state such as Colorado, purchase it legally, and then attempt to smuggle it back without being caught, or they have to purchase it under the table from a local supplier. In effect, this makes a person suffering and those attending the patient into criminals, and that is truly a sad situation. I'd like to bring up an article that appeared on December 16, 2014, in the Los Angeles Times, where Washington correspondent Evan Halper reported that the federal government has decriminalized medical marijuana and, therefore, states where medical marijuana is legal have no fear of federal prosecution, which would include Nebraska if LB643 is passed. And I believe the L.A. Times to be a credible source and their reports to be accurate. You can find this article on the L.A. Times Web site. In my opinion, if those who oppose the bill were to personally witness what I have--and let me tell you, it'll just rip your heart out--I doubt if anybody could speak out or vote against LB643 with a clear conscience. Permission to conclude? [LB643]

SENATOR PANSING BROOKS: Please. [LB643]

SENATOR SEILER: You have it. [LB643]

DANIEL SCHROEDER: Therefore, I not only support this bill, but I also suggest that it be passed with an emergency clause, because I think that those who have been denied the benefits that cannabis provides, who are forced to procure it unlawfully, have suffered long enough. Compassionate care should not have to wait. I'll field any questions. [LB643]

SENATOR SEILER: Seeing none, thank you. [LB643]

DANIEL SCHROEDER: Thank you. [LB643]

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SENATOR SEILER: I...do you have a patient or a person over here that has written materials and that? [LB643]

SENATOR GARRETT: I had some written materials. You want to allow one? [LB643]

ALLISON HOLMES: I don't have written material and I have a pretty individual experience. My mother has sought it, so I'm a child of a mother. [LB643]

SENATOR SEILER: Okay, the problem we've got is you're outside the hour. [LB643]

SENATOR GARRETT: If this be...yes. [LB643]

SENATOR SEILER: You can contact your senators. [LB643]

ALLISON HOLMES: I have. [LB643]

SENATOR GARRETT: Okay. Yeah, the... [LB643]

SENATOR SEILER: Okay. [LB643]

SENATOR GARRETT: Yeah, but... [LB643]

SENATOR PANSING BROOKS: Well, I would like to hear it. That's fine. [LB643]

SENATOR SEILER: Okay. [LB643]

SENATOR GARRETT: This will be the last one. [LB643]

ALLISON HOLMES: Thank you. [LB643]

SENATOR GARRETT: Oh, yes, thank you. [LB643]

SENATOR SEILER: Okay. State your name and spell it, please, for the record. [LB643]

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ALLISON HOLMES: Exhibit 15) My name is Allison Holmes, A-l-l-i-s-o-n H-o-l-m-e-s. I am a social work student at the Grace Abbott School of Social Work at the University of Nebraska-Omaha and vice president of the university's chapter of Students for Sensible Drug Policy. Thank you to the Judiciary Committee for being here today and into the evening and considering the perspectives of the public regarding LB643. My mother was diagnosed with multiple sclerosis 13 years ago and has struggled to find medicine to effectively treat her symptoms ever since. Current treatment of MS is primarily symptomatic, focusing on such problems as spasticity, pain, fatigue, bladder problems, and depression. Although symptom-specific treatments exist, these are often associated with adverse effects. This has left many people suffering, in pain, without safe access to relief, as you've heard from previous personal testimonies this afternoon. After years of negative experiences with various FDA-approved medications, my mother began to look into the scientific research behind using cannabis as a treatment for painful dimensions of MS. When Colorado legalized the recreational sale of cannabis, she spoke with her neurologist, who reported many other patients had requested the opportunity to try cannabis for pain management, but it was not allowed under current state law. Because her doctor's main concern was not one of health but one of legality, she had a difficult decision to make. She decided to take a trip to Colorado where she could legally purchase and use this medicine. The results were immediate. Cannabis provided instant relief to all the muscles and nerves throughout her body and alleviated the pain brought on by MS symptoms. As the child of a mother who has sought out cannabis as a medicine for her debilitating disease, my lived experiences contradict the idea that legalizing medical cannabis sends a bad message to young Nebraskans. My mother was open with me regarding her interest in trying cannabis and we had honest dialogue about the scientific research that supported her decision. She described the relief she experienced during her time in Colorado while also expressing her concerns about adolescent abuse of cannabis and any other intoxicating substances. She explained the legal consequences of bringing cannabis home with her and made it clear that it would not be worth the risk to herself or her family. My social work education has given me the tools to effect change in my community, and my mother's experience has compelled me to be an advocate for sensible reform in the state of Nebraska. As a daughter, as a student, and as an advocate, I urge you to support the Cannabis Compassion and Care Act. Thank you for allowing me to testify. [LB643]

SENATOR SEILER: Any questions? Thank you. Opposition. You may begin, ma'am. [LB643]

SUSIE DUGAN: (Exhibits 16-18) Okay. Hi. My name is Susie Dugan, again, S-u-s-i-e D-u-g-a-n. [LB643]

SENATOR SEILER: Folks, we have a witness that's testifying. Okay, go ahead. [LB643]

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SUSIE DUGAN: Okay, I think I just handed out some of my materials that I've been making notes on. But I am the retired director of PRIDE-Omaha, Inc., which is...which was a drug prevention organization. [LB643]

SENATOR WILLIAMS: Mr. Chairman, I'm having trouble hearing. If we...thank you, please. [LB643]

SENATOR SEILER: Okay, go ahead. [LB643]

SUSIE DUGAN: Okay. And over the years, we...you know, I've heard tonight that we've lost the war on drugs, and that wasn't true when it came to kids. Kids need a clear, consistent, no-use message that is supported and enforced by all members of society. And we don't...and when we did that during the '80s for a whole decade, we cut marijuana use by high school seniors in half. And so, you know, when you talk to a young person today, they will tell you, well, what's so bad about marijuana, it's medicine and it's going to be legalized. And so they are hearing these messages, and I'm just asking you to see the other side. I'm passing out two packets, actually. One is information on medical marijuana. In 1979, Keith Stroup, who was the director of NORML, told Emory University students that they were going...NORML was going to get marijuana completely legalized and they were going to use medical marijuana as a red herring. And they have continued to do that and build their momentum and build their movement. If you don't believe that medical marijuana is still that wedge, understand that that movement has received over \$80 million from George Soros and other wealthy men who have backed it, and they are doing a very good job. It's very hard for us to keep kids from using alcohol, tobacco, marijuana, or other drugs, which are the gateway drugs, despite what was said here today. Kids who use those drugs are...who don't use those drugs until age 21 are almost certain not to use drugs. So those are the gateway drugs, and they start with kids. Very rarely do people over 21 start using drugs. And so I just want you to understand that with this particular bill, as the momentum has progressed, there is a lot of testimony in my packet that states that actually the...I'm sorry. Excuse me. And anyway, what we're finding is that states who are having problems with marijuana, who are legalizing it completely, always start with medical marijuana. That is the foot in the door. I have some real problems with LB643 because it allows for six ounces of possession for anybody who is a patient or a caregiver. And just in case you don't know, this is about what six ounces would look like. That's a lot of marijuana, folks, a lot of marijuana. If you look in your packet, you can see how much that would make. Government estimates, and these vary, you could make 73 joints out of just one ounce. So you're talking over 440 joints from this. And you're going to have 12 plants. Twelve plants is an awful lot. There's no other...and I see I have a red light here. Can I just finish real quickly? [LB643]

SENATOR SEILER: Laura? [LB643]

SENATOR EBKE: Finish up. [LB643]

SUSIE DUGAN: Thank you. Actually, one pound of...one plant would average one pound of marijuana. That's a lot. And according to what I understand, a heavy marijuana user smokes three to five joints a day. Because it is fat soluble, it stays in the system and so you don't have to use as much. So that's, what, how many joints a year? And we're actually looking at 54,000 joints that are going to be out there. Who is going to use those? That's a lot of marijuana. And the last thing I just want to say is that this bill allows for pain, any pain, and that's where all the other states have really gotten in trouble. You know, as we look at who are the users in all these other states that have medical marijuana, only 1-4, maybe 5 percent, have really serious ailments. The rest have that vague malady called pain, over 90 percent, and they're usually between 25 and 40 years old. And that's hardly a demographic that is chronically ill. I just hope that you will look at what's going on. I also have an extra...another packet that just explains who this drug legalization movement is, who's really behind it. It's not our medical associations. It's these people who are using it, who are producing it, who are promoting it, and who are profiting from it. And that becomes really important, that we look at those parts of it that we're not going to be able to control if we pass this bill. I'd be happy to answer any questions. [LB643]

SENATOR SEILER: Seeing none, thank you for your testimony. [LB643]

SUSIE DUGAN: Thank you. Thank you. [LB643]

SENATOR SEILER: Next opponent. [LB643]

JOSEPH ACIERNO: (Exhibit 19) Good evening, Senator Seiler, members of the Judiciary Committee. My name is Dr. Joseph Acierno. That's J-o-s-e-p-h, Acierno, A-c-i-e-r-n-o. I'm the Chief Medical Officer and director of Division of Public Health for the Nebraska Department of Health and Human Services, and I am currently serving as acting CEO for the agency. I'm here today to testify in opposition to LB643 and AM680. LB643 is titled Cannabis Compassion and Care Act. In the broadest terms, the bill provides that medical doctors may certify qualifying patients as eligible for a Department of Health and Human Services registry identification card in order to purchase, possess, and use what is commonly referred to medical marijuana. This bill is nearly identical to bills introduced in Kansas in 2014 and again in 2015. I'd like to begin by discussing two questions about medical marijuana. And the ultimate question is, is it safe and does it work? Every drug or chemical substance has interactions with other drugs and has side effects, some of which may be detrimental or even life threatening. The interaction between medical marijuana and the prescription drugs that a patient may be taking is an example of a safety concern. There are questions about the most appropriate form of marijuana, the best routes for administration of marijuana to treat various disease processes. There are questions about

marijuana's desirability and efficacy when the patient is addicted to legal, recreational drugs, or alcohol. Again, there's even questions about the safety of medical use during pregnancy, pediatrics, adolescent populations, and in the older adult. There have been questions about the safety of marijuana to cardiac health, to the liver, to eyes, to reproductive health, as well as to oral health. And it's been known to have...smoking marijuana has negative pulmonary implications similar to those we'd see in smoking tobacco. Furthermore, while trying to establish a correct, safe dosage, safe length of treatment, and the best routes of administration, researchers and practitioners in states that have legalized medical marijuana have been somewhat frustrated in their research because of the ever-changing chemical composition, potency of the plant through genetic manipulation. Descriptions about the relationship between marijuana and various psychopathologies are abundant in the medical literature. Anxiety, dysphoria, negative emotional response, depression, suicidal ideation are a few, but cause and effect has not been conclusive. The relationship of marijuana to cognitive and psychotic disorders is not simple to study because effects may be nonexistent, acute, transient, delayed, or persistent. LB643 creates new work for the Department of Health and Human Services that will require additional staffing resources, considering this is creating an entirely new program. I've discussed our concerns with Senator Garrett. For example, the bill requires the department to establish or maintain a secure, Web-based verification system that must be operational within 90 days after the effective date of the act. Though the bill authorizes collection... [LB643]

SENATOR SEILER: Excuse me, Doctor, just a second. Motion to continue? [LB643]

SENATOR EBKE: Please continue. [LB643]

JOSEPH ACIERNO: Can I just finish? I just have a few lines left and... [LB643]

SENATOR SEILER: You can continue. [LB643]

JOSEPH ACIERNO: Thank you so much. Although the bill authorizes collection of fees for issuance and renewal of the registration, there is no appropriation of funds to create such a verification system prior to collecting registration fees. The bill includes other specific time frames for promulgation of regulations and for issuance of registrations that will be difficult, if not impossible, to meet. Though this was addressed in the amendment, I still believe the time frame will be difficult to meet. There are a number of regulatory issues that will likely need to be addressed in this legislation. [LB643]

SENATOR SEILER: Thank you. Any questions? Senator Pansing Brooks. [LB643]

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SENATOR PANSING BROOKS: Thank you for coming to speak today. [LB643]

JOSEPH ACIERNO: Sure. [LB643]

SENATOR PANSING BROOKS: I guess I'm obviously not a doctor, so I don't know anything about this. But I just...I've heard from so many people. So is the information that we're hearing today not true? Are they not telling the truth? Or do you think they're confused? Or what do you think is the reason that we have so much testimony today? [LB643]

JOSEPH ACIERNO: Well, I don't discount how they feel, and it would be inappropriate of me to say to any patient or individual they don't feel what they feel. And clearly, I...hearing the stories, I believe what they are saying. But I think I'm looking at a broader...in a broader perspective. Folks talk about pain, and that has been one area that has been looked at closely. But pain versus function, defining efficacy, defining outcomes, you know, how is this being dosed, looking at if...I could say this is anecdotal. It's all anecdotal. But I'm looking at it in a broader, scientific realm of how do you define outcome in any of this. [LB643]

SENATOR PANSING BROOKS: That's what I'm wondering. [LB643]

JOSEPH ACIERNO: And that isn't easy, to define outcome. [LB643]

SENATOR PANSING BROOKS: Exactly. [LB643]

JOSEPH ACIERNO: So I'm bringing that. And tolerability, how...what does functionality mean to the patient? But these are parts of where science continues to look at these issues. I'm not discounting how they feel. I'm bringing issues to you where there isn't clarity in that... [LB643]

SENATOR PANSING BROOKS: Okay. Well, I'm just wondering because I know Motrin used to be a prescription medicine and then we lowered it. So were there ways to prove that that was actually working, or did we go...did we give it to people and it was...they were telling us it's working or were there actual studies that showed proof that that helped with pain? [LB643]

JOSEPH ACIERNO: Well, I would believe...I don't know Motrin, specifically, as far as the studies that were done on it, but obviously would have gone through FDA process for the prescription dosage, whereas the nonprescription, the over-the-counter dose is 200 milligrams, whereas you up the prescription is 800 milligrams. So I don't know the specific studies on ibuprofen and how they came to the conclusions that 200 milligrams was considered to be a safe over-the-counter dosage. I'm just not familiar with that study. [LB643]

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SENATOR PANSING BROOKS: Okay. I guess I'm questioning, is there any time that there is any drug that is based upon the outcomes of how the patient is feeling? [LB643]

JOSEPH ACIERNO: Well, I think, generally, yes. I think drugs overall that deal, let's say, in pain control are going to attempt to measure how patients feel. [LB643]

SENATOR PANSING BROOKS: Thank you. That... [LB643]

JOSEPH ACIERNO: I don't think that's an easy measurement. [LB643]

SENATOR PANSING BROOKS: No. [LB643]

JOSEPH ACIERNO: But of course it's going to attempt to be measured. But I think those are some of the challenges. [LB643]

SENATOR PANSING BROOKS: Yeah. And generally, my understanding of the doctors that, when we were helping to care for my mother who was in some pain, we would go...keep going back to the doctor and he would prescribe different kinds of medications... [LB643]

JOSEPH ACIERNO: Correct. [LB643]

SENATOR PANSING BROOKS: ...until we've got the one that made her feel better. It wasn't that he could prove that this one should work. He moved her along until she said to him, yes, I feel better. [LB643]

JOSEPH ACIERNO: True, but different types of medications, whether it be ibuprofen or whether it be Percocet, they work by different mechanisms. So depending on the issue you have, the physician's job would be, well, what is the underlying issue causing that discomfort, and can I tailor it, whatever remedy, to that discomfort? [LB643]

SENATOR PANSING BROOKS: Exactly. [LB643]

JOSEPH ACIERNO: So let's say you have knee pain. And maybe, because you have inflammation, you may be dealing where somebody may think a typical, nonsteroidal anti-inflammatory would be what you would use and, depending on your result there, whether you would use something that would be a narcotic. So that come...but it...all these drugs have been

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looked at and people have drawn their own conclusions on some of them. But I am not involved in all the studies. [LB643]

SENATOR PANSING BROOKS: I would...of course not, and so I think that, you know, that part of it is that medicine is as much art as science in many instances. And so the doctors that I know are trying to find the best combination of drugs that work the best for whatever patient it is. [LB643]

JOSEPH ACIERNO: I agree. I think medicine is an art, but it's an art with its foundation in science. [LB643]

SENATOR PANSING BROOKS: Absolutely. Thank you so much. [LB643]

JOSEPH ACIERNO: Sure. [LB643]

SENATOR SEILER: Any questions? Seeing none, thank you. [LB643]

JOSEPH ACIERNO: Thank you so much. [LB643]

ANN FROHMAN: (Exhibit 20) Good evening. Mr. Chairman, members of the committee, my name is Ann Frohman. I'm an attorney and registered lobbyist here to testify on behalf of the Nebraska Medical Association in opposition to LB643. For the record, that's spelled A-n-n F-r-o-h-m-a-n. The NMA is largely opposed to this bill based on a lack of scientific data that we believe is necessary to support advancing this legislation. The NMA acknowledges that perhaps marijuana holds promise in treating symptoms like epileptic seizures and chemotherapy-induced nausea in cancer patients. With that said though, we believe that a couple of things need to happen before a bill like this would make sense for enactment. The first is to create a prescription drug monitoring program. LB471, introduced by Senator Howard, puts forth funding to allow Nebraska, which is the last state to participate in a prescription drug monitoring program for controlled substances, forward with some funding to create such a program. Unfortunately, we're the last state to do that and, without those tools, physicians in Nebraska don't have access to a database where they can look and determine usage of controlled substances by their patients. The second thing that needs to occur, we believe, is there needs to be a strong push for studies. Dr. Linda...in testimony provided...that will be provided later, we...Linda Ford will be providing some discussion on the studies that I think will answer some of Senator Pansing Brooks's questions regarding efficacy and where we go with outcomes. But with that said, the NMA supports the American Medical Association's position that, really, the studies need to take place, they need...there needs to be, first and foremost, adequate and well-

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controlled studies of marijuana in patients who have serious conditions, much like the patients we have heard today. Anecdotes can move forward in controlled-evidence studies to suggest efficacy, the application of results, and treatment of disease. Second, we believe, like the AMA, that the status of the federal Schedule I controlled substance can be a deterrence in some of the studies and that efforts need to be taken to make sure that these studies can occur and move forward. Finally, the Nebraska Medical Association supports the American Medical Association push with respect to the National Institutes of Health to implement administrative procedures that will allow grants to move forward and well-designed clinical research in the medical utility of marijuana. And with that said, in conclusion, without more evidence via research and without a prescription drug monitoring program, the Nebraska Medical Association, the physicians that would be charged with prescribing, you know, these substances, the physicians are uncomfortable with doing so and would oppose this bill. [LB643]

SENATOR SEILER: Questions? [LB643]

SENATOR PANSING BROOKS: Yeah, thank you. Ms. Frohman, thank you for your testimony. I just wondered if you have any...if the AMA has any idea why it's taken decades for the FDA to come out on this more clearly and to...when there is obvious testimony about its benefit. [LB643]

ANN FROHMAN: I would agree with you that I think we are there and ready and we need to spend more on research of medical marijuana. Why we haven't, I can't tell you why it's taken so long. But we do support the, you know, having those studies underway and to really, really dig in and see if there's more that can be done, because there is a lot of promise out there. We acknowledge that. [LB643]

SENATOR PANSING BROOKS: Does the AMA have any feeling that this is pharmaceutically driven, that this is something that people can grow in their backyards so they've had it for a long time and so it's not something that the pharmaceutical companies really want to test in their labs? I'm just interested in that position. [LB643]

ANN FROHMAN: I can't answer that question, but perhaps Dr. Ford, who is going to be testifying next and she's a physician and expert in controlled studies, she might have some information for you on that. [LB643]

SENATOR PANSING BROOKS: Okay, wonderful. Thank you. Thanks for your testimony. [LB643]

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SENATOR SEILER: Any questions? Senator? Thank you for your testimony. [LB643]

ANN FROHMAN: Thank you. [LB643]

SENATOR SEILER: Further opposition. [LB643]

LINDA FORD: (Exhibit 21) Good evening. Thank you for allowing me to speak with you today. My name is Dr. Linda Ford, L-i-n-d-a F-o-r-d. I'm an allergist and clinical immunologist at the Asthma and Allergy Center in Bellevue, and I'm testifying on behalf of the American...the Nebraska Medical Association in opposition to LB643. Although I was not born here, I came to Nebraska to attend medical school at UNMC. After completing my medical degree, I completed internal medicine internship and residency in St. Louis, came back to Nebraska as a fellow in allergy immunology at Creighton University. After those eight years of medical training, in 1980 I started my medical practice by founding the Asthma and Allergy Center. Besides caring for patients, part of my work has involved research grants to evaluate investigational products in phase two, three, and four of human FDA-approved clinical trials. I have served as a principal investigator on hundreds of asthma studies since 1978. In 1991, the World-Herald reported on the incidence of asthma deaths increasing in the United States. Nebraska had the second-highest death rate in the country. The improvements in asthma treatment that were approved after going through double-blinded, placebo-controlled trials have been blessings to my patients who have asthma. They have been able to benefit from newer and more effective medications with less side effects, which has normalized their quality of life with less emergency room visits, hospitalizations, and they are alive. I have personally seen how effective medications can save lives and promote health, however, much more work remains to be done to obtain scientific clinical evidence of cannabis effectiveness in certain diseases and delineate its side effects. Therefore, I'm asking that cannabis and related cannabinoids, including synthetics, should be placed in clinical scientific study, similar to other approved and prescribed drugs, before any legislation allows this drug to be prescribed by Nebraska physicians and used by our citizens. In the United States, over-the-counter and prescription drugs are regulated by the Food and Drug Administration. The FDA evaluates to see if a drug is safe and effective when used to treat or diagnose a disease, as well as overseeing the manufacture and marketing of the drug. Physicians need to know if and how cannabis and related cannabinoids and their compounds are possibly effective in our understanding and treatment of diseases, medication interactions, and short-term and long-term side effects. These questions are answered by double-blinded, placebo-controlled trials. There has not been enough scrutiny. We have very effective FDA-approved medications used for many diseases for which advocates are requesting cannabis compounds. Marijuana and its components have been proposed for various medicinal purposes, such as chronic severe pain due to cancer, refractory nausea and vomiting, anorexia, cachexia, glaucoma, and seizures. However, none have been proven to have greater efficacy than other currently available medications. On the other hand, cannabinergic CB1 receptors are located throughout various

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parts of the central nervous system, thus, cannabis consumption results in several changes in a patient's neurological function with significant CNS effects, including short-term outcomes of cannabis use on psychosocial functioning and health. In the interest of time, I'm leaving you with the DEA position on marijuana and up-to-date... [LB643]

SENATOR SEILER: Doctor, Doctor, hold it a second. [LB643]

SENATOR EBKE: Yeah, she's finishing up here. Please do. [LB643]

LINDA FORD: Thank you...and up-to-date information on the known side effects and therapeutic effects of cannabis, with literature review through January 2015. Nebraska has two beautiful research towers at UNMC and a new cancer center being built, as well as the researchers that have the ability to do these studies. So why do we not have the needed information that physicians can use in order to correctly prescribe this drug to the correct patients? We are encouraging...we are not encouraging or dissuading the use of medical marijuana. We are only asking for appropriate, well-designed, scientific studies to obtain the information that we as physicians need in order to care for our patients first, before allowing a potentially harmful drug to be prescribed. Thank you. I'll take questions. [LB643]

SENATOR SEILER: Questions? Senator. [LB643]

SENATOR PANSING BROOKS: Yeah, Doctor, do you have any idea why it's taken decades to study this? [LB643]

LINDA FORD: I wish I knew. I do not know why it's taken so many...long. But I know that there is a tide going...coming through, so I'm sure that there will be...very soon will be some studies of...for medical marijuana. [LB643]

SENATOR PANSING BROOKS: You feel like it's been a push by the pharmaceutical companies, at all, or do you think... [LB643]

LINDA FORD: I do not. I haven't heard any of that. I also serve on AMA's PAC board and so...but we are working with legislative issues all the time. I haven't heard anything about the pharmaceutical industry doing anything (inaudible) to dissuade the use of medical marijuana. [LB643]

SENATOR PANSING BROOKS: And do you feel that all the drugs that are registered and qualified or...I can't remember the exact term. [LB643]

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LINDA FORD: FDA-approved drugs? [LB643]

SENATOR PANSING BROOKS: Yes, but also just on the...do you believe they all work and are all effective for every situation? [LB643]

LINDA FORD: They have gone through several studies and scrutiny, so they...we do know how to prescribe them. We knew that...we know the dosages that they'd be...that they...that we should be using. We know the interactions of the drugs. We know the short-term side effects, the long-term side effects, and that has to be taken into account when we put down our pen to paper and prescribe that drug. [LB643]

SENATOR PANSING BROOKS: If you had a child with what was going on, what...would you just not go to... [LB643]

LINDA FORD: My heart goes out to them. [LB643]

SENATOR PANSING BROOKS: ...not go to Colorado, you would just not try whatever you possibly could to make it work? [LB643]

LINDA FORD: Of course you would. [LB643]

SENATOR PANSING BROOKS: Yeah, I would too. That's the problem. [LB643]

LINDA FORD: I would too. But I think what we have to do is make sure...these are kids going on this drug. You don't want a kid on...a young child on this drug that has potential long-term effects. We do not know that right now. [LB643]

SENATOR PANSING BROOKS: And the long-term effects of the drugs that they're being put on are so significant, right? [LB643]

LINDA FORD: Don't you go to every length that you have to get your child taken care of? [LB643]

SENATOR PANSING BROOKS: Yeah, you do have to. Thank you for waiting and for your time today, appreciate it. [LB643]

LINDA FORD: Okay. Thank you. [LB643]

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SENATOR SEILER: Any... [LB643]

LINDA FORD: Any more? [LB643]

SENATOR SEILER: Senator Williams. [LB643]

SENATOR WILLIAMS: Nothing. [LB643]

SENATOR SEILER: Thank you very much for your testimony. Next proponent...opponent.
Opponent. [LB643]

TANA LEE TOLSON: My name is Tana Lee Tolson. That's T-a-n-a L-e-e T-o-l-s-o-n. I'm here to submit expert testimony by Robert Melamede, Ph.D. Basically, he's...this is presented in opposition to this bill because this bill does not address the broad spectrum of needs that are necessary with this medication. Robert Melamede, that's R-o-b-e-r-t M-e-l-a-m-e-d-e, is the leading expert on the endocannabinoid system and the...and cannabinoid medicine. He is known all over this country and has been recognized as an expert witness in federal, state, and some international trials. So I'd like to commence with his testimony. So first of all, thank you for allowing me to present and to give you some information that I'm quite certain you are lacking and, unfortunately, so is our medical community, lacking very significant information regarding important developments in science. These developments constitute the fact that all humans and, in fact, all vertebrates have an endocannabinoid system, meaning a marijuana-like activity within our bodies where we actually produce marijuana-like compounds called endocannabinoids. Interestingly, we know that every physician will tell you that it's good for you to take omega-3 and omega-6 polyunsaturated fatty acids, like fish oils. What they don't know for the most part is that those compounds are used to make your marijuana-like endocannabinoids. If you make enough of them, you will be happy and not depressed. If you make enough of them, your bones and your body will be healthier. It's all a matter of balance and, in general, as evolution proceeded, we have seen a continuous rise in the significance of the endocannabinoid system as a regulator of our health, yet, we still do not mention it in most of our medical schools. Literally everything in the human body from conception until death is regulated by the marijuana-like compounds that we produce. That's why the omega-3 fatty acids are...have so much value for us. On the other hand, there is only a limited amount that they can activate the endocannabinoid system. There are many conditions where additional activation is necessary, and all the science indicates that the best way to do that is with extracts of cannabis. There are times when smoking is the perfect solution, with its rapid onset. You can use what you need and no more. Additionally, what has now been shown is that smoking does not cause lung cancer, does not cause emphysema, does not cause COPD, so there is no issue with having that modality available. It's good for rapid asthma treatment, etcetera, however, high-dose extracts are needed

for many illnesses. The psychoactivity can be controlled with citicoline. Once again, I want to also emphasize that, because of the universal impact that cannabis can have on human biochemistry, it winds up having a profound effect on a number of conditions, and that... [LB643]

SENATOR SEILER: Ma'am, you have the red light. [LB643]

TANA LEE TOLSON: Oh, sorry. [LB643]

SENATOR PANSING BROOKS: Can you summarize it? [LB643]

SENATOR EBKE: Can you summarize that? Yeah. [LB643]

SENATOR PANSING BROOKS: I don't (inaudible)... [LB643]

TANA LEE TOLSON: It's just a paragraph after this page,... [LB643]

SENATOR EBKE: Oh, okay. Fine. [LB643]

TANA LEE TOLSON: ...not all this. [LB643]

SENATOR EBKE: That's fine. [LB643]

TANA LEE TOLSON: Okay. It winds up having a profound effect on a number of conditions, and that is a truth supported by history, thousands of scientific studies. And anecdotally, we know of many, many people who have cured their cancers using high concentrations of cannabis oil extracts. Similarly, that same preparation is able to control Kaposi's sarcoma, which is virally induced cancer characteristic of people who have failed immune systems, like those with HIV. Additionally, we have seen profound benefits of using cannabis oils treating HIV. The world will continue, no matter what we do now, to expand the medical use of cannabis. The question is, can education help you to make decisions early enough that fewer people will suffer? In time, this new science will promote widespread availability of medical cannabis in this country and around the world. How many of our citizens will need to suffer unnecessarily until we educate ourselves? And in order to do that, we have been provided 100 pages of scientific studies, 1,700 referenced studies on the efficacy of cannabis widely and this...how we desperately need this. [LB643]

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SENATOR PANSING BROOKS: So you're not opposed? I'm sorry. [LB643]

TANA LEE TOLSON: No, I am... [LB643]

SENATOR SEILER: No. Go ahead. [LB643]

TANA LEE TOLSON: I am opposed, and I'll tell you why, for this bill. This bill is categorizing medical marijuana as some kind of drug which you have to control because it's so dangerous it's going to hurt us somehow. But in fact, what we do is our own bodies are producing the very thing that we want to ban for everybody else. So by medicalizing this substance, we frame it as something dangerous and it's not, at all. It's just not, at all. [LB643]

SENATOR PANSING BROOKS: Thank you. [LB643]

TANA LEE TOLSON: You're welcome. [LB643]

SENATOR SEILER: Any further questions? Thank you very much for your testimony. [LB643]

TANA LEE TOLSON: Sure. [LB643]

SENATOR SEILER: Any further opposition? [LB643]

DAVID PARTSCH: (Exhibit 22) Chairman, members of the committee, good evening. Thank you for your patience. My name is David Partsch, D-a-v-i-d P-a-r-t-s-c-h. I am the Otoe County Attorney from Nebraska City, and I'm here representing the Nebraska County Attorneys Association in opposition to LB643 and AM680. There are many issues with the proposed legalization of marijuana for medical purposes. First, the first testifier here today mentioned the message that it sends to the youth and the public, specifically, for me, quoting from the White House Web site, that "Lower levels of perceived risk are associated with higher use rates." That's exactly what we're telling our youth. And what we're seeing in the juvenile justice system is a proliferation of our students and our young people in the state of Nebraska using and abusing marijuana and their reaction to it being illegal is, again, this is medicine, why is it illegal. So the argument goes to the legalization, and that's why we get the blurred lines between the medical use and the recreational use. I agree that strong lines are needed in that demarcation. And you heard the medical testimony, due to the federal level not acting on this to date, that there hasn't been a lot of research medically, understanding the full effects of cannabis, especially on the developing teenage brain. There's many issues with the bill that I want to jump to, to make sure I cover in my three minutes. Specifically, you heard about various levels of THC throughout this

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afternoon and this evening. This bill and the amendment do not have any limits on percentage levels of THC, only on the weight of the substance. So we're talking six ounces. You saw what six ounces looks like. For a caregiver, they could have five times that amount, so we're talking 30 ounces in their possession, somewhere between 300 and 400 joints per month. At a half a gram in a joint, that would be 325 joints in just the six ounces. So that's ten a day in a month for one patient. And again, we have no THC levels in here. The...there's documentation here. In the 1970s, the average THC level was around 1 percent; today, it's over 12 percent. From other countries we're seeing averages...Australia, I believe,... [LB643]

SENATOR SEILER: Okay, you can go forward. [LB643]

DAVID PARTSCH: What I saw there was the average is 25 percent. There's nothing in the LB or the amendment restricting the importation of marijuana from other states or other countries. Additionally, the last point was on the professor's comments regarding legalities. I tend to agree with him on the federal-state issues, however, I would mention that in the amendment, specifically, he talked about lawsuits regarding restrictions on landlords. Those are in this amendment. We have restrictions on landlords in this amendment. We have restrictions on employers in this amendment. And I think, as an employer or a landlord, you ought to be able to prohibit any drug that is banned on the federal level. [LB643]

SENATOR SEILER: Okay. Questions? [LB643]

DAVID PARTSCH: Thank you. [LB643]

SENATOR SEILER: Senator Williams. [LB643]

SENATOR WILLIAMS: I have a question. Thank you, Senator Seiler. I'm reviewing testimony that we're getting from other people as we're looking here, and Ann Frohman was up here a little bit ago testifying on behalf of the medical association. And there's a comment in her testimony that was not read but it's in the written testimony, and I'd like to ask you about this if, from the County Attorneys Association, if you would respond. [LB643]

DAVID PARTSCH: Sure. [LB643]

SENATOR WILLIAMS: And it's point number three: We also know the legalization of medical marijuana has led to increased use. States with medical marijuana laws have abuse and dependence rates almost twice as high as states with no laws. Have you seen any research on that, that you would be able to comment on? [LB643]

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DAVID PARTSCH: I cannot, I'm sorry, Senator, comment specifically to the usage rates in other states. I just know that what we've seen here in Nebraska is that the teenagers are desensitized to the harmful effects of marijuana based on legislation that they're seeing from other states, as well on the national level. So we need to make sure we're vigilant...diligent here in Nebraska about educating our children on the harms of this drug. [LB643]

SENATOR WILLIAMS: Thank you. [LB643]

SENATOR SEILER: Senator Pansing Brooks. [LB643]

SENATOR PANSING BROOKS: Thank you, Dr...Mr. Partsch, for staying this long. I guess I'm interested just in your comment about the children. I...you know, we have heroin laws and I don't think that anybody misunderstands the severity of heroin or is worried that the kids, because we have legalized heroin for doctors to distribute or to prescribe, that that would somehow harm children because it's legal in a medical setting. So I think that if we can say that it's legal only in a medical setting, what's that difference? [LB643]

DAVID PARTSCH: Well, again, the key that I see difference right now is that this amendment and the bill make no prohibitions against smoking. The drug can be smoked in front of children. The only restriction there was that if the state is able to show by clear and convincing evidence that it's harmful to the child, so that's going to need medical testimony at any type of hearing. So in order to prosecute anyone for smoking, they can have all their friends with medical marijuana cards come over to their house and smoke in front of the children, and unless we bring in an expert witness, we're not going to be able to do anything about those kids, either. [LB643]

SENATOR PANSING BROOKS: Well, when I was 14, my dad was dying of cancer and he was on morphine and other things that I watched him hallucinate. So, I mean, is it better to have them in severe pain or is it better to be able to have the child there understanding this is a medical procedure going on and able to witness the father not in severe pain, not totally debilitated by the drug? [LB643]

DAVID PARTSCH: And if it's heavily regulated where we can control the dosage amounts, where we can control how it's ingested, you know, those are things that would change. But that's not what we're seeing right now, and that's not what's proposed. [LB643]

SENATOR PANSING BROOKS: Thank you. [LB643]

DAVID PARTSCH: You bet. [LB643]

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SENATOR SEILER: Any further questions? Thank you for coming and your testimony. [LB643]

DAVID PARTSCH: Thank you. [LB643]

SENATOR SEILER: Any further opponents? [LB643]

SHAWN HEBBERT: (Exhibits 23 and 24) I don't know what it...at what point we stop saying "good evening" and start saying "good night," but hopefully it's soon for you, Senator. [LB643]

SENATOR SEILER: I've been here when we almost said "good morning." [LB643]

SHAWN HEBBERT: So was I. I was in Senator Davis' office this morning at 8:30. Members of Judiciary Committee, my name is Shawn Hebbert, spelled S-h-a-w-n H-e-b-b-e-r-t. I am the Grant County Sheriff, the president of the Nebraska Sheriffs' Association, a member of the Sandhills Area Sheriff's Association, and I'm here today in opposition to LB643. I have four quick points. I do not see an overwhelming need for this bill. I don't see where the state of Nebraska will be improved by this bill. In fact, if you use the states that have legalized medical-use marijuana as examples, you will find that the violent crime rates in those states has risen exponentially. Colorado was on a 12-year roll of decreasing crime. That ended in 2009 when they legalized marijuana. Colorado's crime rate has spiked every year since the inception of medical use. Our jails and prison system is already overcrowded. If this bill is passed, you will have effectively replaced the nonviolent drug offenses of possession and distribution with violent offenses of assault, rape, and armed robbery, just to name a few. You will, in fact, increase the prison population. If this is, in fact, a legitimate drug, where is the FDA approval? And why are we not going through a legitimate compassion and care center that we currently call a pharmacy? I do not believe...number two, I do not believe this bill is constitutional. I heard the testimony earlier today and I can't argue with the constitutional lawyer. It is trying to nullify portions of federal law, namely, the Uniform Controlled Substances Act, in violation of the Sixth Amendment and the supremacy clause. This bill does assert the police power of the state granted in the Tenth Amendment, but I believe this goes beyond the scope of the police power granted to the states. In the Supreme Court case of Michigan v. Long, the high court ruled that the state court had the ultimate authority to uphold laws in their states so long as the laws are in parallel to the constitution and do not go below the standards set forth in federal law. By allowing possession in any way, shape, or form goes below the standards set forth in the Uniform Controlled Substances Act. The cost of this bill is simply too high, socially and economically. I refer you back to point one on the increase in crime. I never took a position in law enforcement that I was going to see how many people I could arrest. I took the job of the county sheriff to see how many people I could help, and the reason I love my job so much is because every day the

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opportunity presents itself to help someone. Today, I'm sticking up for the voters who apparently aren't going to get the benefit of a referendum. I believe this bill would be the first one passed in the nation legislatively, rather than by a vote of the people. I'm sticking up for the youth of our state that do not need to be exposed to this. This bill's language does nothing to protect our youth. The language is in this bill that would allow people in a position of trust--teachers, doctors, bus drivers, firemen, and cops--to possess and use medical marijuana so long as they don't use on the job. [LB643]

SENATOR PANSING BROOKS: Do you have something to summarize? [LB643]

SHAWN HEBBERT: Very little. Is that what we really want? I am also submitting as part of my testimony a five-year study done by Jade Franklin at the University of Kansas under Dr. Gonzalo Carrasco. This study...in conclusion, which belongs on...starts on page 210, says there are positive effects of marijuana. The one positive thing in this study was that it stimulated the appetite for those who need it. But the negatives were the psychiatric problems that we heard testified to earlier and that extended use caused lesions and holes in the brain comparable to the onset of Alzheimer's. Not my words, it's in the study. [LB643]

SENATOR SEILER: Senator Pansing Brooks. [LB643]

SENATOR PANSING BROOKS: Thank you, Sheriff Hebbert, for coming and waiting so long. Do you have the study, because I've heard just the opposite about Colorado's...so it's in there that... [LB643]

SHAWN HEBBERT: Oh, excuse me, the study for what? [LB643]

SENATOR PANSING BROOKS: The study about the violence and crime in Colorado. I read just the opposite, so could you tell me... [LB643]

SHAWN HEBBERT: That's off the Colorado Bureau of Justice Web site. [LB643]

SENATOR PANSING BROOKS: The Colorado...of Justice Web site? Okay, well, I'll have to look at that. Thank you. [LB643]

SHAWN HEBBERT: Thank you. [LB643]

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SENATOR SEILER: Any further questions? Seeing none, thank you for your testimony. Any further opposition? [LB643]

RALPH A. SMITH: My name is Ralph A. Smith, R-a-l-p-h S-m-i-t-h. I am a recovering attorney. I've been practicing law in Nebraska for 45 years. I started as a prosecutor and then became a criminal defense attorney. I have specialized in cannabis cases and have done cannabis defense in more than half of the states, six surrounding countries, and represent...have represented a group as a director and legal counsel of Patients Out of Time. We put on biennial conferences for doctors and nurses to teach them how to use cannabis as medicine. We have literally captured all of the experts around the planet and videotaped them and continue to sell these videotapes for continuing medical education credits. Earlier, you heard testimony from Dr. Bob Melamede through Tana Lee Tolson. You have on your desk a folder of both Bob's credentials, his CV, as well as a categorization of scientific studies regarding various forms of maladies that people have, including cancer. There are...Bob has collected and I have reviewed more than 10,000 scientific studies that have been done. This is not something that needs more study one way or the other. All of the evidence is in. I am in opposition to this bill primarily because I don't think that legislators have any more business deciding how much cannabis a patient should have than do police officers. Six ounces may well be enough for one particular malady but not nearly enough for another. When we have a law that says you can only possess six ounces, that means that, if your malady requires more than that, you're going to end up being available for prosecution. We in Nebraska...I...my first legislative experience was in 1969 when we passed what was the lowest-priority criminal offense in Nebraska, was a Class W misdemeanor, whereby, if you possessed less than a pound of marijuana, the maximum penalty would be seven days in jail and/or a \$500 fine. We lived with that law for more than 40 years, or almost 40 years, until Senator Karpisek decided that they would like to make marijuana the same penalty as alcohol, using the same tired argument that our children are being sent the wrong message. [LB643]

SENATOR SEILER: Excuse me. [LB643]

SENATOR PANSING BROOKS: Could you...do you have something to finish? [LB643]

SENATOR SEILER: Continue on. [LB643]

SENATOR EBKE: Yeah. [LB643]

RALPH SMITH: I believe that my expertise is one that nobody else in Nebraska has been as involved as am I. I've been in every legislative session, save last year when I was out defending a case out of state. I can tell you that, unequivocally, the science says that cannabis is medicine. No

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matter what you do today, it's only going to delay the patients from being able to get the medicine that they need to be able to help themselves recover from whatever malady they may have. If you look at Bob Melamede's studies and articles, you will realize that cannabis, it is something that we all produce ourselves, a cannabinoid-like substance. The reason people don't die from it is you can't die from getting well, you can't die from going into balance. Everybody who has any kind of serious problem who doesn't take a look at using this oil that's been extracted from it to solve and/or ameliorate their medicine is doing themselves and/or their families a great disfavor. I have defended many people, including one was DeJay Monson, that kid that was here earlier who had been struck in the forehead while he was in a school bus accident in Craig, Nebraska, when...in 1982. That young man, while he had a wife who had 19.5 pounds of fluid and mass taken out of her chest for cancer and was treating himself and who came off of SSI with cannabis, was arrested, charged with a federal crime. He faced a minimum of 12 years in prison. They threatened to seize his house, confiscate it. And his wife at all points in time was dying. Finally, the case was resolved in federal court when the judge ruled that the police officers lied to get the search warrant, not that they made a mistake, that they lied. It seems as if law enforcement has a profit motive behind everything that they have to say in relationship to opposition of cannabis and use children as a scapegoat for them continuing to enforce laws that only fill up prisons and cause more addictions than anything else. It seems as if it's not the drugs that cause the addictions, according to new studies. It's the problems that people have with their lives, in general. If they are oppressed, have no way to have a job, have no way to move forward in life, and they end up with a drug crime one way or the other, they're all the much further behind. And that's what leads to addiction, when people end up wanting to use something that will move them away from the disparity of their life. I am a committed patient advocate. I will do this for the rest of my life. I hope to be able to again inform this Legislature with as much science as absolutely possible, what it is that they will need in order to make a just and right decision for the people in our state. [LB643]

SENATOR SEILER: Senator Pansing. [LB643]

SENATOR PANSING BROOKS: Thank you, Mr. Smith. Do you have a feeling for why...does the study by this Mr. Melamede speak to why there has been no final ruling or why...we've known about this drug for so long. Do you have a sense of that? [LB643]

RALPH SMITH: Well, of course. The only reason that cannabis is illegal, in my opinion, is because of its competition with industry. Were it not for its competition with the pain industry, with the alcohol industry, with the suffering industry, with the fear industry, with the war industry, and all of those kinds of...that's one of the main reasons why Nixon had it outlawed in the first place. I wish I could live again in the liberal days of Richard Nixon. Compared to what's going on today, it's just wild. I believe that, because of the vast amount of money that is made off of human suffering, it remains illegal for those reasons. A sixth of our economy, as I understand,

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is tied up in the medical industrial complex. If cannabis were legal, the medical industrial complex would, according to some estimates, lose 20-30 percent of all of its income--that's insurance companies, doctors, nurses, etcetera--because their conditions would be ameliorated by having their endocannabinoid system balanced. [LB643]

SENATOR PANSING BROOKS: Thank you. [LB643]

RALPH SMITH: You're welcome. Anything else? [LB643]

SENATOR SEILER: Thank you very much. Any further opposition? Anybody in the neutral? [LB643]

SENATOR PANSING BROOKS: Oh, my gosh. [LB643]

DAVID SWARTS: (Exhibit 26) I've turned in my testimony already. You can find that Irvin Rosenfeld sheet. I am testifying for him. He apologized that...but his flight was canceled. He enjoys coming and giving the information. He testified in Virginia, Rhode Island, New York, New Hampshire, Kentucky, Washington, Michigan, Florida, Illinois, Minnesota, Missouri, California, about four other states. Sorry. But he is a stock broker in Fort Lauderdale, Florida. My name is Irvin Rosenfeld and I am the longest surviving subject of the final two federal medical cannabis patients in the United States. The federal government has been supplying me ten medical cannabis cigarettes per day since November 20, 1982, for my severe bone tumor disorders of multiple congenital cartilaginous exostoses, and a variant of the syndrome, pseudo-pseudohypoparathyroidism. These disorders cause bone tumors to grow on the ends of most long bones of the body. I can develop new tumors and existing ones can grow at any time. The medical cannabis serves as a muscle relaxant, anti-inflammatory, analgesic, and has kept new tumors from developing and existing ones from growing since I was 21. I am now 62 years old. I have tried all the conventional medicines, from pain meds such as Dilaudid, sleeping pills, anti-inflammatory pills, muscle relaxants, and other meds for different symptoms, with little results. I discovered by accident the medical benefits of medical cannabis in 1971 at college in Miami. Since I got no high, and still don't to this day, I did not realize that it was helping me until I discovered myself able to sit still for 30 minutes straight for the first time in five years. I would consume cannabis for three weeks straight and get miraculously better. During this time, my intake of opiates and other medicines decreased by up to 70 percent. However, I was in the warm climate of Miami, versus my home in Virginia, and maybe it was the weather. So I would stop using the medical cannabis for a week and went downhill. I did this experiment three more times with the same results. I was convinced that medical cannabis was far superior to conventional pharmaceuticals. So I went back to Virginia in the summer of '72, started my ten-year struggle to get the federal government to supply my medicine. I cannot go into details, as it would be too

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long, but if you want to read my entire ten-year endeavor, there's a Web site for that. In 1982, I became the second patient to come under the Compassionate Care (sic) Investigational New Drug protocol. In 1992, the program had up to 13 patients receiving medical cannabis and another 28 patients that had been approved by DEA, FDA, NIDA, to get their medicine. They never did. Robert Randall, the first patient, put together a fill-in-the-blank protocol for AIDS patients which he got to the AIDS... [LB643]

SENATOR SEILER: State your full name and spell it, please, for the record. [LB643]

DAVID SWARTS: Okay, my name is David Swarts; that's David S-w-a-r-t-s. And this is for Irvin... [LB643]

SENATOR SEILER: And how is that testimony neutral? [LB643]

DAVID SWARTS: How is it neutral? [LB643]

SENATOR SEILER: Yeah. [LB643]

DAVID SWARTS: It's just information. [LB643]

SENATOR SEILER: No, it's not. It's pro, in the proponent... [LB643]

DAVID SWARTS: Well, it's history. It's just history. That's all it is. He isn't taking a stand. He doesn't care either way. He doesn't even live in this state. [LB643]

SENATOR SEILER: No, what I'm complaining about is we've gone past the hour for the proponents and you're trying to come in the back door. [LB643]

DAVID SWARTS: Well, I apologize if you feel that way. [LB643]

SENATOR SEILER: Okay. Any further questions? [LB643]

DAVID SWARTS: You can read the rest of it yourself. You have a copy, so that's fine. [LB643]

SENATOR PANSING BROOKS: Thank you. [LB643]

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DAVID SWARTS: This is the...by the way, this is the can that he received those in every month. Somebody said 300 cigarettes...his, it says, use ten cigarettes daily. [LB643]

SENATOR PANSING BROOKS: I'd like to see it. [LB643]

DAVID SWARTS: See it? [LB643]

SENATOR PANSING BROOKS: I would like to see it. [LB643]

SENATOR SEILER: Next witness. [LB643]

SENATOR PANSING BROOKS: This isn't neutral, either. [LB643]

SENATOR SEILER: You're going to be in the neutral? [LB643]

JACOB NOWATZKE: Yes, I am going to be in the neutral, because there are two things I would like to ask be considered in the bill. Appreciate you, Senator Garrett. My name is Jacob Nowatzke, J-a-c-o-b N-o-w-a-t-z-k-e. I enjoy most of the Cannabis Compassion and Care Act, but I do need to ask that two things be introduced, two separate stipulations. One I feel is more important to society. The other is much more important to me. So if you will please pay attention, I will let you in. The Cannabis Compassion and Care Act is quite eloquently written and, in my opinion, exemplifies many key aspects of responsible, economical, and socially beneficial medical cannabis legislation. I would like to express my thanks to those that have put forth time and effort into this act. I believe a major consideration to make while moving forward is might the act be amended to allow for universities around the area to study all medical cannabis in all its forms. Furthermore, the bona fide patient-practitioner relationship described in the act provides for the dispensing of medical cannabis in a systematic method which is more than faith based. A preexisting dialogue between patient and health professional is an integral factor in determining effective and educated understanding by all parties involved that the patient presents legitimate cause for utilizing cannabinoids from cannabis. With this being said, I humbly request that a legitimate exception be made to the rule. As this argument could be made for dissimilar ailments, I would like to make center the case of traumatic brain injury. Whether incurred by stroke or blunt-force trauma, such as in a vehicular accident or in the battlefield or due to complications from other ailments, eventually, someone whom you've met, had a conversation with, or even loved will die from brain injury. What I'm asking is may a practitioner on duty forgo the 90-day, three-time visit stipulation if his or her patient may cease to live or become vegetative within a short time of incurring the brain injury. Since the victim of traumatic brain injury is placed in immediate risk of long-term complications, or even death, and since

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cannabis has demonstrated in a wide variety of well-controlled studies to be neuroproductive in a multitude of ways, including, though not limited to, hypoxic ischemic brain injury and, remarkably, has shown to even reduce...reverse damage from traumatic brain injury in many testing models, I would like to clarify my recommendation that such an exception be thoughtfully considered and examined with the highest level of scientific scrutiny available to you and your peers. The first and foremost point of the Hippocratic Oath taken by every doctor is: First do no harm. I believe that more harm has been done to me and my family by doctors stating to us that there is nothing that can be done for traumatic brain injury than could have ever been caused to my dying son by administering cannabis extract in a last-ditch effort to protect his brain, organs, and overall well-being from the damage being caused from a viral infection further complicated by pneumonia. Instead of having this one choice, it was explained, in the doctor's opinion, removing life support would be best for him. And so our given choice at Children's Hospital in Omaha as parents of a dying toddler...may I please continue? I have one paragraph, not even. [LB643]

SENATOR SEILER: Just wait a second. Got a motion. You can go ahead. [LB643]

JACOB NOWATZKE: Thank you. Our given choice at Children's Hospital in Omaha as parents of a dying toddler was to sing to our son as his heart slowly stopped beating in our arms, "Don't worry about a thing, because every little thing is going to be all right." With every ounce of gratitude I can muster now, I'm asking you, the committee, the authors of the act, the citizens of this state, to help us keep our promise to our son, Jacek Orion. Please offer another choice to the victims of traumatic brain injury and their families, because there exist very few other choices, if any. Thank you for listening to my request and hearing my statements today. I would appreciate hearing your thoughts in the halls after these hearings adjourn. And furthermore, in one sentence I would like to say that, if I had a gummy bear that day that I could have given my son dying there in my arms, I would have, THC, CBD, or a mixture thereof. Thank you very much for hearing me. [LB643]

SENATOR PANSING BROOKS: Thank you. [LB643]

SENATOR SEILER: Hold it, just a second, sir. Any testimony...questions? [LB643]

SENATOR PANSING BROOKS: Yeah, thank you for your testimony. And so mainly you're just saying that you would like...that you wish that the bill had added traumatic brain injury, is that correct, as well as... [LB643]

JACOB NOWATZKE: Yes. I find it very responsible that there's a 90-day, three-time visit stipulation between...which defines a bona fide patient-practitioner relationship. But in the case

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of my son dying in my arms within a 24-hour period, there was no time to visit the practitioner three times and get permission. [LB643]

SENATOR PANSING BROOKS: I'm sorry about your... [LB643]

JACOB NOWATZKE: So there has to be some way that I could have gotten permission from the doctor and do it that day. [LB643]

SENATOR PANSING BROOKS: Sorry about your loss. [LB643]

JACOB NOWATZKE: I appreciate your thoughts. [LB643]

SENATOR SEILER: Okay, thank you for your testimony. [LB643]

SENATOR WILLIAMS: I have one quick question. [LB643]

SENATOR SEILER: Yeah, go ahead. [LB643]

SENATOR WILLIAMS: And thank you for being here. I'm trying to look on your information and following you on the Internet. Where do you live? [LB643]

JACOB NOWATZKE: I live in northern California. [LB643]

SENATOR WILLIAMS: Okay, so you're not a resident of Nebraska. [LB643]

JACOB NOWATZKE: Oh, I was. [LB643]

SENATOR PANSING BROOKS: This happened while he was here. [LB643]

JACOB NOWATZKE: Yes, sir. You weren't listening. [LB643]

SENATOR WILLIAMS: Yes, I was listening. [LB643]

JACOB NOWATZKE: I said that...at Children's Hospital in Omaha. [LB643]

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SENATOR WILLIAMS: Okay. Thank you. [LB643]

JACOB NOWATZKE: Yes. [LB643]

SENATOR SEILER: Thank you. [LB643]

JACOB NOWATZKE: Thank you. I appreciate you all. [LB643]

SENATOR SEILER: Next person in the neutral. [LB643]

JACOB NOWATZKE: Ma'am, I have to ask, may she follow? She adds to this story. [LB643]

JONI COVER: Well, this senator just asked me to testify. [LB643]

JACOB NOWATZKE: Oh, absolutely. [LB643]

JONI COVER: So I certainly can wait. Okay. Senator Seiler, members of the Judiciary Committee, for the record, my name is Joni Cover. It's J-o-n-i C-o-v-e-r. I'm the executive vice president of the Nebraska Pharmacists Association, and I want to say a big thank-you to all of you for staying because this is a yeoman's task to get through all of this and listen to all of the pros and the cons. The Nebraska Pharmacists Association today is here in a neutral capacity. When we first saw LB643, we had some hesitation, and we still do, but there are some very good things in the bill that we do support. And I think that the underlying thing you need to know is that our pharmacists feel, and this is something that's changed over the years, that if we're going to have medical marijuana in Nebraska, it needs to be something that's treated like a drug. Drugs in Nebraska are dispensed by pharmacists, you know, but we have concerns because we have this issue with the fact that it's a Schedule I drug. And so how do we handle that? You know, we have colleagues across the country that are involved in the dispensing of medical marijuana and so, you know, we want to look to their expertise. I think the biggest thing I want you to take away from this is that we're willing to work with you, with Senator Garrett, appreciate his time, his staff's time. I think this would have been a good discussion in August, but it's not August. It's now March and so here we are. We have issues, we have concerns about the research. You ask a great question. Why hasn't the FDA done something? I don't know. I wish we knew. I think that, though, maybe this is the catalyst with all of the states finally looking at this and saying, we need to do something and you're not doing anything so we're going to do it. I think...I know that our pharmacists, and I'm sure the other healthcare providers, need education. I'm guessing that all the folks probably behind us have a lot more education about this substance than we do, and so I think it behooves us as healthcare providers to get the education. I feel like there needs to be

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some quality and safety measures in place. I was a little kid in the '60s, so I didn't live through the '70s. But from my understanding, the stuff that was then available and the stuff that's now available are two different things. And we do have concerns about oversight and regulation. So at the end of the day, I would ask you to involve those of us who have some concerns but are very interested in the issue. It's hard to tell somebody who has an ailment...I'm a two-time cancer survivor. I'm lucky my drugs worked, my pain meds worked, my nausea meds worked. I didn't need anything else. But it's really hard to tell a family that isn't finding that relief from typical pharmaceuticals that what you're doing isn't okay or doesn't work. So I think we have a bunch of smart legislators. I think we have smart folks in the healthcare arena, in law enforcement, that we could all come together and figure this out. So we're not the first state to do it. I hope we're not the last state to do it. But I think that I think we can have a good discussion and we're willing to sit at that table and have the dialogue. And thank you all for being here today. [LB643]

SENATOR SEILER: Senator Pansing Brooks. [LB643]

SENATOR PANSING BROOKS: Thank you, Ms. Cover, for coming and speaking... [LB643]

JONI COVER: You're welcome. [LB643]

SENATOR PANSING BROOKS: ...and waiting this long. And presuming that we have smart legislators is presuming a lot, so thank you. (Laughter) [LB643]

JONI COVER: I've been around awhile, so. [LB643]

SENATOR PANSING BROOKS: (Laugh) Thank you very much for your testimony. [LB643]

JONI COVER: You're welcome. You're welcome. Thank you. [LB643]

SENATOR SEILER: Thank you. I believe there was a lady standing over here that was wanting to testify. Please, come forward. [LB643]

ANDRIANA BASS: Thank you, Senator. My name is Andriana Bass. That is spelled A-n-d-r-i-a-n-a, last name Bass, B-a-s-s, just like the fish. "There is nothing we can do," these are the worst six words one can hear come from a doctor's mouth when you have a loved one in critical condition. As a parent, I heard this statement twice in reference to my son, Jacek Orion, and his condition. He was born at 25 weeks' gestation on November 30, 2011, with a grade 3 and a grade 4 hemorrhage, one on either side of his brain. I'm not sure if anyone in this room is familiar with what that means, but on the grade scale, from what I understand, it ranges from 0-4, each

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increase signifying a more serious grade. Needless to say, as parents, we were terrified. Was our son going to live? Would he develop? What kind of treatments are available, not only to improve his functionality but his quality of life? With advances available to us at the time, our son lived and grew, despite his extensive medical obstacles. The second time we faced these six words was 15 short months later, on April 8, 2013, when Jacek went into critical condition. I can never in my worst nightmare wish for another parent to hear those words when wondering if their child may live or die. If you are anyone who has been put in this position, I am deeply sorry. I know how it feels to have that news delivered and feel completely helpless. The fact of the matter is, and why I chose to appear here today and sit for well over nine hours, was that this may have been avoided. I ask that we become proactive as a society. Medicine, as with most professions, requires practice. In this particular practice, it is an ever-growing, ever-developing process. I feel if we as citizens, as legislators, as parents, or physicians, are inhibiting the growth of this process, then we as a society are recessing. If the passing of this bill enables scientists or physicians to save even one life with the medicinal properties of cannabis and prevents any other person from encountering those six words, then there is nothing a doctor can do because they exhausted every other option, because there are restrictions on finding more treatments or possible cures, then in that prevention I will feel that I have done my duty, not only as a grieving mother but as a citizen of the United States. I ask that you consider enabling doctors to use cannabis at their discretion in times of critical emergency, especially when the use of those six words may be avoided by doing so. I ask that you take a stand with me against the restrictions on the progress of our medical teams in the state of Nebraska and aid them in exploring all possible treatments to achieve excellence and success in caring for our citizens, and propel modern medicine beyond the restrictions present in the days when my son's caregivers had to tell me those words, and truly enabling our doctors to practice their practice. Perhaps then there is something we can do. Thank you for your time. [LB643]

SENATOR SEILER: Question? [LB643]

SENATOR PANSING BROOKS: Yeah, thank you, Chairman Seiler. Thank you, Ms. Bass, for your testimony. So basically, your hope...you're neutral because you wish that it would expand to critical emergencies. Is that what your... [LB643]

ANDRIANA BASS: Absolutely. [LB643]

SENATOR PANSING BROOKS: Okay. Thank you very much for your testimony... [LB643]

ANDRIANA BASS: Thank you for your time. [LB643]

SENATOR PANSING BROOKS: ...and for waiting for nine hours. [LB643]

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ANDRIANA BASS: Thank you. [LB643]

SENATOR PANSING BROOKS: Thank you. [LB643]

SENATOR SEILER: Thank you. [LB643]

ANDRIANA BASS: Thank you. [LB643]

SENATOR PANSING BROOKS: Chairman Seiler, could we see how many more people are still wanting to testify, how many more? [LB643]

SENATOR SEILER: Two. [LB643]

SENATOR PANSING BROOKS: Two? [LB643]

_____: Three. [LB643]

SENATOR PANSING BROOKS: Three? Four? [LB643]

JAMIE TAYLOR: Where's it at? [LB643]

SENATOR PANSING BROOKS: Can you show him where it is? He's... [LB643]

JAMIE TAYLOR: There it is. [LB643]

SENATOR SEILER: Go ahead, sir. [LB643]

JAMIE TAYLOR: Okay. Jamie Taylor. I...J-a-m-i-e T-a-y-l-o-r. I'm neutral because I think that the bill doesn't go quite far enough. I think that it's a little narrow on the spectrum of the people that qualify for it. And all we've seen are people that are desperately ill, and I think that people that have other illnesses, like high blood pressure and things like that and some forms of diabetes, I think could benefit from this. And I also think that the two people that testified on the opponent side, Tana and Ralph, had some very good points being they felt the bill didn't go far enough because we produce the cannabinoids in our own bodies, and it made a lot of sense. And there's discrepancies with what that sheriff said about when Colorado legalized. They actually legalized in 2012 for recreational and it didn't even go into effect until 2014. And what about the

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research that Israel has done? They've done their own research, and good research, and we have done nothing. I mean we don't even allow, you know, proper research, and I don't expect that the FDA is ever going to do anything with it, because I think the DEA will probably prevent it. And I'd like to try to confirm if the Surgeon General actually endorsed medical marijuana, because I've heard that he has. And if that's happened, I think that's an important step in the right direction. Thank you. [LB643]

SENATOR SEILER: Thank you. Any further questions? You've got one. [LB643]

SENATOR PANSING BROOKS: Thank you, Mr. Taylor, for coming to testify today. And basically, I think you agree with the previous person to...well, you would...you wanted to expand more than critical emergencies. You want to expand to medical needs. [LB643]

JAMIE TAYLOR: I want critical emergencies, and I also think that people with a little bit lesser forms of illness, like, you know, high blood pressure is one, you know, that I think could, you know, benefit, because some people don't respond that well to some of the high blood pressure medications. [LB643]

SENATOR PANSING BROOKS: Thank you for your testimony and for waiting this long. [LB643]

JAMIE TAYLOR: Thank you. [LB643]

SENATOR SEILER: Thank you. [LB643]

CAMERON BADGER: Good evening. My name is Cameron Badger, C-a-m-e-r-o-n B-a-d-g-e-r. Thank you for the opportunity for me to come speak on the behalf of my community, share my experience with medical cannabis. Being a person with a nonepileptic seizure disorder, I know that the importance of medical cannabis is huge. I experience grand mal seizures and have tried everything offered from the pharmaceutical field. Taking anticonvulsants and antidepressants only made my episodes increase in time and frequency. When I turned 21, I moved to Colorado and received a prescription for a red card. I used only postepisode, and the products I consumed were CBD strong and extremely helpful. In two months, I went from having two to five seizures a day to having one a month. One year later, I had not had a seizure in almost six months. My episodes since being on probation have increased significantly. My last seizure was March 1, 2015. I'm terrified that without the availability to the medicine that works for my condition, that my condition will worsen to the point that I can no longer function as a member of society. I worked for a cannabis dispensary on the western slope of Colorado. I had customers with

conditions ranging from sleep and eating disorders to cerebral palsy to cancer. Watching and interacting with each individual was a blessing. When they found and used the medicine that they needed, then their quality of life improved. I heard about their experiences with pharmaceutical drugs ranging from antidepressants to pain medicine to muscle relaxers. Side effects of these drugs turned from a grocery list to an innumerable amount of issues, some short term, most long term. Side effects of cannabis are extremely mild, and some are even harmful...helpful, pardon me, such as increased appetite and a dry mouth. Objective studies for negative side effects in the use of cannabis are rather inconclusive. One customer in particular touched my life. She is a small, middle-aged woman cursed with fibromyalgia and lupus. The first day she came into our establishment, she was so weak and frail that she had to be carried in. She purchased two strains, one indica, one sativa. When she had days of sleeplessness, she would hallucinate and pull her hair out. After about two months of using the indica strain before bed, she came into the store without bags under her eyes. She had color in her hair...or in her cheeks, pardon me, and a positive attitude. She had for the first time in years been on a regular sleep cycle. A few months after that, she was using a walker, came in all on her own. Sativa made her pain manageable without the side effects from the pharmaceuticals. She could go out, socialize even. Her condition and quality of life was improving. By the end of that year, she had a full head of hair, a bright smile, and was walking all on her own. Later, she came in to pick up her medicine and told me, medical cannabis saved my life, if I didn't find you when I did I would be dead. I am currently on four years of probation for a Class II felony, possession of controlled substances, in the state of Texas. I was in possession of my medicine. CBD, or cannabinoid tablets, cannabis salve, cannabis edibles are all geared to help me with my seizure condition. I feel that legalizing...well, obviously I'm posting as neutral because the two bills that I wanted to speak on we ran out of time. And I under...can I continue? [LB643]

SENATOR PANSING BROOKS: Go ahead. [LB643]

CAMERON BADGER: I understand this evening has been quite unconventional, so I figured I'd just post my testimony in an unconventional way. [LB643]

SENATOR PANSING BROOKS: So which one are you speaking on? [LB643]

CAMERON BADGER: I'm a proponent for LB263 (sic). [LB643]

_____: LB643 (inaudible)... [LB643]

CAMERON BADGER: LB643, yeah, sorry. [LB643]

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SENATOR PANSING BROOKS: Okay. Thank you. [LB643]

SENATOR SEILER: Okay, Senator, you may close. [LB643]

SENATOR GARRETT: Thank you, Senator Seiler. Chairman Seiler and members of the committee, at points this evening I feel like I'm living the through the movie Reefer Madness. I have to apologize to the people who are still here. This is an indication of the kind of response that we've gotten since we brought this bill forward. This is not just CBD oil for children with seizure disorders and epilepsy. This is a wide range of diseases that...there are folks who traveled from out of state and who came here. I've got to thank Paige Figi for coming up. She was supposed to catch a flight at 7:00 tonight, so we were scrambling to get her rescheduled so she'd be able to be here to testify. We have people who have come from western Nebraska, long distances, that didn't get a chance to testify tonight, and I apologize to them. You know, we should be able to hear the people of Nebraska. It's our duty and obligation to listen to them, to hear them out, and to give their testimony. I...we've done everything in our power with this bill. I have been so moved by the stories, the personal stories that people have come to us with, with their diseases, and the evidence that this is not recreational use of marijuana, this is not a slippery slope. It is a medical issue, not a legal issue. I heard some law enforcement statistics come up here and in just a matter of minutes we were able to pull up on the Internet. Since Colorado legalized recreational marijuana, homicides went down from 17 to 8, a 53 percent drop; auto break-ins went down from 2,317 to 1,477, a 36-percent drop; sexual assaults went down from 110 to 95, a 14-percent drop. We could go on and on. You know, the hysteria over this is just out of control. We are not Colorado. We are not California. We are Nebraska and we very...we took the best parts of 23 pieces of legislation from 23 states and the District of Columbia. We cherry-picked. The state of Connecticut and the state of Arizona had the best pieces. We put together a comprehensive piece of legislation. We very tightly controlled what a doctor, what a physician can prescribe these medications for: Crohn's disease, Huntington's disease, seizure disorder, epilepsy, MS, ALS. We added PTSD in there because, if you've seen, there's a lot of veterans who are suffering from PTSD and they're on all these opiates. And we had veterans here who were going to come and testify as opponents because, by God, they wanted to be included in this. It is demonstrated across the board. It has medical efficacy. I met with Dr. Ford very early on in this process trying to get the AMA to get on board, and we respectfully disagree. But you know...and we were just talking casually and I talked about how marijuana is not the public health crisis that everyone thinks it is. We're talking about medicinal marijuana. I graduated from high school in 1972, a long time ago. Marijuana was all over high school. It was all over in college. It's been everywhere. It's been illegal and it's still everywhere. And she graduated from high school ten years before me, and she said it was plentiful back in high school in 1962. This is not the public health crisis people think it is, and we're not arguing for recreational use. We're asking for medicinal use, and you've heard all this testimony. The Gillen family, the Lawlor family, the Figi family, these people have children who have seizure disorders, all manner of

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things, multiple sclerosis. It's heartrending to hear these people up here today. And so I'm not buying this law enforcement thing. You know, there...prescription medications, we do not outlaw prescription medications because somebody might abuse them. It's medication. It helps people. And medical cannabis helps people and we ought not outlaw it because somebody might abuse it. It's obscene. This is archaic. If we wait for...Washington, D.C., has been so hard broke for so long, the FDA can't get out of its own way. We all know that. The FDA won't approve testing of marijuana because it's a Schedule I drug and the DEA won't take it down from a Schedule I. Part of our bill, we are allowed to do this as a state, we can take it from a Schedule I to a Schedule II. And we've got that in our bill. And when we do that, we can get the pharmacists involved. We want the pharmacists involved. We want to do as much as we can with this bill to tightly frame it to minimize any possible abuse. We're not going to let doctors prescribe it for hangnails or it hurts when I do this. You know, we're going to very tightly control what we can prescribe it for, and we're going to control it. Again, this is Nebraska and we ought not be making families wait for the federal government, families who are suffering, people who are suffering, to wait for the federal government to do something or make lawbreakers out of people because they need some other relief when Shari Lawlor's daughter, her next option is to have brain surgery, take the frontal lobe of her brain off. Are you serious? If that's her next option, wouldn't we at least grant her the opportunity to see if medical cannabis worked for her? This is obscene. It's an obscenity. This...we're making lawbreakers out of our people. Don't make these families beg, beg for treatment, for help. You know, here is an opportunity. We as legislators, I mean, what...we argue and debate some of the most trivial things on the floor. And I'm not...here's something that we can do to help people. You've seen all...there's a lot of people here that would still like to testify, a lot of people who had to go home because of issues. They've had seizures today and it's...the need is there, and we could have filled this room for a week with folks. These are Nebraskans that need help. And let's...this will be good policy. We will tightly control this. We won't let it get out of control. We need to pass this. I'm sorry about getting so fired up but, doggone it, at the end of the day, you know, this is about being compassionate and helping people. I don't want to...we can control this. Let's help these Nebraskans. [LB643]

SENATOR SEILER: Senator Pansing Brooks. [LB643]

SENATOR PANSING BROOKS: Thank you, Chairman Seiler. Thank you, Senator Garrett, for bringing this bill. It's important for us to hear from all the people that we've heard from, and I really appreciate that. We heard some testimony at the end that talked about broadening it a little bit. Did you talk with people about that, doing more than seizures? [LB643]

SENATOR GARRETT: We were, indeed. You know, there's Crohn's disease, there's glaucoma, there's ALS, there's multiple sclerosis, there's Huntington's disease. [LB643]

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SENATOR PANSING BROOKS: Brain injuries. [LB643]

SENATOR GARRETT: Yes. [LB643]

_____ : PTSD. [LB643]

SENATOR GARRETT: So we added PTSD in because the veterans were so adamant and fired up about it and we agree. And the only reason that we had limited it as much as we did is that we very...we're very much aware of the potential of abuse, so we wanted to very tightly control this. And so that's why we were parsing it down, parsing it down, because, you know, you hear the testimony about people saying, you know, how you define pain. So we were looking to...we're willing to amend this in whatever way possible. We very much want to tightly control this. We don't want recreational use. And I understand law enforcement's concerns, but again, at the end of the day, it's all about helping people that have no other options. [LB643]

SENATOR PANSING BROOKS: Thank you, Senator Garrett. [LB643]

SENATOR SEILER: Thank you. [LB643]

SENATOR GARRETT: Thank you, Chairman Seiler, and thank you for staying here so late and being so patient. [LB643]