LATHROP: Good afternoon, everyone, and welcome to the Judiciary Committee. My name is Steve Lathrop. I'm from Omaha. I represent Legislative District 12 and I'm Chair of the Judiciary Committee. And we'll start out today by having the senators up here introduce themselves, starting with my right and Senator Slama.

SLAMA: Hi. I'm Julie Slama representing District 1, which includes Otoe, Nemaha, Johnson, Pawnee, and Richardson Counties in southeast Nebraska.

MORFELD: State Senator Adam Morfeld representing District 46 in northeast Lincoln.

PANSING BROOKS: I'm Senator Patty Pansing Brooks representing District 28 right here in the heart of Lincoln.

BRANDT: I'm Senator Tom Brandt. I represent District 32: Jefferson, Saline, Fillmore, Thayer, and southwestern Lancaster County.

DeBOER: I'm Wendy DeBoer. I represent District 10, which is northwest Omaha and Bennington and surrounding areas.

LATHROP: Assisting us today will be Laurie Vollertsen, who is our committee clerk, Laurie sits back here; Neal Erickson legal counsel; and Josh Henningsen will be here as well today. The committee pages are Alyssa Lund and Dana Mallett, both students at UNL. On the table inside the doors when you came in you will find yellow testifier sheets. If you're planning on testifying today, please fill out one of those sheets and hand it to the page when you come up to testify. This helps us keep an accurate record of the hearing. There is also a white sheet on the table if you do not wish to testify but would like to record your position on a bill. Also for future reference, if you are not testifying in per-- in person on this bill or a bill and would like to submit a letter in support or opposed for the official record, all committees have a deadline of five o'clock the day before for the submission of letters to the committee. We'll begin testimony today with the introducers' opening statement. Followed by the opening, we'll hear from proponents of the bill, then opponents, and finally by anyone speaking in a neutral capacity. We will finish with a closing statement by the introducer if they wish to give one. We ask that you begin your testimony today by giving us your first and last name and spell them for the record. We utilize an on-deck chair. That's right up here to the left of the testifiers' table. Please keep the on-deck

chair filled with the next person to testify so we can keep the hearing moving. If you have any handouts, bring up at least 12 copies and give them to the page. If you do not have enough copies, the page can help you make more. We will be utilizing a light system. When you begin your testimony, the light on the table will turn green. It's right here. The yellow light is your one-minute warning. And when the light turns red, we'll ask you to wrap up your final thought. The lights will be on a three-minute timer today. That means you will have three minutes to testify. And you can see there's a great deal of interest, particularly in the first bill today. And so I don't want to feel like I'm being rude interrupting anyone, I hope you will observe that light and recognize that when it turns red we have to have you stop so that some other people have an opportunity to be heard today. As a matter of committee policy, we remind everyone that the use of cell phones and electronic devices is not allowed during public hearings, though senators may use them to take notes or stay in contact with staff. At this time I'd ask everyone to look at their cell phones and make sure they're on the silent mode. Also verbal outbursts of-- of-- or applause are not permitted in the hearing room. Such behavior may be cause to have you asked to leave the hearing room. You may notice committee members coming and going. That has nothing to do with how they regard any particular bill before the committee, but senators have other responsibilities and may leave to introduce bills in other committees. One last thing: We are holding our hearings in the Warner Chamber while our regular hearing room is being renovated. Please remember that water bottles, soda cans, and the like are not permitted on the desks. And I'd like to make one other observation or comment and this has to do with how we're going to conduct the hearings today. We have a subject matter that has brought some people here that have particular difficulties. They may have children or particular conditions that don't permit them to wait a long period of time. This is how we're going to structure this, because we have four bills to be heard today. Senator Wishart will introduce LB110. After she introduces that bill and if she has-- answers any questions, then we're going to have an hour to hear proponent testimony. OK? Then we'll have an hour to hear those who are here to speak in opposition. And we'll have a half hour for neutral testimony. Then we're going to suspend the hearing, take up the three other bills, and then return to the hearing. OK? It's not that we want to shut anybody off, but because we're doing that and because we want to try to get people who have a condition that does not permit them to stay and be comfortable in this Chamber, we'd like to have people come up first or the early testifiers include those folks who for some

medical reason need to testify so that they can excuse themselves. OK? The other thing I'll mention is if you've heard somebody testify to the very same thing that you'd like to express to the committee, we're not telling you, you can't testify, but understand that if it becomes repetitive then it-- then each time somebody says the same thing it has less value to the members of the committee. Have I thought of everything? I think so. We do have a few people-- we have some folks that came with some expertise in the subject matter. So the first three or four witnesses I'll probably call up and then we'll open it to those of you that have come to be-- present. Oh yeah. In order to keep the hearings moving, we'll ask that we make sure that somebody is always in the on-deck seat. And normally, as a courtesy, we would thank people for showing up after you testify. We're going to, to keep it moving and to give more people an opportunity to be heard today, we're going to dispense with that. But-- but believe me, the committee is grateful for the testimony that we're going to hear from the proponents as well as the opponents and those here in a neutral capacity. And you'll forgive us if we dispense with some of those pleasantries today. And with that, we will have Senator Wishart open on LB110. Good afternoon.

WISHART: Well, good afternoon, Chairman Lathrop and members of the Judiciary Committee. My name is Anna Wishart, A-n-n-a W-i-s-h-a-r-t, and I represent the ger-- the great 27th Legislative District in west Lincoln. I am here today to introduce LB110, a bill that would establish the Medical Cannabis Act and provide for the cultivation, processing, and use of cannabis for medical purposes in Nebraska. First, I want to thank all of the families and advocates who have worked tirelessly on this legislation over many years, many of whom are here today still fighting for themselves and their loved one's health. I want to thank my legislative staff, Bill Drafters, and the Fiscal Office for their diligent work on putting this bill together and the accompanying materials. I introduced LB110 on behalf of the countless Nebraskans who have reached out to me in favor of cannabis reform. These are Nebraskans who span the political spectrum, are old and young, rural and urban, all who share a common desire for change because they or a family member or a friend are struggling with a chronic illness and desperately need access to cannabis for medical purposes. So it didn't surprise me when I reviewed poll results from 2017 that showed over 70 percent of Nebraskans support the legalization of cannabis for medical purposes. That was two years ago. And since then, Utah, Oklahoma, and Missouri have joined 32 states in legalizing cannabis for medical purposes. Before I dive into the

details of the bill, I do want to outline the history, the science, and the current environment surrounding cannabis. Cannabis is one of the oldest cultivated plants and has been used by humans medicinally for thousands of years. To date, more than 100 different cannabinoids have been identified in the cannabis plant. Our bodies have what is called an endocannabinoid system, discovered in the 1990s. We know we now have decades of scientific purview about this systi-- system inside of all of us. This system plays an integral part in the regulation of pain relief, mood management, blood pressure, and blood sugar control, appetite, sleep cycles, extinction of traumatic memories, inflammation, neuro protection. This system controls that all. The cannabis plant and its over 100 cannabinoids has been shown to work hand in hand with our body's endocannabinoid system; hence, the medical benefits. Outright prohibitions of marijuana and cannabis began in 19-- in the 1920s, and prior to that at least 27 medicines were legally available that involved cannabis in the United States. In fact, the legislative council at the time for the American Medical Association opposed cannabis prohibition because it would prevent the medicinal use of cannabis. In 1970, with the establishment of the Controlled Substances Act, cannabis was placed as a Schedule I drug, which prohibits the ability of doctors to per-- prescribe it medicinally. And I'd like to point out that cocaine is scheduled at a Schedule II because it can currently be administered by a doctor for legitimate medical purposes. In 1972, a petition was submitted to the DEA to reschedule cannabis. After 16 years of court battles, the DEA's chief administrative law judge, Judge Francis L. Young, ruled on September 6, 1988, quote: Marijuana in its natural form is one of the safest therapeutically active substances known. The provisions of the Controlled Substances Act permit and require the transfer-- should permit and require the transfer of marijuana from Schedule I to Schedule II. It would be unreasonable, arbitrary, and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance. The DEA rejected Judge Young's ruling and to date cannabis remains a Schedule I drug. While Schedule I designation limits our ability to clinically research the effects of camada--cannabis, there is growing scientific research and human experience across the world that proves its medicinal benefits. In fact, believe it or not our very own federal government sends cannabis, in the form of cigarettes, to a special dwindling group of patients on a regular basis since 1976 through the Compassionate Investigational Drug Program. Under the authority of the FDA, this program started with Robert Randall, who was arrested for growing cannabis on his back deck and had to prove that this medicine was

essential to prevent his progressive loss of vision from glaucoma. He was supplied cannabis through this program. And in 1992 this program was closed, and at that time there were 15 patients receiving cannabis for various medical purposes. Even with the program cro-- closed, these patients continued to receive their cannabis supply from the government. Today there are three remaining patients who continue to receive cannabis from the FDA. Our federal government currently allows three people access to cannabis for its medicinal purposes and yet denies all other sick Americans access. Fast-forward to January of 2017. The National Academies of Sciences, Engineering, and Medicine conducted a rigorous review of scientific research published since 1999 that details what is known about the health impacts of cannabis and cannabis-derived products. And their findings include, quote: One of the therapeutic uses of cannabis and cannabinoids is to treat chronic pain in adults. The committee found evidence to support that patients who were treated with cannabis or cannabinoids were more likely to experience a significant reduction in pain symptoms. For adults with multiple sclerosis related muscle spasms, there was substantial evidence that short-term use of certain oral cannabinoids improved their reported symptoms. And furthermore, in adults with chemotherapy induced nausea and vomiting, there was conclusive evidence that certain oral cannabinoids were effective in preventing and treating those ailments. Additionally, a large and growing body of scientific evidence and research continues to be done across the world, and I would encourage you to look at Israel, in particular. They have become a global leader in research on the medicinal benefits of cannabis. Colleagues, no one has died. Fa-- no-- there is no fatal overdose in the history of cannabis. According to the U.S. Center for Disease Control and Prevention, there is no listed case of cannabis as a cause of death. Meanwhile, prescription drugs, such as opioids, have become one of the leading causes of accidental death in the United States. Today a total of 32 states now allow for comprehensive public medical cannabis programs, and to date not one state that has legalized cannabis for medical purposes has sought to reverse that. In fact, many have expanded it. The American Academy of HIV Medicine, American Bar Association, American Civil Liberties Union, American Nurses Association, the American Public Health Association, the Lymphoma Foundation of America, the National Nurses Society on Addictions, the National M.S. Society, and the Epilepsy Foundation all support the ability for healthcare practitioners supervised act to-- access to medical cannabis. So now let me quickly go through what the bill does. I have before you a briefing document on the amendment that I filed today. And, Senator Lathrop, I'd just like to ask, would the

committee like me to go through this or do you feel comfortable at this time, because there are a lot of people here, with me stopping?

LATHROP: I think-- I think we can probably go through it.

WISHART: We can go--

LATHROP: No. No, I-- I'd just as soon have people come up and testify,--

WISHART: OK. So what I've done is--

LATHROP: -- so we don't run out of time [INAUDIBLE] .

WISHART: -- we created enough copies for everybody in this room to be-- be able to have it. We passed it out. So please feel free to-- to look at this system that we've put in place because it is a very safe, regulated, humane medical cannabis system. I want to close by saying if you have problems with the specifics of this bill I will work with you to make it better. Already I have been working with the Nebraska Families for Medical Cannabis, the Nebraska Medical Association, the Fraternal Order of Police, and State Troopers Association, and the State Chamber of Commerce to find a way to address their concerns while maintaining the integrity and fundamental goal of our system, which is profie-- to provide access to cannabis for people who are severely sick. What I can't accept is an argument that this is too hard or complicated to deal with. We were elected to come here to study, to work hard and address tough, complicated issues like this, and I won't stop until we have a legal, safe, and humane medical cannabis system in our state. I thank you and I'm happy to answer any questions.

LATHROP: Thank you, Senator Wishart. Any questions for the introducer? OK. Maybe you can give us a quick summary of the-- quick summary of the changes.

WISHART: Sure. Yeah, sure. So what I have put before you is a summary of the amendment we filed to LB110. I call it the 2.0 version. So quickly I'll just go through. We do create a system for who can qualify and get a card to be able to have access to medical cannabis, and so we have a regulated system through that. We do allow for designated caregivers. So if somebody is physically disabled or if a child with epilepsy needs access, we do create a system for them to have a caregiver who is able to provide cannabis for them. We go

through a list of what some of the limitations are in terms of how much cannabis you can have for medicinal purposes; the fact that, obviously, you should not and cannot be driving while intoxicated. We also go through the legal protections for patients. We have been very clear with those in this bill to ensure that people who are following the rules of this medical cannabis system are legally protected. We also allow for people who are traveling to Nebraska who are-- have a card in another state where it's legal to be able to have access to their medication while they're in Nebraska. That's very important, especially for people with epilepsy, multiple sclerosis, and other severe issues where it could be life threatening if they don't have access to it. We highly regulate the-- the three-tiered system of producers, processors, and dispensaries. We allow only for 30 total, 10 in each Congressional district. And we have quite a bit of requirements, especially on the security level, for those which goes into the safeguards and security that we require to ensure that these businesses are safe and that the product that people are getting has been tested for pesticides, for their chemical composition, so that what people are getting is as high quality as it possibly can be. We do allow for counties, we allow local control. If a county or a city or a village governing body does not want any of these businesses in their jurisdiction, they're allowed to vote that they can't be there. But they cannot prevent somebody from possessing cannabis and they cannot prevent home delivery to that person. We establish a Medical Cannabis Board that will oversee an independent department that we have established that will regulate the entire system. We do have licensing fees that should pay for the entire system. It'll be a self-sustaining system. In fact, we anticipate there may be revenues gained off of that, especially since we allow for sales tax of medical products. And then we go in just to the time line. So we would anticipate that we would want to get this up and running by 2021.

LATHROP: Very good. Thank you for that overview of the bill and amendment. Anyone have any questions for Senator Wishart? Oh, Senator Slama.

SLAMA: Yes. Senator Wishart, thank you for coming out today. I just wanted to clarify the amendment you referenced is Amendment 21, correct?

WISHART: Yes.

SLAMA: OK. Perfect. Because I'll be citing those.

WISHART: Thank you.

SLAMA: I just wanted to ask you a few questions about Section 3, starting on page--

WISHART: OK.

SLAMA: -- 1, in terms of the quantity that patients could get in cannabis under this act.

WISHART: Uh-huh.

SLAMA: So could you tell me, and we could, if you don't know, we can save this question later for expert testimony, how many joints, mari-- marijuana cigarettes is the average person who is prescribed medical marijuana going to go through in a day, because I know this act includes tho-- those loose plans.

WISHART: Going to go through in a day?

SLAMA: Yes.

WISHART: I would say it would vary--

SLAMA: Sure.

WISHART: -- greatly, depending on what the physician and the patient think is the right amount of dosage for that person.

SLAMA: OK.

WISHART: So if you have somebody who is battling cancer and this is one way that it fights nausea, it would potentially be aligned with when they'll be eating. If you have somebody who has severe muscle spasms, one sort of dosage of cannabis can be the difference between whether, I mean, a condition where they are unable to move or they are. So they may be taking it more often. Again, it depends on the patient and the physician discussion of-- of what is best for their medicinal benefits.

SLAMA: Absolutely. And then could you tell me, I'm now going to reference subsection (1) of Section 3. Starts on line 8 of page 1. So the first allowable amount of cannabis under this act is three ounces or less of cannabis on--

WISHART: Uh-huh.

SLAMA: -- one's person. How many met-- marijuana cigarettes could you get out of an ounce of marijuana?

WISHART: How many marijuana cigarettes could you get. I'll--

SLAMA: Yes.

WISHART: -- I'll leave you up-- I think--

SLAMA: OK.

WISHART: -- Karen, who's following me, may be better able to--

SLAMA: OK.

WISHART: -- answer that specifically in terms of-- of the cigarette amounts.

SLAMA: Sure.

WISHART: What I will say is that these limitations that we and that-- that we include here came out of what Oregon's people--

SLAMA: Ah.

WISHART: -- decided--

SLAMA: OK.

WISHART: -- in their constitution.

SLAMA: Thank you. Then I'll just save the rest my questions for Karen then. Thank you.

WISHART: Thank you. Excuse me, not Oregon, Oklahoma.

SLAMA: Oklahoma? OK.

LATHROP: I see no other questions. You will stick around to close?

WISHART: Yeah.

LATHROP: All right. We'll look forward to that. We're going to start out with a few people who are sort of designated testifiers, if you

will. One or the next testifier will be Karen O'Keefe. Ms. O'Keefe, welcome.

KAREN O'KEEFE: Thank you. Good afternoon. My name is Karen O'Keefe, spelling K-a-r-e-n O-'-K-e-e-f-e, and I appreciate the opportunity to come here and testify in support of creating a well-regulated and compassionate medical cannabis program. I direct the state policies department at the Marijuana Policy Project.

LATHROP: Move that a little closer.

KAREN O'KEEFE: Sure. I will pull myself closer too. I direct the state policies department at the Marijuana Policy Project and I've had the absolute honor and privilege of working with probably hundreds of seriously ill patients and many, many lawmakers for 15 years to help craft a compassionate, effective, medical cannabis laws. Medical cannabis has been shown, as you heard, to be a safe and effective treatment for a variety of medical conditions. It poses far fewer risks than many commonly available prescriptions that patients have. While more than 15,000 Americans die every single year of opiate overdoses and Americans also have died from even over-the-counter painkillers, as was mentioned, no one has ever been shown to have died from a marijuana overdose. Meanwhile, cannabis has been shown to be an exit drug for many patients. Many patients report that they're able to stop using their opiate medications completely or to reduce their use of them by the use of medical cannabis. Now two-thirds of Americans live in states where medical cannabis is legal and where doctors and patients are trusted to make their own decisions about this treatment option. The earliest of this law-- these laws were passed 22 years ago, which has given us ample time to see how they're working and if some of the fears that opponents have had have actually come to pass. In short, they haven't. We've looked at all of the data before these laws passed and the most recent data and seen that teen marijuana use has not increased in those states. In many cases, it's actually gone down, sometimes within the margin of error. And I attached attachments with my testimony that shows the data before and the most current data. We've also seen in many cases sometimes law enforcement or opposed organizations before passage and those same individuals after they had-- laws had been in effect where they were similar programs to this saw that they didn't cause problems and that they just help seriously ill patients. So not surprisingly, popular support has continued to grow both nationwide and those states with medical cannabis laws, and none of the laws have been repealed. I wanted to

discuss a few of the specific points in the bill that I know some senators might have questions about. The first is the qualifying medical conditions. Some people have had some concerns that it includes a list of specific conditions and then also allows a physician and a patient to determine if cannabis is the right choice for other medications. This is what is done with all kinds of prescription drugs. Twenty percent of all prescriptions are what's known as "off label," meaning they're for indications other than those specifically listed. So given that cannabis doesn't cause fatal overdoses, it doesn't cause organ problems like every other medication, we feel it's a good idea to let physicians and patients be trusted with this decision. Another provision in the bill is allowing home cultivation. This is home cultivation: allowing patients to grow their own medical cannabis. This is in place in about half of the medical marijuana states. And where the laws are crafted like this bill, where it has to be an enclosed location and there aren't cooperatives, it's one person growing at a time, they haven't caused problems. This is important because medical cannabis will not be covered by insurance and seriously ill patients will need to have opportunity to-- to-- to access it without it being too costly. So I see my time is up and I'm happy to answer any questions.

LATHROP: Yeah. Let's see if there's any questions for you,--

KAREN O'KEEFE: Sure.

LATHROP: -- Karen.

KAREN O'KEEFE: Do you want me to answer that one first?

LATHROP: Senator Slama.

SLAMA: Yes. Just picking up--

KAREN O'KEEFE: Sure.

SLAMA: -- where we left off.

KAREN O'KEEFE: Certainly.

SLAMA: Do I need to repeat the question?

KAREN O'KEEFE: No. No, I remember.

SLAMA: OK.

KAREN O'KEEFE: So the number of marijuana cigarettes that can be made out of an ounce of marijuana, it varies of course. Some marijuana cigarettes are very small. But the federal government--

SLAMA: Absolutely.

KAREN O'KEEFE: -- ships 300 cigarettes a month to patients,--

SLAMA: Uh-huh.

KAREN O'KEEFE: -- which is eight ounces. So this would be the eight ounces a person could have in their home, is about a one-month supply for what the federal government gives their federal joint sizes, I guess you would say. So each ounce produces, its .87 grams, as I recall, per marijuana cigarette if you use the federal ones. So that's roughly about 25 marijuana cigarettes per ounce.

SLAMA: Point eight seven grams in an--

KAREN O'KEEFE: So it's point-- the-- the size of the federal marijuana cigarettes--

SLAMA: Yes.

KAREN O'KEEFE: -- is .87 grams.

SLAMA: Yes.

KAREN O'KEEFE: And then there's 28.5 grams in an ounce.

SLAMA: Yes.

KAREN O'KEEFE: So, roughly, it would be about 25 marijuana cigarettes per ounce.

SLAMA: OK.

KAREN O'KEEFE: It's complicated because to switch from metric to English.

SLAMA: I know. It's-- . So that would equate to 3-- so there's about 25 per ounce based on that, so a person can have enough for 75

marijuana cigarettes on their person, based on subsection (1). In the eight ounces that would equate to about 300.

KAREN O'KEEFE: Yeah, so right about what the federal government ships patients each month.

SLAMA: So 375 total just based off of subsection (1) and (2). And then in subsection (3), "one ounce or less of concentrated cannabis,"--

KAREN O'KEEFE: Uh-huh.

SLAMA: -- are there any limits on THC in that concentrated cap-- cannabis.

KAREN O'KEEFE: It's not specified, so.

SLAMA: OK. So in that concentrated cannabis we've got how-- you can have-- that includes hash oil, correct?

KAREN O'KEEFE: It would be [INAUDIBLE] .

SLAMA: Could include? And according to my numbers, hash oil can range anywhere from 30 to 90 percent THC. Is that correct?

KAREN O'KEEFE: I have no reason to dispute it. I think it is.

SLAMA: OK. So there, just get-- make sure I've got my math right here, there's about 28 grams in an ounce and this translates to about 20,000 milligrams. So if I've got an ounce of hash oil, for example, that would equate to about 8,400 milligrams of THC, if I'm on the low end at 30 percent THC content, and up to 25,200 milligrams of THC if I'm on the high end at 90 percent. So what, in your experience, would be the range of dosages that a person could be prescribed in milligrams of THC in a product like concentrated cannabis?

KAREN O'KEEFE: So it's going to vary greatly--

SLAMA: Uh-huh.

KAREN O'KEEFE: -- for how much cannabis each person will use. If a person's just using it as rescue medication when they're having a spasm here and there, it might be very little. There are some patients that use far greater quantities, like the federal patients that I mentioned that use 300 marijuana cigarettes a month. Some people have

used cannabis oils as a Hail Mary for cancer itself in the end stages and they use a very concentrated THC.

SLAMA: Sure.

KAREN O'KEEFE: So it's going to vary a lot.

SLAMA: Uh-huh.

KAREN O'KEEFE: The federal government actually allows Marinol, which is 100 percent pure. THC is the only active ingredient in it. So any potency, of course, will be less than 100 percent. But, yeah, it's going to vary a lot depending on the--

SLAMA: Uh-huh.

KAREN O'KEEFE: -- individual patient.

SLAMA: Could you quantify that by some form, like it can be a very wide range, just in terms of milligrams that it could be in?

KAREN O'KEEFE: Um--

SLAMA: I'd like to put a harder--

KAREN O'KEEFE: -- I'm not sure because I don't know what the upper end would be of how much a patient might need,--

SLAMA: OK.

KAREN O'KEEFE: -- like how much specifically those ones that are using very high THC--

SLAMA: Sure.

KAREN O'KEEFE: -- as a-- as a kind of Hail Mary,--

SLAMA: Uh-huh.

KAREN O'KEEFE: -- like I said, when nothing else has worked for cancer. That's where I've heard of people using the most is when they're using it for--

SLAMA: Sure.

KAREN O'KEEFE: There's a woman named Michelle Aldridge [PHONETIC] that used it for lung cancer successfully, with her doctor's support. And I think hers was very, very high THC.

SLAMA: OK.

KAREN O'KEEFE: So it's going to vary. And I don't-- I know I've read the article but I don't--

SLAMA: Sure.

KAREN O'KEEFE: -- remember exactly what she said she used. And also, we're just constantly learning more about this plant. So there's more research coming out of Israel all the time. We just found out about, a couple of years ago, a study on Crohn's patients with 23 percent THC.

SLAMA: Uh-huh.

KAREN O'KEEFE: They're doing stuff on autism. So whatever we-- even if I knew today what the most is--

SLAMA: Sure.

KAREN O'KEEFE: -- that anybody's prescribed, we might find out,--

SLAMA: OK.

KAREN O'KEEFE: -- you know, that a new study in Israel finds that a higher amount works for people with Alzheimer's or something else.

SLAMA: Sure. But could you say it would be fair, on the low end, to say that a low end of that prescription would be about 2 to 4 milligrams per dose? Would that be a fair quantity?

KAREN O'KEEFE: That I'm not sure of.

SLAMA: OK.

KAREN O'KEEFE: I know, so let's see, 800 milligrams of THC is the equivalent of one ounce, according to a study that was done in Colorado.

SLAMA: Uh-huh.

KAREN O'KEEFE: So an ounce is-- would be one week's supply using the federal marijuana for federal patients. So then you would say about

100 milligrams would be one day's supply with federal marijuana. But again, this is pain patients that are using it in cigarettes. And so there's going to be a wide variety,--

SLAMA: Uh-huh.

KAREN O'KEEFE: -- depending on the individual indication and the individual patient.

SLAMA: Sure. And I'm not referencing the use of marijuana cigarettes here. I'm just trying to get down--

KAREN O'KEEFE: Yeah.

SLAMA: -- how many dosages we have in this concentrated cannabis oil.

KAREN O'KEEFE: Yes.

SLAMA: With-- if you say a hundred milligrams of THC would be the daily dose, we've got up to 25,200 milligrams of THC there. So you've got about 252 days of supply of THC just in that oil alone. Would that be correct?

KAREN O'KEEFE: If you are like the federal patients. But if it was--

SLAMA: OK.

KAREN O'KEEFE: -- somebody who was using it as a Hail Mary for cancer itself, they might need much more--

SLAMA: Uh-huh.

KAREN O'KEEFE: -- than that. And of course if the heart of the concern is what if they have too much, if a patient were to divert marijuana they would have their ID card taken away. They wouldn't be able to participate. They would be criminally prosecuted.

SLAMA: But they would be within the limits of the law in terms of having up to this amount.

KAREN O'KEEFE: Yes.

SLAMA: OK. So just--

KAREN O'KEEFE: And that lets them not go to the store as frequently, of course, if they can.

SLAMA: Sure. For the sake of moving on, we've got section (4) is the last section before we get to the plants. That has cannabis products containing no more than 2,400 milligrams of THC. If we're still going with a hundred milligrams of THC as a daily dose, that's another 24 days of supply. So we're looking at, just in sections (1) through (4), 252 plus 24, 276 days of supply, plus 375 marijuana cigarettes. That's-- that's quite a bit, wouldn't you say?

KAREN O'KEEFE: Well, in some cases these patients are going to be cultivating their own cannabis--

SLAMA: Uh-huh.

KAREN O'KEEFE: -- and they may only harvest it once a year. So that actually--

SLAMA: [INAUDIBLE] and they could be cultivating that cannabis in addition to this 276-day supply plus 375 supply, correct?

KAREN O'KEEFE: Well, they could only keep a certain, I mean they have the plants but they harvest it once a year. So after they--

SLAMA: Uh-huh.

KAREN O'KEEFE: -- harvest it, it will have to last them a year if they're growing it on their own.

SLAMA: Sure. OK. Thank you. That's the end of my questions--

KAREN O'KEEFE: You're welcome.

SLAMA: -- on that one.

LATHROP: OK. I see no other questions. Thank you. Next will be former Senator Tommy Garrett. Welcome back.

TOMMY GARRETT: Thank you. Great to be here. Chair-- Chairman Lathrop, members of the Judiciary Committee, I'm Tommy Garrett, T-o-m-m-y G-a-r-r-e-t-t. I'm the president and CEO of the Garrett Group, a defense contractor headquartered in Bellevue, Nebraska. I'm a retired Air Force intelligence colonel and a former state senator for District 3, which includes parts of Bellevue, Papillion, and Sarpy County.

Thank you for allowing me the opportunity to come here today to speak in support of LB110, the Medical Cannabis Act. I'd like to thank Senator Wishart and all the cosponsors for championing this important piece of legislation that can make a positive impact on the quality of life for many Nebraskans. I'd also like to thank the moms who originally opened my eyes to this issue and brought this bill to me in search of help for their sick and ailing children. If you would have told me when I entered the Legislature that I would have sponsored a medical cannabis bill as my priority legislation, I would have told you that you were out of your mind. That was because I had no idea about how many people were suffering from diseases and ailments for which current prescription medications are ineffective, and the effectiveness of medical cannabis in treating those ailments. I believe you all are serving in the Legislature because you want to make things better for all Nebraskans. Please do your homework on this issue. When these moms brought their concerns to me and I researched the issue, I was absolutely amazed and I became convinced that this was the right thing to do. With that said, I do have some firsthand knowledge of medical cannabis, due to my father-in-law's struggle with the effects of chemotherapy during treatment for his pancreatic cancer back in 1978. The chemotherapy he was undergoing left him with severe nausea and a complete lack of appetite, which in turn left him too weak to take additional treatments and interact with family. His oncologist recommended that he smoke cannabis, as it would help med-- mediate the effects of chemotherapy and restore his appetite. The cannabis that he smoked did exactly what the doctor said it would do and it allowed him to continue his chemo treatments and interact with his family. My father-in-law died from his cancer but his remaining months of life were greatly enhanced by the cannabis. My father-in-law's story is not a rarity. It's quite common. So ask yourself, how is it that doctors were advising patients to use an illegal substance? The answer is quite simple: because that illegal substance works. For those opponents that suggest that we wait for FDA approval, I would remind you that, if such a reminder is necessary, that Washington, D.C., is hard broke. Nothing gets done. Please do your homework. Research how it is that cannabis, which was part of the U.S. pharmacopoeia until 1942, became illegal. Ask yourself why there's no medical evidence as to the efficacy of cannabis. It's because marijuana is a Schedule I drug, which by definition means it has currently no-- no accepted medical use. This means universities and research labs are prohibited from conducting research on marijuana because it has no accepted medical use. What? This is a classic Catch-22. Oh, by the way, methamphetamine and cocaine are Schedule II

drugs. That's right. They're telling us that marijuana is more dangerous than meth and cocaine. This is insane. The FDA and DEA have had a very long time to move out on this issue and have chosen not to do so. With all the available information out there affirming the efficacy of medical cannabis, how-- how is it that the FDA has failed to act? We the people have had enough. That's why medical cannabis has been legalized in 33 states, the District of Columbia, Guam, and Puerto Rico. Oh, by the way, medical marijuana has also been legalized in 14 countries. These jurisdictions have-- have looked at the evidence and made their decisions. The enemy is not these sick children. It's not our veterans suffering from PTSD, and it's not the elderly with Alzheimer's, cancer, and other diseases. Our enemies are the diseases. The American people understand this fact. Fox News polling shows 85 percent support for medical cannabis in this country, while CBS News polling shows support at 84 percent. Today you have a choice. I implore you, study the issue. Do your homework. Ask yourself the hard questions. Thank you again for this opportunity to speak to you about medical cannabis. I humbly ask for your support for LB110 and to make Nebraska-- Nebraska the 34th state to make this safe, effective, and inexpensive treatment for a myriad of illnesses. I'm glad to entertain any questions you might have.

LATHROP: Thank you. Thank you for your testimony today. Senator Slama.

SLAMA: Hi, Mr. Garrett. Thank you very much for coming out today. When you introduced your legislation back in the day, did you include cultivation and loose cannabis in that bill or-- ?

TOMMY GARRETT: No. Kind of a funny story. The moms came to me on a Friday afternoon the last day that we could submit new legislation and they were in my office and they pleaded with me. And-- and again, I never thought I'd, you know, bring a medical marijuana bill. I mean, I'm-- and so we put a place maker in-- in and it was the Kansas bill at the time that Kansas was trying to pass. And when I got home that weekend, I hadn't even looked at it, I got home that weekend, I read it. It allowed for cultivation and smoking, and I-- I was aghast. I thought, you know, it-- there's no way this is going to pass. I knew that.

SLAMA: Uh-huh.

TOMMY GARRETT: You know, we're a pretty conservative state. And so we went through a lot of iterations and a lot of amendments, and we finally sell-- settled on a bill, a Minnesota bill. But-- but I'll

tell you what. From my research and from going around Nebraska, I don't know if Benjamin Marksmeier here is an amputee who lost a leg in an IED attack overseas, he regularly uses cannabis. He-- he lost two friends at Walter Reed from opioid overdoses. He was on a heavy dose of opioids and he said he said, it's not going to do it to him. And so he self-medicates and he-- and I asked him all about it. I grilled him. He smokes one marijuana cigarette in the morning when he gets up--

SLAMA: Uh-huh.

TOMMY GARRETT: -- and-- and-- and I found out that from doctors that the efficacy of the THC gets into your bloodstream a lot quicker when you smoke it--

SLAMA: Uh-huh.

TOMMY GARRETT: -- rather than orally ingesting it or-- or-- or, you know, taking my pill or ointment. And so-- so it does have an effective use to actually-- and to be able to grow your own medicine, I mean it is a God-given--

SLAMA: Uh-huh.

TOMMY GARRETT: -- herb. I mean just from a cost-savings perspective and the smoking part of it, I think, you know, I feel like we-- we so cut my bill back, LB643, to try and get it passed through my conservative colleagues primarily, quite honestly, that we essentially neutered it. And I-- I applaud Senator Wishart for putting the oomph back into this bill, because this-- this needs to be where it's at.

SLAMA: Uh-huh. So you said that your friend smokes one marijuana cigarette in the morning. Is that correct? Is that his intake for the entire day?

TOMMY GARRETT: No, I-- I think he does one in the evening as well.

SLAMA: OK.

TOMMY GARRETT: And-- and I-- he lost a leg and he's got a lot of shrapnel and-- and-- and he might be testifying here today.

SLAMA: Sure.

TOMMY GARRETT: He was telling me about how everything gets shifted out of-- out of shape, even though you've got a prosthetic.

SLAMA: Uh-huh.

TOMMY GARRETT: Your hips, your back, and everything else is in constant pain.

SLAMA: Sure.

TOMMY GARRETT: And so that's what he does to medicate. And again, as a previous testifier said, there's never been a marijuana overdose on-- on the part of anyone. And again, we're talking about people taking this for ailments,--

SLAMA: Uh-huh.

TOMMY GARRETT: -- for diseases and ailments. So--

SLAMA: Thank you.

TOMMY GARRETT: -- they're not trying to get high.

LATHROP: I see no other questions. Thanks for your testimony today. Next will be Dr. Coleman.

KIM COLEMAN: Thank you. Thank you, Senator Wishart, for introducing this legislation. Thank you all for serving our state. My name is Kim, K-i-m, Coleman, C-o-l-e-m-a-n. I'm a physician in Lincoln. My specialty is pediatric radiology. I had a personal interest in researching this five years ago when my grandson had a brain injury and had subsequent seizures. He was on three anti-epileptics and they were quite sedating. His parents researched medical marijuana for his condition. They found a state where it was legal. They were able to get him off all three meds and seizure free. They do have to live away from their support system, their extended family, and their homes. But I guess so I researched it as a physician and a scientist. I do believe there's sound evidence to have legal cannabis for specific medical conditions for some patients. Like any drug, like chemotherapy, we wouldn't be out here advocating it for everyone. And I-- I just ask us to consider a measured, careful approach. Even with the bill, it can still have amendments. And we as a state have physician input, just like you as a patient wouldn't make decisions medically without your physician. Whether you're debating surgery or different drug therapy, you would want your physician at your side.

And I just want to ask to keep the physicians at the table as we make any changes or amendments as this goes forward. But I do fully support the legalization of cannabis for specific medical conditions. I think that's-- I wanted to add one more thing. My-- my grandson happens to be on a combination of CBD as well as THC. There is evidence to suggest there's synergy with the various cannabinoids together. And I think there are some forces out there that want to limit it to CBD, and I would just, personally, not advocate that because we're limiting the tools in the toolbox that might help the patient. Thank you.

LATHROP: Very good. Thank you, Doctor. Senator Slama.

SLAMA: Hi, Dr. Coleman. Thank you very much for coming out today. I just wanted to clarify, there's no mention of CBD or act-- action to legalize CBD in this bill, correct? It's entirely to do with products with THC, correct?

KIM COLEMAN: It's medical cannabis and the--

SLAMA: Yes.

KIM COLEMAN: -- cannabinoids are both CBD, THC. There's multiple cannabinoids.

SLAMA: OK. What research has been done on medical marijuana's interaction with prescription drugs?

KIM COLEMAN: So there are a few with-- added for seizures,--

SLAMA: Uh-huh.

KIM COLEMAN: -- and when they add it on for children who are already on anti-epileptics it has been effective, in some studies, decreasing their seizures.

SLAMA: Uh-huh. But--

KIM COLEMAN: So it is in addition to.

SLAMA: -- outside of epilepsy, what research has been done en masse or outside of epilepsy? In this bill there's several other medical conditions covered, along with the open-ended part at the end where doctors have the freedom to prescribe it for anything else that they would see fit, working with their patient. I'm just wondering what research has been done as a whole to look at what impact mare--

medical marijuana could have on patients' other prescription drugs that they may be taking at the time.

KIM COLEMAN: So what I know about, I don't know all the research out there, but with--

SLAMA: Sure.

KIM COLEMAN: -- opioids, which are prescribed pain medicines,--

SLAMA: Uh-huh.

KIM COLEMAN: -- when they are able to have an addition of a cannabinoid, they can use less of that.

SLAMA: Uh-huh.

KIM COLEMAN: So a-- a lot of drugs, when you put them together, interact in a harmful way and sometimes we don't find out until we take every single combination out there. But I-- I think that's a good question to ask where we can specifically look for, if your question is, adding it to a prescription drug, I think that's a reasonable thing to consider. That's why I'm asking--

SLAMA: Sure.

KIM COLEMAN: -- that physicians stay at the table as we discuss this.

SLAMA: Absolutely I just want to make sure that if we're going to do this we're not putting our people at risk in terms of bad medical reactions.

KIM COLEMAN: I appreciate that. Our-- our oath is to do no harm.

SLAMA: Thank you. So in terms of dosages, what would you recommend as a range for an average patient just in terms of possible prescriptions you would provide for them?

KIM COLEMAN: So the-- the whole point about cannabis is--

SLAMA: Uh-huh.

KIM COLEMAN: -- as a Schedule I drug, we don't have access to that information at all. In fact, when my grandson moved to--

SLAMA: Sure.

KIM COLEMAN: -- a state where it was legal, he went to a specific practitioner,--

SLAMA: Uh-huh.

KIM COLEMAN: -- not just any pediatrician. It's a very-- you-- you don't-- we don't have the knowledge. I don't have a way of saying 200 milligrams, 2 milligrams. I have-- I don't know that. Practitioners who work with specific ailments and-- and then the specific combinations of the cannabinoids can have a better idea. But that's-- that's not-- that's one of the problems with it being a Schedule I drug.

SLAMA: Sure. But it's legal in, as we've referenced before, about three dozen states, correct? There's not information shared between states or-- ?

KIM COLEMAN: Again, those are-- I'm-- I'm a pediatric radiologist,--

SLAMA: Uh-huh.

KIM COLEMAN: -- so I don't dose it.

SLAMA: That's correct.

KIM COLEMAN: But I can make scientific, you know, assessments from evidence.

SLAMA: Uh-huh.

KIM COLEMAN: But I-- I don't dose it. I couldn't really tell you a dose of penicillin for strep throat either.

SLAMA: Sure. Thank you.

KIM COLEMAN: OK.

SLAMA: That's all.

LATHROP: I see no other questions. We'll take the next testifier. What I'm going to suggest to you when you come up, make sure that mike is close. This is a-- a place that's kind of hard to hear. So if you're

in the back, if you're having trouble hearing, give us this and we'll-- I'll try to make sure the testifier is speaking into the mike.

SHELLEY GILLEN: Hi.

LATHROP: Thank you.

SHELLEY GILLEN: My name is Shelley Gillen, S-h-e-l-l-e-y G-i-l-l-e-n. I am here once again to make a desperate plea on behalf of my son Will and on behalf of the group Nebraska Families 4 Medical Cannabis. My son is 16 years old now. He has a diagnosis called Lennox-Gastaut Syndrome, which is a rare catastrophic seizure disorder. He suffers from multiple types of seizures on a daily basis, is legally blind, completely nonverbal, and still in diapers. Not only has Will suffered from the seizures themselves but also from a long list of horrific life-threatening injuries due to seizure falls. For over five years now, this being our sixth legislative session, my family has been in the trenches literally begging, crying, and pleading with our Legislature to help our child. It has been a painfully exhausting journey, both emotionally and physically. During our time advocating for Will and others to have the option to legally try medical cannabis, we have been given the same arguments over and over, such as the following: It's a gateway drug. It needs to be FDA approved. It will send the wrong message to our youth. It will get into the hands of the abuser. It is federally illegal. Our family finds all of these arguments to be nothing short of insulting. Many of the FDA-approved meds Will has been on are gateway drugs themselves, due to them being highly addictive. Thanks to the FDA, my son is already a drug addict, and not by choice, and he has been ever since he was an infant. As for it sends the wrong message to our youth and it will get into the hands of the abuser, what about Will and other children like him? Don't they count as part of that youth? Don't their lives matter? Why are we more concerned with protecting the potential abuser rather than those who are innocently sick and suffering? For the excuse it's federally illegal, 33 other states have decided that their most vulnerable citizens are worthy of a relief option rather than waiting around for our federal government to do something. We have visited with our federal legislators many times on this subject and their answer is always the same. They say this is a state's issue, you need to visit with your state senators-- tossing Will and others suffering back and forth like a political football. The Nebraska Families 4 Medical Cannabis Group has heard from too many people who have lost loved ones who may have been helped by this treatment or at least would have

alleviated some of their suffering. Also, for many patients CBD alone is not enough. Their conditions require whole plant medicine. A CBD-only bill would leave many, many patients behind. Our state is forcing families to make incomprehensible decisions, such as buying product on the black market to try to help themselves or their loved one or continue to suffer themselves or watch their loved one suffer. Their stories are heartbreaking. How much longer do they have to wait? Or will they, too, at some point no longer be with us because they never had the option to try this noninvasive medical treatment? You may one day find yourself in our situation. Please open your hearts and minds, become educated, and act quickly because precious lives are at stake. Thank you.

LATHROP: Thank you, Ms. Gillen. I see no questions. We appreciate your testimony today. While the next testifier is sitting down, how many people are here today to speak in support? OK. How many in opposition? OK. And anyone here in a neutral capacity? OK. Very good, that helps. Thank you. Welcome.

BRENDA POTRATZ: Thank you. Good afternoon. I'm Brenda Potratz, B-r-e-n-d-a P-o-t-r-a-t-z. Have you ever thought about how you would respond to a life-changing diagnosis? Not really all that long ago I was a busy wife and mother with a career in sales with a Fortune 500 company. Politically conservative, when asked what my views were on cannabis I would have told you it should not be legalized. It was a gateway drug, dangerous, something we should keep out of the mainstream. I really didn't know what I was talking about. I was just parroting what I had heard. But when I was officially diagnosed with rheumatoid arthritis in 2005, I chose to doe-- ignore the diagnosis and move forward with life. I couldn't imagine actually having something that was such a horrible disease. I didn't look sick. And at that time my energy levels were manageable with lots of coffee. Pain was a nuisance I popped constant ibuprofen for and I had plenty of other pharmaceuticals in case that didn't quite cover it. Fast-forward to 2012. The stress of managing a huge territory with lots of overnight travel, along with symptoms of a disease that could no longer be ignored, caused me to step away from doing what I loved jobwise. Less stress, more pills, more coffee: maybe it would go away. Didn't. It became more relentless. In 2015, I found a new rheumatologist. I was placed on more pharmaceuticals. We tried different drugs, criminally expensive drugs. I was researching everything I could on my own. My doctor talked about having different things in my toolkit to manage the pain day to day and the other

changes that were taking place. I kept reading about cannabis and how-- great help that it could be, so I decided to try it when we were in a legal state. It provided tremendous pain relief almost instantly and it lasted much longer than I had expected. It also provided a sense of calm, not a high. That isn't what I was looking for. Of course, when I returned home this was no longer an option. But I'm here to tell you it needs to be. Those of us living in chronic pain shouldn't be denied access to a plant that God created which has been proven to manage that pain. I'd like you to answer this question for me. Why shouldn't suffering Nebraskans have access to one of the best-working, most-humane options, especially in light of the increasing availability of cannabis to so many of their fellow Americans? This is my life, but it's your power. You can do great good with it if you so choose. I hope you'll answer my question with a vote to provide medical relief to a multitude of Nebraskans and soon. Today I'm before you asking for your help so tomorrow you or someone you love won't have to. Thank you.

LATHROP: Thank you. We appreciate your testimony. I see no questions. The next testifier may come forward. Do me a favor when you sit down, if you can pull that mike a little bit closer so everybody can hear your testimony.

LIA McDOWELL POST: Is that better, sir?

LATHROP: That's much better. Thank you.

LIA McDOWELL POST: Lia, L-i-a, McDowell, M-c-D-o-w-e-l-l, last name Post, P-o-s-t. Medical cannabis is already legal in the state of Nebraska. It is already legal in the United States of America. I know because I've been prescribed synthetic THC. It's already here. It has the same chemical component in it as the THC found in a natural plant. And although I've been applauded for getting off all my prescription narcotics, and there was 15 at one time and they almost killed me, it also worked against me because insurance companies and doctors don't recognize medical cannabis. They do less than 20 miles from my front door but not in the state that I live. I'd rather not have to smoke cannabis but any altered form of the natural substance is a felony in Nebraska. So although lotions, edibles, and THC-infused Epsom salts would help my medical conditions, I am not afford-- afforded the freedom of choice. But the real punchline for me is Dronabinol and Syndros are primarily used for the treatment of anorexia, and let's be honest, I certainly don't meet that criteria. But as with most pharna-- pharmaceuticals, there are by-products to the original intent

and in this case it's pain management. I'm allergic to the carrier oil in the Dronabinol and Syndros costs me almost $3,000 a month because my insurance won't pay for it. So please understand, it's hard for me to put my healthcare in the hands of pharmaceutical giants, insurance moguls, and politicians for a second longer, especially when the plan is considered a Schedule I drug, which means it is-- has high potential for abuse: Lie. Has no currently accepted medical treatment in the U.S.: Lie. And has lack of acceptable safety under the medical supervision: Lie. And in its synthetic form with the same cheni-- chemistry as the plant it is a Schedule II instead of a Schedule I and it used to be a Schedule III. I really wanted to bring a bag of medical cannabis into this room today in order to force your hands. I wanted to task with seeing me as a patient rather than a criminal. But I'm selfish, because my grandson's two-year-old birthday is tomorrow and I'd rather be with him than in jail because I don't know if I'd be as lucky as our Governor, Pete Ricketts, who attempted to break federal law by trying to illegally import a death penalty drug into our state. He had no consequences. But I'm not surprised, because this is the same guy when I worked at TD Ameritrade I was told by our H.R. department to never tell him no, especially when it came to getting the state-- to getting free suite tickets for the Nebraska Husker football games. So trust me, I am not-- I am not ignorant enough to think I'd be treated with the same sense of entitlement, especially over what has been deemed a morality issue instead of a healthcare issue by Pete Ricketts and his supporters. So please know as of today, you are-- you can no longer be ignorant about medical cannabis. I encourage you to decriminalize medical cannabis. Thank you.

LATHROP: Thank you, Ms. Post. I see no questions. Thanks for coming down today. The next testifier may take the seat. Good afternoon.

CRISTA EGGERS: Hi. Good afternoon. My name is Crista Eggers, C-r-i-s-t-a, Eggers, E-g-g-e-r-s. I'm here today on behalf of my husband, my family, other suffering Americans. And most importantly, I'm here on behalf of my four-year-old son, Colton. This is a picture of him. Colton was diagnosed with severe intractable epilepsy just after he turned two years old. This diagnosis was especially difficult because I, too, have lived with epilepsy. Most of my life I've experienced uncontrolled seizures, despite every single medication on the market, every treatment and surgical intervention. The pain of watching my child go through this is almost unbearable. Colton has several types of seizures, the most seria-- serious of which are the tonic-clonic or what you might know as grand mal seizures. His body

stiffens, convulses. His eyes roll back. His lips and face turn blue. I would describe watching a seizure as one of the most terrifying things you will ever see. Colton has been on ten medications in his short life, all of which have failed to do anything except cause a long list of side effects. He has had two life-threatening allergic reactions to these medicines, and sometimes it's hard to know whether the seizures are worse or these medications that I feel are taking my child from me. I feel a common misconception is that medications approved by the FDA are safe and without a risk. However, in Colton's short life medications have had studies done by the FDA showing that they can cause liver failure, stroke, suicidal behavior. And most recently a drug we put him on-- him on is shown to deteriorate the brains of rats. Those of you who are parents will understand this when I say I will go to the ends of the earth for my child. There is nothing that I will not do. Why should I be forced to choose between saving my child and being prosecuted? Detach yourself from the stigma for a moment that marijuana is solely used to get high. Please understand this is not what we're talking about. In no way am I advocating for recreational use of this drug. I am, however, supportive of something that could change the lives of people who suffer from debilitating illnesses and in constant pain. There is so much concern about its safety and effectiveness or the possibility that there could be unknown risks in the future. This is ludicrous, because without it many of these people don't have futures. In the late 1800s, people with epilepsy were locked away in mental institutions in fear that they were insane. And even before that, epileptics were tortured to death out of fear that they were possessed. We look back on this today and wonder how such inhumane treatment ever happened. But yet, have we really changed? The opposition is driven by fear and a lack of understanding. Preventing me from giving my child something that could potentially save his life: It's inhumane. Forcing people to leave the state because they are denied medical cannabis to ease their suffering: It's inhumane. Ten years from now how will you respond when you're asked, did you do everything you could to help those worse-- who are sick and dying? Please, fight alongside of us, not against us. My son Colton's life and thousands of others depend on it. Thank you for this opportunity to speak to gay [SIC]. I'd answer any questions.

LATHROP: Thank you for your testimony. I see no questions. We-- we very much appreciate hearing from you today. Good afternoon.

CHARLES BIRNLEY: Good afternoon. My name's Charles Birnley, C-h-a-r-l-e-s, Birnley, B-i-r-n-l-e-y. There are few matters in which Senator Morfeld and I agree. While he has consistently put the welfare of others at the forefront of his focus, I have not always agreed with his approach or philosophy. This time is different. LB110 is different. My point is, is that I'm a 47-year-old male, college-educated, white-collared, married nearly 24 years, father of two homeschooled children, a Christian conservative, and I know supporting medicinal cannabis is the right thing to do. The people presenting here today are not addicts who are looking for the next fix. We are not trying to score the next buzz or looking forward to sitting in a bar and getting inebriated. I find it incredibly ironic that many who oppose medicinal cannabis and its healing properties are those who enjoy a glass or five of wine or the latest single-malt whiskey, especially since the risks associated with alcohol far outweigh the-- the-- the potential benefits. We are asking for a chance to help our families, our friends, our veterans, and, yes, even our former athletes who played for dear old Nebraska U: those who are dealing with mal-- malay-- maladies that we cannot comprehend. We are asking for the chance to offer hope to those who have tried over-the-counter pharmaceuticals and dealt with the list of side effects, side effects that can be as harmful and as horrible as the disease for which the individual is seeking treatment. Growing up, I recall once a year my mother would receive a fund-raising packet in the mail. She would sign up to help raise money to fight a disease which I cannot pronounce the name and I had no idea what it was or, frankly, even knew anyone to whom it was afflicted. I would go door to door asking for money that my mother would then place in an envelope and mail back to the organization. Now fast-forward 25, about 25 years, and my bride would receive her diagnosis of multiple sclerosis. While we are blessed that my bride's symptoms have not become debilitating, she constantly deals with numbness, tingling, and pain in her arms and hands. Our children know that Mom can predict the weather as the pain and the tightness in her arms increases dramatically as the barometric pressure changes. Others with multiple sclerosis are less fortunate than my bride. Their pain and muscle spasticity has progressed to the point that their quality of life is suffering beyond compare. Medicinal cannabis can provide relief where FDA-approved medications, with all their potential side effects, have fallen short and failed the person, the patient, the family member, the friend. While I understand the concerns of some about opening Pandora's box and the potential eventual request for approval of recreational marijuana, we must understand this is not what LB110 is

about. This legal bill is about offering hope to those who have not-- who-- who have tried conventional means to address their afflictions and are in need of different answers. That answer may be medicinal cannabis. Please, at least offer them hope and support LB110. Thank you all for your time.

LATHROP: Mr. Birnley, thank you for coming today. I don't see any questions. Before you hop in that chair, we're gonna ask this lady that's coming down the center aisle if she wants to testify so we can-- I think she has to get going and wants to testify before she leaves. Good afternoon.

TONJA PETERSON-WENDT: Good afternoon. My name is Tonja Peterson-Wendt, T-o-n-j-a P-e-t-e-r-s-o-n-hyphen-W-e-n-d-t. I don't have a paper for you. I'm speaking off the cuff. I've been advocating since 2013 and I thank you all for listening today. I was in a car accident in 2004. One of my doctors is in this room-- and I believe he's gonna speak against this-- that I've had in the past. I have had to leave the state to get medical care because nobody in this state has been able to figure out what is wrong with me. Fifteen years I'm prescribed synthetic THC, I'm prescribed narcotic pain medication. I take copious amounts of pills I don't want to in order to make it stop. I go to Colorado now. Dr. Bhatia at the U-- UNMC said, you've got to leave the state to get medical care; nobody in this state is gonna be able to help you. I now know what's wrong with me. I've had a CSF leak for 15 years. I've been choking on my cerebral spinal fluid. I received injections into my spine by pain specialists in this room, and I was grateful for them. But they're temporary and they didn't fix anything. You know what does? Cannabis. It's recreational legal in Colorado so I can access it. I know the best growers. I've researched it. I've never used cannabis before in my life. I hardly ever drank. I was an independent sales director with Mary Kay cosmetics and I worked all over the United States and in Brazil. Thanks to a 90-year-old man pulling out in front of me, not only did I lose my three businesses, nearly lost my marriage, filed for bankruptcy, and on and on. I got hit again a few years later on Valentine's Day. I got worse. This has gone on for 15 years. I get extreme migraines. You don't want to deal with what I deal with. It's not fun, it's not pleasant, and it's not pretty. Two years ago I started seizing. And you know what they call those seizures? Pseudoseizures, because it's not epilepsy. So you know, I go to the ER in Nebraska and I have a doctor yelling and screaming at me that I'm faking it, because it's called pseudoseizures. He doesn't even know what he's talking about. The

epileptologist says they're not fake seizures, they're just called pseudoseizures because they're epilepsy-- they're not epilepsy so we don't know what else to call them. I have a brain injury. If it were not for this plant, I could not sit here today. My doctor has set my seizures off and the doctors in Colorado know what stops it.

LATHROP: OK. We have other people that want to testify--

TONJA PETERSON-WENDT: Yep.

LATHROP: -- and I apologize.

TONJA PETERSON-WENDT: No, that's fine.

LATHROP: I know that people come here a long ways to-- to tell us--

TONJA PETERSON-WENDT: You're just fine. Yeah.

LATHROP: -- what their experience has been. But we have a lot of people that--

TONJA PETERSON-WENDT: Yeah.

LATHROP: -- also want to do that. So thank you very much for coming here today and sharing your interest in the topic. We have a couple people up here that have been waiting and then we'll take you, sir, before we stop the testimony for proponents. Good afternoon. Welcome to the Judiciary Committee.

ALFREDO SINECIO: Good afternoon. My name is Alfredo Sinecio and a--

LATHROP: Will you spell your name for us, sir?

ALFREDO SINECIO: Alfredo, A-l-f-r-e-d-o, Sinecio, S-i-n-e-c-i-o. This a very-- I have one piece of paper here that's very brief. My-- my-- my-- my thoughts on cannabis go way beyond this just a little piece of paper here, but this is just very brief because of the time constraint that I have right now. My problem started in 2003 with a work-related back injury, annular tear/degenerative disc, followed by auto accident in 2008 further injuring my back and my neck. I suffer from chronic pain in my cervical and lumbar areas, are artificial disc replacement candidate or lumbar fusion correction. Ever since, I've been suffering in pain and seen by the doctors, stabbed by an injection in my right shoulder, electrocuted by the physical therapist, and prescribed opiates for pain management with devastating side effects: suicidal

tendencies, depression, anxiety, skin rashes, loss of appetite, loss of motivation in life. Since 1996, California Cannabis Proposition 215, the Compassionate Use Act of 1996, 23 years ago, implemented a more compassionate law for its constituents and citizens, relieving the pain and suffering with a much better alternative, less side effects, and more motivation in life to prosper and contribute to society. This conflict between federal and state laws has taken a toll on the people who still suffer from prohibition and backwards approach to a better quality of life. And then in poverty, because of loss of job opportunities with the drug testing over cannabis, this is wrong and needs to be addressed immediately and appropriately to correct this once and for all. It is racist and discriminatory in its practices and procedures. The statistics state that as a fact. The next generation should not have to suffer or be on poverty-- or be in poverty because of prohibition. Testing over cannabis is outdated and irrelevant to the current times we face now. For thousands of years the medicine has worked to relieve pain, anxiety, stress, depression, and a multitude of other symptoms still needed to be studied. Cannabis and hemp as an essential part of our diet has been missing for 100 years, causing cancers, cellular deformations from not able to obtain it because of prohibition. Both of my parents have now passed away, in part of the lack of choices they could have had instead of alcohol and tobacco. Cannabis is a lifesaver. Viva cannabis. Cannabis should not be an issue of law but of common sense, if any observed-- if any observed under the health department if at all. Cannabis needs to be released from the controlled substance and put back in the pharmacopoeia list of medicines for further studies and applications. From children in need to the elderly, this has to-- this has the potential to heal a nation in pain. Liberty, justice, and the pursuit of happiness, for we are the United States of America under God, only by de facto victory, cannabis, the unjustifiable justice.

LATHROP: Thank you. We appreciate your testimony.

ALFREDO SINECIO: Yes.

LATHROP: I don't see any questions. We're going to let this lady testify. We'll-- we'll get-- we'll get to you folks. These guys have been waiting a little while and I'm going to try to dispense a little equity up here too. If you can pull that mike a little closer so we'll be able to hear you.

CHRISTY GIBSON: I sure will. I have a very loud voice, though, so you probably, none of you will even need the mike. I'm little but I'm

loud. I have extreme light sensitivity so I don't know if this is going to work. This is kind of stretching it for me. These aren't broken. This arm is off for a reason that I can't take pressure above my ear. I have to hold this up and-- and I think this is going to be my way--

LATHROP: That's OK.

CHRISTY GIBSON: -- to then--

LATHROP: Go ahead and proceed.

CHRISTY GIBSON: Is that all right?

LATHROP: Yes.

CHRISTY GIBSON: Dear Nebraska Senate, thank you for this opportunity to speak. My name is Christy Gibson, C-h-r-i-s-t-y G-i-b-s-o-n. I'm a proud constituent of Senator Patty Pansing Brooks from District 28 here in Lincoln. I am testifying in favor of LB110. This letter is written in honor of-- in memory of my late husband, Randy Gibson. In 2015, Lincoln Journal Star columnist Cindy Lange-Kubick wrote about my family and I and my decades-long battle with severe, chronic pain from stage 4 endometriosis, then Complex Regional Pain Syndrome, and how eventually I found life-saving and life-changing success using cannabis. She wrote about me advocating for medical cannabis at the Capitol and how I went from using a walker to a cane to eventually riding my bicycle a long ways. My family received an overwhelming amount of support from every corner of this state. OK. Then in January 2-- I also speak loud, I'm sorry, or fast. Then in January 2016, due to the onset of a rare neurological condition called trigeminal neuralgia, I was forced to quit my job of nine months at Bella Skincare and Massage Therapy. I forgot to include here that they have since discovered that I suffer from late stage Lyme disease, which has been the cause of these neurological breakdowns in my body. I-- I was forced to quit my job of nine months at Bella Skincare and Massage Therapy. Trigeminal neuralgia is known as a suicide disease due to its torturous, excruciating pain and a high number of people who take their lives due to the limit-- limited pain-relieving options. This further disabled me, affecting the right side of my face, head, and brain, causing the most severe pain I've ever experienced. It also caused what has become an extreme light sensitivity, forcing me into a dark world where I have to wear sunglasses in almost every in-door environment. It also forced me back on to heavy drugs, ones meant for

seizures, the very ones whose side effects caused me drowsiness, depression, suicidal thoughts, memory loss, dizziness, and an inability to focus. It spiraled me into a further depression. However, in the spring of 2017 my still-living husband convinced me to try cannabis again, as he was desperate to not lose me and saw me slipping backwards into being what we call a zombie on my prescribed pills. He sacrificed his own miles on the bike. He is a professional bike racer and def-and devoted almost every lunch hour and every weekend after he finished his own rides to work with and train me back on to the bike. It was an incredible struggle where we constantly had to find accommodations for my multiple limitations and triggers for attacks. But it paid off. I've completed 50-mile, 75-mile, and 100-mile long gravel bike races. I owe that to my husband and cannabis. Let that sink in. September 23, 2017, while cycling my beloved Randy was killed by a drunk driver on Sprague highway in broad daylight. His killer-- a Vietnam era veteran currently serving 12 to 14 years in our state prison. I was outraged to discover that he had an enormous struggle with PTSD from the years he served. He drank and took pills to ease that pain and my husband is a victim. He took away my loving husband of 24-- 27 years, the father of my two children and the provider of our family of four. I strongly believe Randy would still be with us today if his killer had access to the safer medical cannabis to medicate his PTSD instead of turning to the bottle like he often did. Instead, Nebraska left him with only dangerous choices of addictive prescription medicine or the abundance of alcohol, available within a short distance of each of us in every school. His use and abuse of alcohol placed his family, friends, and our community in danger and eventually took our beloved Randy's life. That's the thing about alcohol and prescription drugs. When abused or accidentally overused, they are dangerous and often fatal. Furthermore, I strongly believe that had I been able to use legal medic-- medical cannabis from the onset of my trigeminal neuralgia began back in 2016, I would not have had to quit my job at Bella and could have contributed to our family's finances, easing the pressure on my beloved, overworked husband. Instead, I was forced to again use extremely dangerous prescription drugs to control my pain. And Randy spent his last years of life working 60- to 80-hour work weeks literally working his life away to provide for us, time he could have spent along doing what you loved most: being with his family. The rage and heartache this has caused my family and I is unacceptable and I do hold our state's leaders responsible for withholding a safer medication that is currently legal and available to some degree in 47 states. I do not think the leaders of Nebraska possess superior knowledge that the rest of the country's

leaders and medical professionals do not, and I beg of the country-- or I beg of the current sitting Legislature to catch up with the rest of the country and legalize medical cannabis. Thank you. I did it. I did it. I did it. May I give you an update on my children?

LATHROP: We-- you know what, we have-- we have a whole bunch of people that are waiting in line to testify. We appreciate you coming down here today and sharing your--

CHRISTY GIBSON: Thank you for this time. Thank you for listening to me.

LATHROP: Yeah.

CHRISTY GIBSON: Thank you, Senators Morfeld and Anna Wishart. Thank you for your compassionate leadership listening to the majority of Nebraskans. Thank you.

LATHROP: Thank you. Good afternoon.

EDWARD WILLIAMS: Good afternoon. First, I would like to thank the Judiciary Committee and Senator Wishart for their concern on the all-important question of medical cannabis and LB110, the adopt the Medical Cannabis Act. I want to speak to the subject that many veterans and others would greatly benefit from medicinal cannabis for various medical conditions. One of the most important is that of reducing veterans' suicides. Every day 22 veterans end their lives needlessly. Medical cannabis could very well help these veterans. PTSD is another condition that could also be helped by medical cannabis because it helps end the nightmares, allowing them to sleep with both mental and physical healing. It has also been used to reduce opioid deaths by almost one-third. Medical cannabis is also successfully used for chronic pain, fibromyalgia, neuropathy, and other conditions. Veterans' groups, such as the American Legion, Veterans of Foreign Wars, and the Disabled American Veterans and many other veterans' groups across the country have come out for medical cannabis. One of the bill's problems that could very well be-- one of the bill's problems could very well be that the proposed taxes are way too high, with the taxes being more than what the product costs, making the black market product cost less. The taxes on medical cannabis should not punish the legal medical cannabis user with excessive taxes. Also, we should allow the citizens of Nebraska to buy medical cannabis in other states and allowing non-Nebraskans to buy and use medical cannabis in Nebraska with a medical card from another state. We need

to pass LB110, the adopt the Medical Cannabis Act, to help thousands of Nebraska veterans and tens of thousands of other fellow Nebraskans. Thank you very much.

LATHROP: We appreciate your testimony. Thanks for coming down today. We need your name though.

EDWARD WILLIAMS: Edward Williams.

LATHROP: Can you spell it for us so we have it for the record?

EDWARD WILLIAMS: E-d-w-a-r-d, sorry,--

LATHROP: No, that's all right.

EDWARD WILLIAMS: -- W-i-l-l-i-a-m-s.

LATHROP: Thank you. And thank you for your testimony. Oh, wait a minute.

EDWARD WILLIAMS: Oh.

LATHROP: Senator Slama has [INAUDIBLE].

SLAMA: Sorry. Just a quick question to what you referenced. Would you say that the taxes now present in LB110 would make it prohibitively expensive for you or folks you know in purchasing?

EDWARD WILLIAMS: Yes. If you're going to tax one-eighth of an ounce that a hundred dollars--

SLAMA: Uh-huh.

EDWARD WILLIAMS: -- that's way more than an eighth costs. In Colorado you can buy an ounce for $75. And if you're going add a hundred dollars tax to it,--

SLAMA: Uh-huh. And this tax wouldn't be covered under--

EDWARD WILLIAMS: And this is recreational.

SLAMA: -- your veterans' benefits, correct, because of-- this tax or the purchase costs wouldn't be covered under your veterans' benefits, correct?

EDWARD WILLIAMS: Oh no,--

SLAMA: No?

EDWARD WILLIAMS: -- not at all.

SLAMA: OK.

EDWARD WILLIAMS: You'd have to buy it yourself.

SLAMA: Uh-huh. Thank you.

EDWARD WILLIAMS: OK.

LATHROP: Thank you. While he's passing out these forms, can I see a show of hands of people who still wish to testify as a proponent? Keep them up so I can count. OK. Thank you. Good afternoon.

CARL MUNFORD: Good afternoon.

LATHROP: You can start with your name and have you spell your name for us, please.

CARL MUNFORD: Yes. My name is Carl Munford. That's spelled C-a-r-l M-u-n-f-o-r-d, and I am here to speak in favor of LB110, Medical Cannabis Act. As a retired U.S. Marine and disabled combat veteran, I suffer from PTSD and in pain 24/7. My pain was caused and is still being caused by exposure to nerve gas during the first Gulf War. Over half of us who fought in that war are now permanently disabled due to this exposure and more are falling by the wayside as the days go by. The only effective treatment for me has been medical marijuana. I had to go to Colorado to get it. And during the weeks I was there, it made the biggest difference in the world. I could have gotten rid of everything I was taking, and I take 20 different medications. In the first-- in the first pocket of the folder I have passed around, if everyone has had a chance to get the folder, I get-- I got my information, I kept it simple, from the CDC and also from the DEA. OK, the CDC, the very first page talks about opioids and five different times it uses the same words, "overdose deaths," five different times in one page. And the-- and the information behind that, the provisional counts of drug overdoses talks about opioids and it talks about the increases in states that took part in this particular, in this particular study. So it is no doubt that opioids are-- are-- are bad. They will kill you. And you can very easily overdose. Fur-- however, when you look at the center section, these are two pages that

I have brought to you from the Centers for Disease Control and the DEA, and they use terms like "fatal overdose for marijuana is unlikely," and that's our CDC. These are the people supposed to tell you how bad cannabis is. This is the DEA speaking: What are the overdose effects? No deaths ever from overdose of marijuana has ever been reported. This data has come from well-respected experts, reasonable organs-- these are reasonable organizations. Therefore, those of us that suffer would like to thank Senator Wishart. We vote to those of you who bank Senator or back Senator Wishart's bill and want to end our pain and suffering, we thank you. To those of you who do not back LB110, we hope you will examine the information in the folders and please help us. Thank you very much. I appreciate the time. Does anyone have any questions for me?

LATHROP: I see none. Thank you for your testimony today and your service to our country.

CARL MUNFORD: Thank you, sir.

LATHROP: We appreciate that. I indicated when we began that we were going to give an hour to proponents. We've done a little more than an hour. Is there anyone here with a medical reason that they can't stay when we resume the hearing after we take up a few bills? OK. We'll go to opponents' testimony next. Understand, if you want to talk, if you care to be heard we'll stick around. But we have a couple other bills to be heard and then we'll come back to the proponents. So this would be opponent testimony. Yeah. Please come forward. Good afternoon.

MARY HILTON: Good afternoon. My name is Mary Hilton, M-a-r-y H-i-l-t-o-n. I'm here today as a concerned mother who has a 19-year-old daughter with epilepsy. My daughter has been dealing with epilepsy and its side effects since she was a baby. She, even though she takes 1,000 milligrams of an anti-epileptic drug every day, her absence seizures are not well controlled. She probably has 30 to 50 seizures a day. She can't drive. I understand the desperation that parents feel when traditional pharmaceuticals and treatments fail to bring the kind of help that their child needs. My husband and I have tried almost every legal means out there to help our daughter and we will continue to try any safe new advancements in the treatment of her condition. Yet, we have not found the silver bullet. And I'm here today to tell you that medical marijuana is not the serval-- silver bullet that desperate families and hurting individuals are looking for and it would be wrong to tout it as a cure-all to suffering and pain until medical evidence supports that claim. My epileptic daughter is a

budding scientist, and because of her own research into medical marijuana, she won't touch the stuff. Although the obvious issues of numbing the senses and killing ambition, marijuana use is associated-- associated with increased risk of mental illness, heart disease, cancer, lung disease, stroke. And side effects from marijuana have led to far more emergency room visits than all other substances combined. One recent study found that even low levels of marijuana use as few as one or two times may change a teenager's brain permanently, and not for the better. So my daughter says to me, Mom, where is the scientific proof that medical cannabis would actually be good for me? The truth is, to this date, marijuana is still a mystery. And though some of its non-THC by-products show medical promise, there is not definitive scientific proof. Much more research is needed for there to be positive proof that any medical advantage of marijuana would-- would outweigh the dangers. My family fails to understand why medical marijuana in any form would not be required to go through the same processes of other legal drugs sold in America. I have read this bill and its amendments, and it contains virtually no safety precautions to the cannabis user. In fact, it flies in the face of every recommendation that the AMA and nearly every other medical organization give about marijuana. Specifically, this bill lacks standards for its chemical composition, it lacks quality control standards, and most disturbing is that it does not authorize or allow for physicians to prescribe dosage, limitations or restrictions on the form of the drug to be pre-- of the drug to be consumed. Physicians won't be able to advise about multiple drug interactions because the science is unknown. Yet, physicians will be called on to deal with the fallout of marijuana side effects. And it seems to me that those pushing for the passage of this bill have usurped the position of a medic-- of a medical practitioner and have lost all sense of trying to protect the public. LB110 is a dangerous bill. Marijuana is not a silver bullet. We should wait until scientific evidence proves otherwise. It is the Legislature's job to promote the common good, not expose the sick people of this state, like my epileptic daughter, to a dangerous medical experimentation. Nebraskans deserve better And I ask that you vigorously oppose this bill. Thank you.

LATHROP: Thank you, Ms. Hilton. I-- oh, Senator Slama has a question for you.

SLAMA: Hi. Thank you for coming out today. I just have a few questions for ya.

MARY HILTON: OK.

SLAMA: Could you please go into some further detail about your safety concerns with this bill?

MARY HILTON: Well, first of all, my daughter has worked hand-in-hand with her pediatric neurologist all through the years. We've certain-- we've just now switched, since she's 19, to an adult neurologist. And the deal is that physicians don't know about marijuana. They-- they haven't been trained in marijuana issues in terms of like the chemical composition, what's in it, how it-- how-- how to even counsel somebody for the use who would want to use it. I'm really concerned about that aspect and just because of all of the side effects that we do know about marijuana.

SLAMA: Uh-huh. So why is the FDA approval important to you? Could you go into some more detail on that?

MARY HILTON: The FDA approving something at-- what it would do for us is that we would be able to see all the list of the side effects that this drug would bring. They would know the interactions of-- of-- of it, of a new drug with current drugs that are on the market. And we would be able to then make an educated decision about implementing a new drug like cannabis.

SLAMA: Thank you. And I just want to note for the record I don't have an M.D. title at the end of my name; no one on this committee does. Do you think the Legislature should be a place where we can safely approve currently controlled substances for medical use?

MARY HILTON: Could you just repeat that last part?

SLAMA: Yes. So do you think the Legislature should be a place-- mind you, we're not all doctors-- where we can safely approve currently controlled substances as medications safely for our citizens?

MARY HILTON: I don't know how you would be able to do that.

SLAMA: Uh-huh.

MARY HILTON: And I also wonder, it's marijuana first and then what is the next thing that the Legislature will start okaying and saying is good.

SLAMA: Thank you, Mary.

LATHROP: I see no other questions. Thank you for your testimony today, Ms. Hilton.

LINDA THORSON: My scarf's tangled up. I'm sorry.

LATHROP: Always happens at the worst time.

LINDA THORSON: Yeah, it does. I'm here to speak in behalf of-- I'm a family member standing in behalf of those people who have gravely suffered the addiction and the consequences--

LATHROP: Do you want to start with your name and spell it, please?

LINDA THORSON: -- of marijuana. You bet. My name is Linda Thorson.

LATHROP: Yeah, take a second. And if you can't see in back, her-- her glasses got snagged on something.

LINDA THORSON: I need to wear. Here, you untangle it. I'm too-- I am so embarrassed.

LATHROP: OK. Welcome back.

JIM JENSEN: Good afternoon, members of the Judiciary Committee. So good to see all of you. My name is Jim Jensen, that's spelled J-i-m J-e-n-s-e-n, and I'm appearing today as a former senator, a former Health and Human Services Committee Chairman, former board of the National Institute of Health, father, grandfather, in opposition to LB110. The issue has come before this a-- committee before and I can certainly understand your position. But I also want to share some perspectives that I've gained over the several years. I have two main points I'd like to make. LB110 does not make Nebraska a better, healthier place to live and work. The bill proposes to allow people to possess large amounts of marijuana in their homes. And, by the way, that is where typical young people get their first-time alcohol is in their homes. If this is really a-- an attempt to provide high-quality medical care, this effort would leverage the expertise that our outstanding research and University of Nebraska and Food and Drug Administration and our great system of medical research that has helped deliver the 21 century medicine that we are experiencing today. I am concerned about the impact of introducing marijuana into the state of Nebraska without our traditional review and tested methods of research. Over the years I've been involved with PRIDE, known as

Parent Resources in Drug Education, and through my work I certainly saw the effects of drugs. Furthermore, as a parent having a son that during high school went from alcohol to marijuana and when he got into college it was cocaine, and in order to prevent him from destroying himself and others around him, I did the tough part in calling police and what resulted from then. The only thing is he was required to do mandatory treatment, which worked, thankfully. Second, as a former member of the Unicameral, I know how much senators have worked to protect the institution and build respect for the tradition of our citizen Legislature. Our system of modern medicine has benefited from the research and work led by the Food and Drug Administration over the last 100 years. Should the Unicameral approve LB110, the body will be signaling that it will no longer trust the ability of FDA and [SIC] determine whether other drugs are safe or effective. The Unicameral can expect the eventual additional proposals regarding other drugs and substances that come before this body for consideration of legalization. From my experience as a former state senator, I do not believe our citizen Legislature has the medic or research expertise at its command to make such determinations. This should be done by the medical community and their research committee. So I therefore urge that you do not pass LB110. I know that there's going to be also a-- a-- certainly some issues to come up with a compromise, and I would also urge that you not enter into those because of the-- the-- the resulting efforts of LB110. Thank you.

LATHROP: Thanks, Jim. Let me see if there's any questions for you. I see none. Thank you for your testimony and your appearance here today. And now I think we can have Ms.Thorson return to the testifiers' chair.

LINDA THORSON: My name is Linda Thorson, L-i-n-d-a T-h-o-r-s-o-n. And I'm here in behalf of my son and countless others that have obviously suffered the dire effects of-- of marijuana usage. Our son Greg [PHONETIC] started using marijuana by the time-- regularly by the time he was 16. What started as a regula-- a recreational activity resulted in a daily addiction. By the end of his sophomore year in high school his ability to function at school and at home changed drastically. He lost his motivation to study and to participate in sports. His moods became erratic and he began to experience memory lapses and then it wasn't long before all the other addictions developed. He started binge drinking, chain smoking, but then he was on to all the hard drugs. Greg experienced a catastrophic mental breakdown and he was later diagnosed with severe schizophrenia. He was unable to

distinguish, suddenly, the difference between what is real and what is not. He started pacing through our house on end, screaming and laughing at the voices that he was now hearing. And then he faced danger, jumping out of our car in the middle of a busy intersection, running up and down Center Street, fleeing for his life, because he was told I was going to kill him and nobody could change his mind. He saw things that weren't there. He heard noises that no one heard. His behavior was unpredictable. He was in bondage to the paranoia, the hallucinations, the delusional thinking, and panic, panic attacks, every day living in a state of fear that just exasperated his symptoms. He became so fatigued from all the marijuana, from all the terror he was now suffering that he went to sleep just to cope. Regular tasks, like showering and maintaining personal hygiene, challenges. He withdrew from his friends, his family. He lost interest in all the activities that he used to love. Then it was the disrupted erratic sleep patterns that led to sleep deprivation. That, too, intensified his anxiety and paranoia. We watched as he lashed out. He made physical gestures, convinced he was being killed. He lost his sense of taste, his sense of smell so gravely distorted that he refused to eat all of his favorite foods and lost a ton of weight. He was diagnosed, because of his regular addiction to the marijuana, with a dual diagnosis from the psychiatrist and behavioral psychologist. And he continues to this day to be very, very ill, and sees the psychiatrist. He suffers from severe schizophrenia and schizoaffective disorder. I was very, very blessed and fortunate to have the opportunity to speak with a doctor after each one of Greg's hourlong sessions. He is unequivocally convinced that the long-term heavy usage and addiction to marijuana triggered Greg's mental illness. And he believes that he was also likely predisposed to this condition. Our family has no prior mental illness, and he said there's typically a genetic link. Very interestingly, when Greg was diagnosed in 2004, the THC potency was far less than it is now. Now there's more and more medical studies that are reaching the very same conclusion that the more marijuana is consumed by these young adults, they are twice as likely to become addicted and have a chance at getting a mental illness or the worst of the worst, which is what our son suffers from, schizophrenia. It's been 15 years since this happened and it's only by the grace of God and His miraculous intervention that Greg has stayed clean and sober for nine years. Still, at 35 years old he cannot sustain full-time work. He'll likely never marry, have a family, or live on his own.

LATHROP: Ms. Thorson.

LINDA THORSON: He suffers memory loss. He has permanent brain damage. He's easily distracted. He has a short attention span, lip-- lacks the motivation still. He's unable to concentrate, think rationally, or even function independently. Marijuana, in my mind, was the likely contributing factor that destroyed my son's mind. And it has further led to many other health issues. He chain smokes. He gags and coughs all the time. He has difficulty breathing, suffers from high blood pressure and high cholesterol. It all started with marijuana. He's heavily medicated to this day. He's on full disability. He cannot drive. He only sleeps in his clothes and on the couch and he still has to live with his father and I. I can't imagine how many people are at risk and vulnerable like our son Greg. But I can tell you firsthand that the world of marijuana is not only dark, dire, it is definitely destructive. It has destroyed our son's life. The thought of passing a medical marijuana law in Nebraska personally is abhorrent to me. The number of adolescents is unimaginable that would-- could start using and becoming addicted to marijuana like Greg was. It will only increase. It will only put that many more adolescents--

LATHROP: Ms. Thorson.

LINDA THORSON: -- that are predisposed--

LATHROP: Thorson.

LINDA THORSON: Finish up? OK.

LATHROP: Please. OK.

LINDA THORSON: I just have--

LATHROP: I appreciate your testimony and it is--

LINDA THORSON: Sure. No, that's good.

LATHROP: -- it is important for us to hear. We just want to make sure we give of-- other people an opportunity to be heard today. I don't see any questions. So thank you for coming down.

LINDA THORSON: You bet.

LATHROP: Thank you for your testimony. And I'll remind everyone, maybe some of you came in late, we're going to use the light system here.

You have two minutes on a green. It'll turn to yellow. And when it turns to red, please stop. We're just trying to get enough people that-- a lot of people came here today to be heard. You may proceed. Thank you.

LUKE NIFORATOS: Thank you, Chair, members of the committee. It's an honor to be here. My name is Luke Niforatos. I'm the chief of staff and senior policy advisor at SAM, Smart Approaches to Marijuana. I-- my name is rather difficult but it's L-u-k-e and then N-i-f-o-r-a-t-o-s, the most Greek-sounding last name you've probably heard in a while. So I'm here today. I'm from Colorado. I spent my life working in community healthcare, working to get the uninsured the care they need. So hearing the stories that were shared today really goes to my heart because I've spent my life serving them. Public health should be the first and foremost thing that we look at to take care of people who need it. Legalizing medical marijuana, however, is not the way to do that. Let me start off by saying our organization is opposed to throwing users in jail. However, we are also opposed to allowing commercialization and legalization of marijuana. So when you look at legalizing medical marijuana, you have to look at what you are unleashing. If you unleash the marijuana industry in your state, which is exactly what will happen if you legalize medical marijuana, you will have big tobacco all over again. Big tobacco has invested over $13 billion in this industry. I heard a lot about pharmaceutical companies today and-- and the-- the-- the ravages of the opioid epidemic. Well, guess what? The CEO of-- a former CEO of Purdue Pharma, who gave us OxyContin, is now the CEO of one of the largest medical marijuana companies in the world. So they're following the same playbook, doing the same things. We have to get folks the care that they need, which is why we need to go through the FDA as a process to look at our medications, research them, put them through clinical trials. The FDA has approved Epidiolex. The FDA has approved CBD. There are already medications that are in research to get patients the care that they need. We shouldn't jump the gun, because what happens is, once you open the door, you open the door to this massive industry. It's not doctors giving you a prescription with dosage limits and telling you how much you're supposed to take with medical marijuana. It's literally a recommendation, because it's not approved by the FDA, and you go to a private, for-profit business which is a pot shop somewhere on your corner in your neighborhood that is selling gummies, candies, and THC-laced edibles. That is not medicine, but that is what medical marijuana looks like. In Colorado I saw it firsthand. I lived it. Then I saw us go from medical marijuana

to recreational marijuana because everyone was using it already. I'll-- I'll never forget a friend of mine had a medical marijuana card because he claimed he had ADHD. And, in fact, he told me and confided in me that he didn't but he just used that as an example. And then he sold all the marijuana that he got and made quite a profit. That was medical marijuana in Colorado before recreational. Now with recreational it's a total free-for-all. So you really have to be careful and think about, do we want big tobacco again? Is it-- is it concerning that pharmaceutical companies are getting into this and that the folks who brought us OxyContin and all those troubles are getting into this? It's a profit game. It's not about the patients. And again, I care about the stories that we've heard today and we need to address those, but we have to do it in a way that won't take advantage of them because this industry wants to take advantage of those patients. It's a for-profit industry. They get more money when they sell more product. And it's an addictive product. So we really have to think about that. Now I want to conclude with a story here. When you legalize marijuana in any form, whether it's medical or recreational, you will have more drugged driving fatalities. I was-- I landed in Omaha this morning, was driving here to Lincoln. I saw on the billboard or on the-- on the digital signs on the highway on I-- on-- on 80, it said eight people died from drunk driving fatalities here in the state. OK. That's eight families without a loved one. Think about how many more families will be impacted by marijuana-impaired drivers with more marijuana use in this state. Because in every state that's legalized a form of marijuana, we have more marijuana-impaired driving fatalities, way more. So think about the consequences of your actions today and think about that the industry that is begging you today to allow them to move in and profit at the expense of the patients. Please put healthcare first. And thank you so much for your time today.

LATHROP: Yeah, thanks, Nick [SIC]. Let me make sure there's-- oh, Senator Slama has a question for you.

SLAMA: Thank you for coming in today and testifying.

LUKE NIFORATOS: It's an honor to be here.

SLAMA: One of the arguments in favor of this bill is that it would shut down the current marijuana black market. In your experience in Colorado passing similar legislation, has that been the outcome?

LUKE NIFORATOS: It's an excellent question and it's one of the first things you hear is let's get rid of the black market by legalizing it. And, you know, intuitively it sounds like a really logical thing to do. Unfortunately, in practice the opposite happens. Colorado is now the number one exporter of black market marijuana. I was reading the news a couple days ago that there was a big bust here, I think it was in Nebraska, of Colorado weed that came here that was illegal. So this notion that legalizing marijuana in whatever form is going to get rid of the black market has been proven a fallacy. In fact, our now former Attorney General Cynthia Coffman said the black market didn't go away, the cartels didn't go away. In fact, cartels, foreign cartels, are turning whole suburban neighborhoods of Colorado into grow houses and they're guarding them with AK-47s. It's-- you can see it in pictures. NBC News reported this in May of last year. It's horrible. So the black market has not only stayed there, it has thrived, because again this is-- this is a-- it's all about money. It's all about money.

SLAMA: So, again referencing your experiences in Colorado, what kinds of workplace disruptions and costs have you seen as a result of that expansion? Because again, an argument is, is that the benefits, in terms of revenue gain,--

LUKE NIFORATOS: Yeah.

SLAMA: -- far [INAUDIBLE] the costs related to it.

LUKE NIFORATOS: Yep. So there's a study that just was released by an independent party, a 91-page study that a group called QERM just did in Colorado about a month ago. They found that for every dollar in revenue that Colorado has made from marijuana taxes, the state has spent $4.50 in costs; $4.50 for every dollar in revenue. This just came out. It's an independent party. You know, I encourage you to look at it and I'd be happy to send it. But what we've seen is that the workplace impact has been massive. The largest construction company in Colorado, GE Johnson, their CEO came out recently and said we can't find anyone in Colorado to pass a drug test so we're hiring people from out of state. In fact, I think they're hiring people from Nebraska to take some of these jobs. So, you know, great for Nebraska, not so great for Colorado. So we need to think about the impacts these policies will have on the workplace. Talk to, you know, the heads of your construction companies and to the heads of your other businesses. Anybody opering-- operating machinery, these are issues and these are proven. There are long-term, longitudinal studies performed that have shown that the workplace impact is massive. And think about the costs

of increased absenteeism, which is a proven fact does happen. When you legalize marijuana in a state, there's more absenteeism at the workplace, and that's a cost to employers as well.

SLAMA: Yes. Again referencing your experiences in Colorado, how has the use of marijuana in young people been impacted by its legalization? And I'm talking numbers in terms of abuse.

LUKE NIFORATOS: Absolutely. So we see that there are more than 3,000 youth initiates of marijuana every day. That's according to the latest National Surveys on Drug Use and Health. We also see that-- that marijuana has become the number one offense in public schools in Colorado since legalization. We see that our youth are saying it's much easier to get and it's much less harmful. Their perception is that it's much less harmful than ever before. So it is impacting our youth in a major way. A side note on our schools: We were told that marijuana taxes were going to pave the way in gold for our students to get the best education ever. Unfortunately, just as of a couple days ago, the-- all the teachers of Denver are completely on strike because of various funding issues. So again, it was not the panacea for education we were told it would be. And on top of that, the revenues have only been about half a percent of the state budget.

SLAMA: And just adding on to that, the use of e-cigarettes and JUULing has been noted, widely noted as an epidemic in Nebraska schools. There's a bipartisan bill actually introduced by Senator Dan Quick that would add restrictions to JUULing because of its prevalence among high schoolers. How is JUULing use and abuse in terms of marijuana usage--

LUKE NIFORATOS: Yeah.

SLAMA: -- in schools [INAUDIBLE] ?

LUKE NIFORATOS: So-- so the fa-- the FDA just released some numbers. The fastest growing cohort among youth is marijuana vaping. That is a major, major epidemic. I think was an 80-plus percent increase among youth in this country, marijuana vaping. Now JUULing, JUUL is the name of the company. They have a 73 percent ownership of the market of vaping. OK? So vaping is, if you don't know what it is, it's like a USB drive looking thing that vaporizes the drug and you can inhale it. It's nicotine, also marijuana. JUUL owns 73 percent the market. They monopolized it, OK? Guess who just bought a $13 billion stake in JUUL? Altria holdings. Altria holdings owns Philip Morris and Marlboro. OK?

The picture is coming into focus and it gives me goose bumps just to watch it, because we've been saying this as an organization, SAM, for five years that legalization will lead to the next big tobacco. And now we have Altria, a major, multinational, big tobacco company that is buying up billions and billions of dollar stakes not only in Altria or not only in JUUL, which is marijuana, which is vaping, but also in marijuana companies, Cronos, one of the largest marijuana companies out there, as well. So we're-- we're seeing this happen before eyes.

SLAMA: All right. That's all I have. Thank you.

LUKE NIFORATOS: Thank you, Senator.

LATHROP: Senator Chambers, you're recognized.

CHAMBERS: Depending on how you answer this question, I will know whether I will proceed with others or not. Do you think that people who've testified here today about the benefits that their children have received, the individuals who are adults and between being a child and an adult have testified, do you think they are all hallucinatory or delusional and that these results they say occurred did not in fact occur?

LUKE NIFORATOS: Absolutely not. I don't think that they're liars. I don't think they're delusional. Anything that you're insinuating, I don't think that at all. I-- in fact, I-- my heart goes out to them. I care about what they're saying and it means a lot to me to know that they were able to get help. My question, though, is that the question to this committee and to you all as legislators and representatives of your people is that you have to make policy decisions that make the most sense for your state. And, you know, we need to weigh those stories with also the weight of what is sound policy, what will-- what will have the best effect on the population.

CHAMBERS: OK. But I want my questions--

LUKE NIFORATOS: Right.

CHAMBERS: -- instead of your opinions right now.

LUKE NIFORATOS: OK.

CHAMBERS: I know of families who have benefited. I'm not a doctor. I'm not a scientist. But I, like a lot of people, am a grandfather and a father, and I know what my eyes see, I know what my mind perceives.

You belong to an organization. You have an agenda. So in the same way you attack one side, they can attack you. But I'm not dealing with it from that aspect. I'm looking at the people who need help and have gotten it but have not been able to obtain such help from any of the pharmaceutical products. You are telling me, are you, that as a policymaker I should say I ignore the suffering of those people and wait until big pharma comes up with something that the FDA, which is a politically influenced operation in terms of the drugs they approve, the ones they don't approve, the protocols they require of some before a drug is approved, and you know that story better than I do. I as a policymaker will not ignore suffering that I see. When I see people willing to risk prison and other criminal sanctions to obtain help for their children and family members, I respect them more than I respect anything you said or these police officers will say, because I think there's not one of them who would have a child in pain and would not do everything necessary to save that child if it means dying and going to hell ten times. So what we have are substances that can be toxic even though they're considered curative. When I watch the television advertisements for various pharmaceutical products which are legal, among the side effects are "possibly fatal." This drug may kill you. The condition you're taking it for will not be fatal. Yet, when the manufacturer tells you it can kill you, you all don't try to get them off the market, not the police, not the attorneys general, not these organizations. And the reason I'm saying this to you, I haven't asked a lot of questions but you are a professional in what you do. I'm sure you're paid by your organization, aren't you? So you're doing what you do for money. If you were not paid, would you do--

LUKE NIFORATOS: That's-- that's not correct. I don't do it for the money.

CHAMBERS: I'm giving you-- I'm going to ask you a question. If you were not paid you would be here anyway. Is that what you're telling me?

LUKE NIFORATOS: I would have tried to come, absolutely.

CHAMBERS: And you would do the same amount of work, that you're doing now for pay, if you were not paid.

LUKE NIFORATOS: Well, my wife often jokes that I would do it for free and tells me not to tell my boss that. So it is something I'm very invested in.

CHAMBERS: I am going to make a decision as a policymaker because, see, I've listened to police officers in other settings. I've watched them approve of misconduct by their officers. Do you think that all of the opioids that have been found to lead to overdoses on college campuses and other places should be banned?

LUKE NIFORATOS: I think that it's a disaster, what's happened with them. I think that again it's a question to medical professionals. I'm not a medical professional. We're not all-- I-- according to the senator here,--

CHAMBERS: Here's the questions that I would ask.

LUKE NIFORATOS: -- we're not all medical professionals. So it's--

CHAMBERS: You were-- you're talking about what impact this has on society. If you don't have an answer to this question, that's all you have to tell me. You don't have to argue with me because I'm not going to argue with you. Do you think that the opioids, which some of which you might say are opioids of choice of younger people, and I use that term advisedly, should those opioids be banned and made illegal and not available legally by anybody? Do you think that should be the case?

LUKE NIFORATOS: I certainly think we should look at that. If there are things that are having a detrimental impact on our community, absolutely I think that. Now I just want to just respond--

CHAMBERS: I think that's answered the question.

LUKE NIFORATOS: -- if I could respond, please, to your-- to kind of just some of the statements you have made, I agree with you. I don't think anyone should go to jail trying to get medicine for their kid. So, I-- and nor does my organization.

CHAMBERS: Well, let's forget that aspect of it.

LUKE NIFORATOS: Excuse me?

CHAMBERS: Let's forget that aspect of it.

LUKE NIFORATOS: OK, but--

CHAMBERS: I'm trying to get to something deeper. You're not willing to say that opioids, which have been demonstrated to kill people and some

apparently are so deadly that police officers are endangered by them, you-- do you think those opioids should be banned? Yes or no?

LUKE NIFORATOS: Well, you're speaking very generally. I-- I-- honestly, we could talk about a lot of different specific drugs that I'm sure we both agree should be banned. But to speak generally, I can't give you an answer other than I agree with what you're asking and I think that we should look into that, because things that are damaging to public health should not be there. So absolutely. But we have to look at what the question is of today, which is do we-- now I hear you on what you're saying. It's helping folks, right? And have helped-- folks are saying they're-- it's helping them. But the-- the response to that should not be, quick, let's legalize this now, you know, legislatively and just, you know, get it out there even though it could have mea-- you know, multiple negative impacts across the board, which I've talked about. I think the answer should be we need to research this more. We need-- we already have two FDA-approved products that are components of this plant. We should encourage more research, more looking into this, and get more products that are approved by the FDA, which the FDA is currently looking at. And that's the-- the approach we should take, not, oh, you know this appears to work,--

CHAMBERS: OK.

LUKE NIFORATOS: -- let's forget all the negative impacts and just go forward with it. That's, in my opinion, that's putting the cart before the horse. And--

CHAMBERS: OK.

LUKE NIFORATOS: -- you know, we don't want to open up a-- our people as test--

CHAMBERS: OK.

LUKE NIFORATOS: -- lab rats--

CHAMBERS: You gave--

LUKE NIFORATOS: -- to this industry.

CHAMBERS: -- your presentation. I'm a grown man.

LUKE NIFORATOS: Yeah.

CHAMBERS: You're a grown man.

LUKE NIFORATOS: And I respect what you're saying.

CHAMBERS: No, no. You came here to testify and that's what you've done. So you open yourself up to questioning.

LUKE NIFORATOS: Absolutely.

CHAMBERS: You are very practiced. You're very smooth. I listen carefully to what people say. And there is a repetitive response, almost like a script, to questions that are asked. And I'm not condemning you for that. That is the nature of the work that you do. But here's what I want to ask you. Have you heard the song, when the sun-- when the moon hits your eyes like a big pizza pie,--

LUKE NIFORATOS: Yep.

CHAMBERS: -- that's amore? Have you heard that?

LUKE NIFORATOS: Yes. Yeah.

CHAMBERS: If I said you are amore, would that offend you?

LUKE NIFORATOS: I don't think so. I-- I think that'd be a compliment.

CHAMBERS: And a mor-- a moray--

LUKE NIFORATOS: Is love.

CHAMBERS: -- is a ell, which is a very slippery fish.

LUKE NIFORATOS: Ah.

CHAMBERS: You are a moray. That's all that I have. [LAUGHTER]

LUKE NIFORATOS: Thank you. And thank you for the service to the committee.

LATHROP: I see no other questions. We have other people that are going to testify.

LUKE NIFORATOS: Thank you, Chair. And thank you, members of the committee.

LATHROP: Yeah. Thank you for your appearance here today. We appreciate your thoughts and input. Next opponent to testify. Good afternoon.

THOMAS WILLIAMS: Good afternoon. Good afternoon, Senator Lathrop and members of the Ju-- Judiciary Committee. My name is Thomas Williams, T-h-o-m-a-s W-i-l-l-i-a-m-s, and I am recently retired from the position of Chief Medical Officer and director of Division of Public Health, Nebraska DHHS. I am representing myself today, not the department, as a physician who has concerns about this bill and the legalization of cannabis in Nebraska. I'm not being paid, by the way. I do offer respect and sympathy to those proponents whose testimony preceded mine. Regarding the bill itself, the principal concern would be that the importance of a medical background is either diluted or eliminated at key junctures. Practitioners appear to qualify patients to participate but then apparently abandon medical oversight in a program. Processors are assigned the role of prescribers of cannabis form and dose for patients and even counselling about noncannabis drug interactions, all of which fundamentally constitutes practicing medicine. The bill several times refers to allowable forms of cannabis, but I was unable to find that it was defined but I might have missed it. If so, please correct me. The qualifications for pro-- producers, processors, and dispensers are very broad and requirements for processors do not directly address manufacturing practices. Regarding cannabis in general, other broader concerns remain: limited and inconclusive science regarding efficacy and for which disorders, although some is evolving; collateral damage risk to self and others, such as motor vehicle accidents-- Colorado data, more driver cannabis-related accidents occurred after medical legalization; no laboratory tests in hospitals or clinics in Nebraska to diagnose overdose; all urine tests detect THC metabolites and are semiquantitative; no point of service testing devices for law enforcement to determine impairment; inconsistent product quality-- Denver Public Health has routinely recalled marijuana products over the last three years, according to Practical Pain Management last year; nonstandardized, variable assay results across product testing laboratories-- a Washington State study in 2018 involving states with legalized cannabis found highly inconsistent results across cannabis testing laboratories and expressed concern about limited data to advise the dose response effect or associated adverse health outcomes. Cannabis effects regarding the opioid epidemic have been mixed. An editorial October 2018 in Practical Pain Management notes, quotation: Cannabis use has not curbed Colorado's opioid epidemic. In fact, in

2017 the state reported a record number of opioid overdose deaths. So thank you and I'd be happy to answer what questions that you may have.

LATHROP: Thank you for your testimony.

THOMAS WILLIAMS: You're welcome.

LATHROP: Senator Slama has questions for you.

SLAMA: Thank you very much for coming in today. In your work and experience, would you say that in terms of drugs currently available to Nebraska residents, doctors would have a good grasp on what kinds of dosage ranges would be required for each of their patients?

THOMAS WILLIAMS: For-- for FDA-approved drugs that are available, yes, definitely.

SLAMA: Yes. Do you see that same kind of certainty in terms of dosages with medical marijuana?

THOMAS WILLIAMS: No,--

SLAMA: No.

THOMAS WILLIAMS: -- not remotely. And I would second the comments of a previous testifier that physicians are not taught about this.

SLAMA: Uh-huh.

THOMAS WILLIAMS: -- and I think-- I think, while medical oversight is important, I think additional education for physicians is absolutely critical.

SLAMA: Uh-huh. And do you think that physicians in Nebraska-- one of the aspects of this bill is the idea that users could grow their own marijuana plants under the training of physicians. Do you think that doctors in Nebraska are at all qualified to walk patients through how to grow a plant? Is that their form of expertise?

THOMAS WILLIAMS: No, I don't believe so.

SLAMA: And do you think that the doctors in Nebraska have a good grasp on what kinds of dosages would come out of those plants that the patients--

THOMAS WILLIAMS: No.

SLAMA: -- themselves grow?

THOMAS WILLIAMS: No. And-- and I-- and I think that that pertains in part to the fact that the-- that the content, as I understand it, of growing plants varies depending on the plant and the product and how it's composed and how-- whatever is done with a product to-- to-- to-- to make it consumable or smokable. And, as you know, the THC content can vary enormously.

SLAMA: Sure, THC content and along with that, the quality of the product itself. You referenced in your statement issues that were-- that happened in Denver in terms of product recalls, even under--

THOMAS WILLIAMS: Yeah.

SLAMA: -- the oversight that they have in terms of their legal medical marijuana operations. Could you further expound on the issues that they've been having in terms of quality?

THOMAS WILLIAMS: I can't directly expound on their issues, but I can,--

SLAMA: Uh-huh.

THOMAS WILLIAMS: -- in general, expound on what is done I think to assess the products.

SLAMA: Uh-huh.

THOMAS WILLIAMS: There are-- there is a developing laboratory industry to-- in the United States to analyze the products. Not very many laboratories do that. There are-- are a small number that are emerging and there is a structure that probably is starting to emerge for standardizing those assays. I should preface that by saying that on a clinical laboratory side, which is what I know about because I'm a pathologist, if you go to a hospital and have lab-- laboratory tests done, it's done on an instrument that is highly regulated. It is completely standardized according to the manufacturer and FDA requirements, and it is traceable to higher order methods in what are called standards which permit you to be certain that your result is what it is said to be.

SLAMA: Uh-huh.

THOMAS WILLIAMS: That is not currently the status of standardization across testing laboratories, as witnessed by the Washington State report that I mentioned.

SLAMA: Uh-huh.

THOMAS WILLIAMS: There also was a study in JAMA within the last couple of years that found the same thing, that the products that were labeled with certain degrees of THC content were often not remotely what were considered to be present.

SLAMA: Uh-huh.

THOMAS WILLIAMS: So it's--

SLAMA: And are you concerned about the current amount of studies that have been done in terms of variable dosages or even just dosages of medical marijuana with patients' existing medications that they may already be taking?

THOMAS WILLIAMS: I-- I think that's a significant issue. One of my concerns about this particular bill as-- as I read it is that it does appear that processors are given an enormous amount of responsibility to manage their product in a clinical sense, and to report to DHHS such things as, in fact, even recommended dosages or cont-- concentrations for specific and individual diseases. I'm not widely read on that topic. I would be surprised if there's a lot of literature that is at all consistent with that. By that I mean consistency across-- across literature. I think it's a scientific question that's open. I would agree with previous comments that we need more research.

SLAMA: Sure. And--

THOMAS WILLIAMS: And-- and-- and being able to do that may require some regulatory revisions at the federal level.

SLAMA: Uh-huh. And LB110, along with other medical marijuana initiatives, give patients a trial-and-error method of testing what dosages of marijuana work for them. Would you say, in your expert opinion, that that could either make-- that could make possible interactions with existing medications worse?

THOMAS WILLIAMS: I would say that would be a risk.

SLAMA: Uh-huh.

THOMAS WILLIAMS: And-- and it-- it could predispose people to having overdose situations which, while not lethal, could be upsetting and require a clinical intervention on the part of physicians.

SLAMA: Sure. And another part of LB110 is it gives doctors the freedom to, outside of the long list of possible ailments, prescribe medical marijuana for any condition that they see fit in working with their patient. Do you see a high probability for abuse in this?

THOMAS WILLIAMS: Yes.

SLAMA: Thank you. That's all.

LATHROP: Senator Pansing Brooks.

THOMAS WILLIAMS: Hi.

PANSING BROOKS: Thank you for coming today.

THOMAS WILLIAMS: You're welcome.

PANSING BROOKS: I was just wondering, are you aware of the study that was going on at-- at the University of Nebraska Medical Center?

THOMAS WILLIAMS: Yes.

PANSING BROOKS: OK. And do you know the results of that study?

THOMAS WILLIAMS: I-- I-- I believe the study has been positive.

PANSING BROOKS: It-- it was very positive.

THOMAS WILLIAMS: Cannabidiol is the-- is the-- is the administered product.

PANSING BROOKS: Yes, but that's a form of. So--

THOMAS WILLIAMS: Yeah.

PANSING BROOKS: -- I'm just wondering how many more studies are necessary. When we passed that bill a couple of years ago, Senator Garrett also had a bill on medical marijuana and people told us, wait;

wait; wait to pass this because we have to see if there's anything positive that comes out of it. Well, we just had a-- a Nebraska study that came out very positive about the uses of CBD oil and what it does for those--

THOMAS WILLIAMS: Uh-huh.

PANSING BROOKS: -- with seizures. So how mu-- how much longer should we wait? What's your opinion as former Chief Medical Officer?

THOMAS WILLIAMS: Well, I-- I think that the-- that potential studies are compromised by a variety of things.

PANSING BROOKS: OK. So are you saying the University of Nebraska Medical Center--

THOMAS WILLIAMS: No.

PANSING BROOKS: -- study was compromised?

THOMAS WILLIAMS: No, not-- not at all.

PANSING BROOKS: Oh.

THOMAS WILLIAMS: I think it was a good study. I think one of the things it shows is that there are some disorders for which cannabinoids are beneficial. And I think the data on that is still emerging. Chronic pain is apparently one where it's beneficial. Canada, I've read recently, has support-- has-- has put together a fact sheet for its physicians that are involved in prescribing, and that's one of the things that they feel is helpful.

PANSING BROOKS: So--

THOMAS WILLIAMS: They also advise strongly against using marijuana for selected other conditions.

PANSING BROOKS: Yeah. And what about your-- what about the, as Chief Medical Officer, you oversaw the medical personnel in the-- in the state of Nebraska. Is that right?

THOMAS WILLIAMS: Yes.

PANSING BROOKS: So do you believe that the-- the-- the medical-- that the doctors in our state do not have the knowledge or ability to be able to have something like medical marijuana in their tool chest to

use if they think that is possibly something that could be of value and that they should continue to just give opioids instead of another tool in the chest?

THOMAS WILLIAMS: Yeah.

PANSING BROOKS: I don't want it just prescribed willy-nilly. But if a doctor thinks it's valuable and possible to help a-- a patient, shouldn't it be in that tool chest?

THOMAS WILLIAMS: I think that physicians can be competent to prescribe practically anything that they are properly educated to do.

PANSING BROOKS: Thank you.

THOMAS WILLIAMS: I-- I was educated a very long time ago and people were using marijuana but [LAUGH] not medically, so. But--

PANSING BROOKS: Well, and we're not talking about that today.

THOMAS WILLIAMS: -- but I think one of the-- one of the concerns, there was ice-- the last time that I testified before you, I cited a-- a-- an article it was an NPR about a young woman that was prescribed by her physician in Massachusetts, which had just legalized medical marijuana, quote unquote: Go take some marijuana. And she had no idea how to do it, and her doctor didn't know how. She finally found an "ED" doc that had been in a rock band and he was able to tell her how to use the marijuana products, of which there were very many that were available in dispensaries.

PANSING BROOKS: So do you believe that people are using medical marijuana in-- in the state today?

THOMAS WILLIAMS: Ooh, I don't-- I don't know. I believe people are using marijuana in the state--

PANSING BROOKS: OK.

THOMAS WILLIAMS: -- illegally. Most certainly they are.

PANSING BROOKS: Yes. Well, and-- and so you are not believing these-- that these people that came here to testify to say that they are using this medical marijuana, they are finding anecdotal evidence that it is

working and actually precise evidence where-- where their symptoms are improved.

THOMAS WILLIAMS: No, I-- I-- I don't believe that at all. I think that-- that--

PANSING BROOKS: What don't you believe? Sorry.

THOMAS WILLIAMS: No, I said I do not bel-- you ask if I don't believe them. I do--

PANSING BROOKS: Thank you.

THOMAS WILLIAMS: -- believe them.

PANSING BROOKS: OK. Thank you.

THOMAS WILLIAMS: And then you said that-- that they were not [INAUDIBLE] .

PANSING BROOKS: It was a double question, so.

THOMAS WILLIAMS: Yeah.

PANSING BROOKS: Yeah.

THOMAS WILLIAMS: So, no, I-- no, I do believe them. I think-- I think one of the things that-- and this-- this really gets back to scientific studies and what-- what-- what comprises them, particularly clinical studies. And we don't want to digress too much, but the best would be a double-blinded controlled study using placebo and marijuana. And people have written articles about that where-- where both arms. It can be difficult. It's hard to give a placebo that isn't marijuana that feels like marijuana, if you get my drift. But that's the best study. But the point is that the study is balanced and the people that-- that will appear to you today as bill proponents I think have had and I-- one of them corresponded with me after the last hearing and was very gracious and-- and was helped. But it also was a selected sample of people that have used the product. They used the product. They had-- they had what they considered to be positive effects to the extent that they took the trouble to come here and tell you about it. That's a selected sample--

PANSING BROOKS: So-- excuse me.

THOMAS WILLIAMS: --and-- and it's not-- it doesn't-- it constitutes anecdotal evidence. The testimonies are powerful. But in a population health sense, it doesn't really describe the potential effects of a broad variety of users unless each user is carefully--

PANSING BROOKS: Thank--

THOMAS WILLIAMS: -- monitored.

PANSING BROOKS: Thank you. I--I'm sorry. I'm just trying to quickly get people through this. But so does every medication that's out on the market help every single patient?

THOMAS WILLIAMS: No.

PANSING BROOKS: OK. I thank you very much.

THOMAS WILLIAMS: You're welcome.

LATHROP: Senator Chambers.

CHAMBERS: Do you have a title?

THOMAS WILLIAMS: At the moment it's just doctor, Senator.

CHAMBERS: Say it again.

THOMAS WILLIAMS: Just doctor.

CHAMBERS: You're a doctor?

THOMAS WILLIAMS: Yeah.

PANSING BROOKS: Former medical--

THOMAS WILLIAMS: Yeah.

PANSING BROOKS: -- Chief Medical--

CHAMBERS: Are you a medical doctor?

THOMAS WILLIAMS: Yes.

CHAMBERS: OK. What are the symptoms of marijuana overdose?

THOMAS WILLIAMS: Well, I am not a toxicologist and I'm not a clinician. So my answers would be probably partly inaccurate but I

think they can be lethargy, deliverum-- delirium. Some people can have acute psychoses. There probably are autonomic signs that deal with pupillary dilatation or not or sweating, which I am not aware of because--

CHAMBERS: OK.

THOMAS WILLIAMS: -- I haven't really reviewed that.

CHAMBERS: Is death likely to occur as a result of a marijuana overdose?

THOMAS WILLIAMS: Marijuana overdoses, and we engaged in this discussion last time and has been said, to the best of my ability to tell and as you have said, I don't believe that marijuana as itself, as an overdose, as a drug is lethal. However, people on marijuana in cars have died and killed people. So, while death cannot be necessarily attributed to the drug, it is indirectly attributable to the drug.

CHAMBERS: But far more people die in cars who are on alcohol than drugs. But the alcohol industry has a lot of money, a lot of money, a lot of political clout and in this state, but nobody attempts to ban alcohol. They say, well, they tried it decades ago and they had to bring-- get rid of Prohibition--

THOMAS WILLIAMS: Uh-huh.

CHAMBERS: -- because so many people were violating the law. So that would be, if you are a thinking person, the methodology to get a law repealed. Disobey it and a curt-- persuade others to disobey it, like the mobsters did,--

THOMAS WILLIAMS: Uh-huh.

CHAMBERS: -- and the law will be repealed. And that conduct which formerly was illegal is now legal. So alcohol is used in church ceremonies. Alcohol can be served to children at home, is found at home, at work, at school, at play, on the street, on the playground, everywhere. But I've never seen a turnout like this against alcohol and the ravages of alcohol. So it seems to me that something else is at play here, in play here. People say at play but it's in play. The pharmaceuticals might begin to see that there will be a market that they can legally sell what would be illegal if somebody else did it, and they'll come out with a product. Let's say the FDA approved as a

medicine or a drug for use what those of us who are laypeople refer to as medical marijuana. Would you say that no pharmaceutical company should be allowed to sell that legally on the market?

THOMAS WILLIAMS: I would-- I would not say that, but it-- that would also have to do with quality and nature of the product. Because I think if the FDA were to-- were to approve a product like that, it would be a purified product. It would be a product with known dosing recommendations. It would have been studied. We would know the side effects. And the-- the usual model for prescribing medicines is a purified product which contains a known dose which is prescribed to a patient of a certain age or a certain size for a specific disease. And the doctor can give a dose. He knows the--

CHAMBERS: OK. I--

THOMAS WILLIAMS: -- he or she knows the half-life that--

CHAMBERS: So that drag it out,--

THOMAS WILLIAMS: OK.

CHAMBERS: -- when you've answered enough to answer my question, I will go to the next one, if you don't mind. Have you read of instances where the FDA has been accused of political motivation in either approving a drug or keeping one off the market, that there are studies that cannot be replicated and the main evidence that the FDA uses is that produced by the company making the product? Have you heard of claims such as that?

THOMAS WILLIAMS: Yes.

CHAMBERS: So we cannot always trust the fact that the FDA says it's all right. I can't anyway.

THOMAS WILLIAMS: Right.

CHAMBERS: And here's what I'm getting to, Doctor. And by the way, I knew he was a doctor, but I have reasons for what I do. When people tell me accept what the FDA does but I know of very bad slipshod things the FDA has done, that's no good. When I see cops coming here speaking on subjects like this, I'm very suspicious when those cops have allowed officers to violate the law and then resign without telling why they resigned. Or a cop in Lincoln will be under investigation, because he was caught on film abusing somebody, and

while under an internal affairs investigation he quit and he'd be hired by the State Patrol and by the Lancaster County Sheriff's Office. And what that tells me as a black man is that violence is allowed and of-- is a policy, and these cops are justified in thinking they can get away with it because they see cops, who had to leave one agency because of violent misconduct, hired by another one. Those are the realities that I see. If it comes to matching medical knowledge, I have no business trying to do that with you and I'd never try to do it. But when it comes to reality, political reality, legal reality, law enforcement reality, and I've seen cops lie and get away with it, file false reports, get away with it, file false affid-- affidavits which were shown to be false and get away with it, I don't give-- lend credence to anything they say. And I wonder about doctors who can be aware that a substance has actually brought relief and surcease of pain to people's children, as we've been told today and photos we've seen, one child, bloodied face, eyes vacant, and nothing that what you accept as appropriate medical treatment, it did no good. These other substances do. This and then I'm through, and I haven't asked a lot of questions so if the hearing is going on long it's not because of me. If a Native American, who might be called a medicine man, or an African medicine man, whom some may call a witch doctor, could shake a rattle, throw some chicken bones, and make smoke come out of a pot, and my child, who could neither walk nor talk, sits up, speaks and walks, and a doctor says, Chambers, you shouldn't do that-- I don't use this kind of language-- I say, Doctor, go to hell. My child came to you and you did nothing. And now the one who did what you could not do, you're going to tell me I shouldn't accept that because of some political philosophy or ideology you have. I'm not asking a question. I'm letting you know the context in which I'm judging all that these people say. And I'm probably older than anybody in this room. I'm in my 82nd year but I think my mind is as clear as anybody else's. I think my logic is a sharp and precise as anybody else's. I know what people say. I understand what they say. I even-- do you speak Latin as a doctor? You know some Latin phrases, don't you?

THOMAS WILLIAMS: Oh, a few, yes, but no.

CHAMBERS: You know some, don't you?

THOMAS WILLIAMS: Names for things

CHAMBERS: Timor mortas-- mortis conturbat me.

THOMAS WILLIAMS: Ethos, pathos, logos.

CHAMBERS: Say it again.

THOMAS WILLIAMS: Ethos, pathos, logos.

CHAMBERS: I want you to translate because I don't speak Latin.

THOMAS WILLIAMS: Well, that's-- that's basically logic, passion, and--

CHAMBERS: What I have said is what everybody in this room eventually is going to say.

THOMAS WILLIAMS: Yeah.

CHAMBERS: Timor, the fear; mortis, the fear of death is upon me. That's Latin. And everybody who spoke Latin said it at one time or another. And now that people don't speak Latin, if they hear it they will know what it means and they'll say it in English. But that's all I have, Mr. Chairman. And I will tell everybody this. When ordinary citizens come up here on issues like this, whether they're for it or against it, I don't have a lot of questions. They're coming with the best that they have to offer and we're seeking information. But when the experts come, I'm like John F. Kennedy. He shouldn't have trusted the experts. And I don't, not to say they're dishonest, but I don't take at face value something just because an expert says it. That's the point I'm making. And I appreciate your coming here and offering for the record what you did. And that's all that I have.

THOMAS WILLIAMS: Thank you.

LATHROP: Thank you, Doctor. We appreciate your testimony. We're getting close to the end of the hour of opposition testimony. Looks like we have two law enforcement folks in the front row. We'll get to additional opposition testimony after we resume the hearing. OK? Trooper, welcome to the Judiciary Committee.

JOHN BOLDUC: Good afternoon, Chairman Lathrop, members of the Judiciary Committee. My name is Colonel John Bolduc, J-o-h-n B-o-l-d-u-c, superintendent of the Nebraska State Patrol. As a public servant, I greatly appreciate the compassion behind this bill, but I'm all too familiar with what I would call unintended consequences of legalizing marijuana in this form. We know that marijuana impacts a user's central nervous system and must not presume registry participants will remain sequestered at home for the duration of the

effects. Accordingly, based on my 33 years of experience, I'm certain Nebraskans will suffer significant public safety consequences. I'm here today on behalf of the Nebraska State Patrol to respectfully offer testimony in opposition to LB110, focusing on a few select areas concerning the issues of drugged driving, diversion, and compliance with federal firearms laws. Despite their efforts to regulate this industry, states that allow the use of medical marijuana experience the diversion of marijuana to the black market. As a police chief in California in my previous job, which was a medical marijuana state until 2018, I routinely saw the diversion of marijuana products to the black market. This diversion negatively affected our youth, resulted in an increase in motor vehicle crashes. Closer to home, in 2009, 10 percent of Colorado traffic fatalities involved drivers who tested positive for marijuana. By 2015, the number had increased to 21 percent. Other states have seen increases in accidents and fatalities even after medical marijuana legislation began. Regarding diversion, our troopers have removed numerous loads of marijuana and marijuana products travelling through Nebraska that were packaged and labeled as a legal product in their state of origin. From 2016 to 2018, the weight of THC products seized increased by 2,400 percent and there was a 340 percent increase in the amount of marijuana seized. The demand for high-grade marijuana, edibles, and vape cartridges is extremely high. Because of the demand and potential profit, I fear Nebraska will become a source state rather than just a destination state, ultimately contributing to the dangerous problem the black market poses to public safety. In 2018, the Oregon-Idaho HIDTA group found that approximately three-fourths of the marijuana produced was being diverted to the black market. In August 2018, Oregon enacted an inish-- an emergency provision reducing the amount of meril-- medical marijuana to one ounce per day to reduce black market diversion. Given the amounts of marijuana permitted under LB110, it is certain that Nebraska will experience diversion within our borders. Section 40 of the pro-- pro-- of the proposed statute leaves open the possibility of transfer to another person on the registry. If the intent is to treat marijuana as medicine, it should be regulated as such. Current law prohibits the diversion of prescription medication. Consistency among laws concerning prescription medication is vital to prevent and identify illegal diversion. Lastly, law enforcement must have access to the proposed medical cannabis registry for the purpose of verifying eligibility to purchase or possess firearms under federal law. The disqualifiers for federal firearm possession include being addicted to a controlled substance or unlawful drug use. Without access to the registry, we may inadvertently issue a permit to a prohibited person.

In closing, Mr. Chair, Senators, I would like to thank you for the opportunity to provide-- to provide testimony. And I'd be happy to answer any questions at this time.

LATHROP: Thanks, Colonel. Any questions? Senator Morfeld.

MORFELD: Thank you for coming today, Colonel.

JOHN BOLDUC: My pleasure.

MORFELD: Is there a current-- is there a current black market in Nebraska for marijuana?

JOHN BOLDUC: Yes, there is.

MORFELD: So how would this exacerbate that?

JOHN BOLDUC: Well, I see this following the trends that other states saw, is that will-- it will increase the demand, it will increase the availability, and ultimately it'll probably lead to more people addicted to this substance, not folks who are necessarily prescribed it. But because of the access, more people are going to use it, more people are going to become addicted. Therefore, the demand will grow. That demand often is filled by the black market.

MORFELD: OK. Thank you. In your law enforcement career, particularly you said you were in California before this,--

JOHN BOLDUC: Yes, Senator.

MORFELD: -- how many people did you see die directly because of a marijuana overdose?

JOHN BOLDUC: Well, that's a-- well, of marijuana overdose? No. The effects of marijuana? Two different questions, but let me answer your first question. Zero.

MORFELD: And in terms of opiates, how many people in your career have you seen die directly because of an opiate overdose?

JOHN BOLDUC: Dozens.

MORFELD: OK. So if there was a bill to ban opiates here, would you come and testify in support of that bill to ban opiates?

JOHN BOLDUC: My simple answer would be yes.

MORFELD: You would. OK. I'll introduce that bill next year and I expect to see you right there testifying in support. Thank you, Colonel.

JOHN BOLDUC: I'll be first in line. Thank you, Senator.

SLAMA: I have one.

LATHROP: Oh, I'm sorry.

SLAMA: OK. Sorry [INAUDIBLE] .

LATHROP: Senator Slama.

SLAMA: Thank you for coming in today. Just a follow-up to Senator Morfeld's question, how many people have you seen die as a result of impaired driving because of marijuana use?

JOHN BOLDUC: Well, unfortunately, Senator, I can't give you a number but many.

SLAMA: Would you put that into the dozens category as well?

JOHN BOLDUC: Oh, more than that.

SLAMA: More than that?

JOHN BOLDUC: Several dozen.

SLAMA: OK. In addition, so canine uni-- what percent of canine units in the state are trained to pick up on the scent of marijuana?

JOHN BOLDUC: Well, the majority of them are. It's probably a hundred canine units.

SLAMA: Uh-huh. And the use of those canine units after the legalization of marijuana could lead to what impact on searches used in suspects based on those canines picking up on a smell?

JOHN BOLDUC: Well, frankly, we wouldn't be able to use those searches if it was a legal product. Those canines would have to all be replaced.

SLAMA: So all of the canines that are currently trying to pick up on the scent of marijuana would need to be replaced if this were to pass.

JOHN BOLDUC: Most likely, yes.

SLAMA: OK. What kind of costs would you estimate would be--

JOHN BOLDUC: Well, each trained police canine costs around $10,000, so you're looking at a pretty significant cost.

SLAMA: Sure. Could you give us a rough estimate, just a rough estimate of how many canine units there are in the state right now?

JOHN BOLDUC: I believe they're around a hundred that are--

SLAMA: OK.

JOHN BOLDUC: -- certified as narcotic detection dogs.

SLAMA: Great. Thank you.

JOHN BOLDUC: Thank you.

LATHROP: Senator Chambers.

CHAMBERS: Colonel,--

JOHN BOLDUC: Senator.

CHAMBERS: We're going to agree on far more than we disagree. And I'm not blowing smoke, but when you took over the State Patrol I looked at you as the Orkin man. Do you know who the Orkin man is?

JOHN BOLDUC: Senator, I do.

CHAMBERS: OK. That's the way I see you. But I'm going to ask you this question now. If an officer was under investigation for excessive force, which was caught on a video in one of the homeless shelters, and an officer saw it and said they should turn it over to the police and it was done, and this officer who did it was under investigation and quit because, before some legislation, once they do that nothing can be said. If you knew that he had done this and you knew that he was being investigated and maybe there had even been a finding against him but before action was taken he quit, would you hire him for the State-- State Patrol if you knew that?

JOHN BOLDUC: I would not, Senator.

CHAMBERS: I don't have any more questions because these other issues you heard my comments in general and I'm not going to repeat them. Thank you.

JOHN BOLDUC: Thank you, Senator.

LATHROP: I do want to ask you about this dog thing.

JOHN BOLDUC: Certainly.

LATHROP: I was doing the dog math while you were talking. And so State Patrol pulls somebody over. They have some suspicion. You have dogs that can smell the marijuana. The difference is if somebody has one of these cards then maybe, maybe the dog giving you a positive signal as they smell the marijuana in somebody's automobile gives you reason to say, well, it's no crime, the guy's got the permit. Right? But if he doesn't have the permit or the card and the dog responds, it's still of value to you. It's still against the law if they're carrying this stuff without a-- without a card contemplated in the bill. Is that true?

JOHN BOLDUC: Well, it-- the case law, I might have to go a roundabout way to answer your question, Senator, but--

LATHROP: I guess I'm looking at we don't really have to replace a hundred $10,000 dogs. All we got to do is look and see if they got one of these cards and then, then they have an excuse for the dog reacting to the smell of marijuana in their vehicle.

JOHN BOLDUC: Well, Senator,--

LATHROP: Am I right about that?

JOHN BOLDUC: -- there's a-- there's a difference between an affirmative defense and developing probable cause. So obviously it's vitally important that we respect the Fourth Amendment in all search and seizures.

LATHROP: True.

JOHN BOLDUC: We have to have probable cause in order to search somebody's vehicle or possessions if they-- they happen to not be in a vehicle. So if a person has a card or they're on the registry, by the

time we've already done an intervention, OK, they've already been detained, now we get to the point where we want to use a canine as a tool. OK? We-- we find out whether they have a card or not. All right? They have the card. That marijuana or-- or whatever they have in that backpack could be a mixed load. Fifty-six percent of our seizures include mixed loads: marijuana and cocaine; marijuana and heroin; marijuana and something else. Right?

LATHROP: Sure.

JOHN BOLDUC: We don't get to search that because they have the card.

LATHROP: What you're suggesting then is, going forward, you'd stop trying to bust people with the dog for having marijuana.

JOHN BOLDUC: Yes. And that follows what other states have done.

LATHROP: And you'd get dogs that would ignore marijuana and just react to the smell of something else.

JOHN BOLDUC: Well, to be clear, Senator, we'd have to get new dogs that are trained on the other odors excluding marijuana.

LATHROP: OK. Or we could continue to bust the people that are coming through with marijuana and no card.

JOHN BOLDUC: That's true.

LATHROP: OK. It's all I have.

JOHN BOLDUC: Thank you, Senator.

LATHROP: Senator Pansing Brooks.

PANSING BROOKS: Thank you for coming, Colonel.

JOHN BOLDUC: My pleasure, Senator.

PANSING BROOKS: I-- I just, you know, I've been-- the Legislature has been highly engaged on the issue of trafficking.

JOHN BOLDUC: Yes.

PANSING BROOKS: And we're grateful that Attorney General Peterson, the Governor have been all highly engaged in this effort. And Attorney General Peterson has been working with law enforcement across the

state. Part of my most recent efforts have been to try to get law enforcement money, because we feel that with the significant changes in the law there have not been enough arrests of traffickers or purchasers to really make a difference and move the needle like we need to do. So I'm tying this to the-- to the marijuana issue in a way, because I've heard that there are quotas for drug stops or arrests in our state. Is that-- is that true or-- ?

JOHN BOLDUC: That is absolutely not true.

PANSING BROOKS: There-- is there any-- any federal or state funding for the drug stops or arrests?

JOHN BOLDUC: Federal or state funding in terms of--

PANSING BROOKS: That's coming specifically for the-- the stops on marijuana?

JOHN BOLDUC: No.

PANSING BROOKS: OK. Thank you.

JOHN BOLDUC: Thank you.

LATHROP: I think that's it. Thanks, Colonel.

JOHN BOLDUC: Thank you.

LATHROP: This will be our last opponent until we-- thee do. We're going to suspend the hearing after this and the neutral testifiers. I apologize. I got to cut it off somewhere. And we will resume this hearing after we get through three bills that are relatively comparatively short. And I don't want to discourage anybody from sticking around. We'll stay and listen to what folks have to say after we resume the hearing. Sheriff.

TERRY WAGNER: Thank you, Senator. Good afternoon, Senator Lathrop and members of Judiciary Committee. My name is Terry Wagner, T-e-r-r-y W-a-g-n-e-r. I am the sheriff of Lancaster County and I appear before you today representing my office and the Nebraska Sheriffs' Association in opposition of LB110. I think the main thing to remember is that every state that has legalized recreational marijuana started with medicinal marijuana. Without going in-- without going into why I don't think marijuana should-- recreational marijuana should be legalized, the fact that every state that has legalized recreational

marijuana started with medicinal marijuana alone should be reason enough to kill this bill. In states with medicinal marijuana, the average patient is a 32-year-old male with no history of life-threatening illnesses. Chronic pain, the catch-all in most marijuana and most medicinal marijuana laws, is claimed by 96 percent of the patients in Colorado. By the end of 2012, Colorado had over 100,000 medicinal cardholders, the more-- majority of which were males between the ages 21 to 35, and they were recon-- their card-- their physicians: 50 doctors recommended the majority of these cardholders. LB110 allows a person to possess three ounces of marijuana on their person at any given time. They may have six mature plants, and they may possess one half pound of marijuana in their residence. Oregon, when they introduced their medicinal marijuana law, allows six plants per caregiver. It used to be that one plant equaled one pound of finished product. But in Oregon, with the efficiencies in growing, their plants are like small trees and they can yield up three pounds or more of processed marijuana. The surplus medicinal marijuana is being diverted to other states. Our deputies have seized hundreds of pounds of diverted marijuana destined for Lincoln, Omaha, and other cities in the nation. According to a study by Kevin Sabet, residents of states with medicinal marijuana have abuse and dependence rates almost twice as high as states without. Kevin [SIC] Stroup, head of NORML, the pro-marijuana group, in 1979 said we will use medicinal marijuana as a red herring to give marijuana a good name. The bottom line is medicinal marijuana is a smokescreen to gain legal recreational marijuana. Legalized marijuana is a discussion for another day. I urge the committee to kill LB110. I'd be happy to answer any questions.

LATHROP: Thanks, Sheriff Wagner. Senator Chambers.

CHAMBERS: Sheriff Wagner, you hired one of those Lincoln police officers that I was speaking about, didn't you?

TERRY WAGNER: I did.

CHAMBERS: And you had the knowledge that I had had and anybody else who read the newspaper, didn't you?

TERRY WAGNER: I had more knowledge.

CHAMBERS: I'm not gonna do what you think I'm going to do. I merely wanted that for confirmation so people wouldn't think I was maligning

police agencies. You and I, if I continue to deal with that, will deal with it in a setting other than this hearing.

TERRY WAGNER: Thank you.

SLAMA: Yes.

LATHROP: Senator Slama.

SLAMA: Sheriff, thank you for coming out and speaking with us today. I wanted to ask if you are familiar with the process it takes to legally purchase a firearm right now under federal law.

TERRY WAGNER: I am.

SLAMA: Can you confirm that the ATF Form 4473 is a form that one must fill out before purchasing a firearm?

TERRY WAGNER: I don't know the numbers but I'll take your word for it.

SLAMA: OK.

TERRY WAGNER: I know there's a form, an ATF form, to be filled out.

SLAMA: Yes. OK. Yes. This is that form--

TERRY WAGNER: OK.

SLAMA: -- in question. Question "e" on that form is, "Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance. Warning:" this is in bold, "The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside." Now in answering yes to that question that you are a user of marijuana, would that compromise your ability to get a firearm?

TERRY WAGNER: It would. You'd be--

SLAMA: Even in its--

TERRY WAGNER: You'd be denied.

SLAMA: Yes. Even in a state where medicinal marijuana has been passed.

TERRY WAGNER: Yes.

SLAMA: And if you said, no, but you are still using marijuana as prescribed to you legally as in some states, what, what could happen to you if you lied on this form?

TERRY WAGNER: You could be-- you could be indicted for falsification on that form. A false statement on that form is, is punishable.

SLAMA: Right. Thank you.

LATHROP: Senator Brandt.

BRANDT: Sheriff Wagner, you stated your opposition to people growing their own plants. Is that right?

TERRY WAGNER: Yes, sir.

BRANDT: OK. So if this product was grown in a central place, let's say one, one spot in the state, would that quell some of the fears you have about excess marijuana going out?

TERRY WAGNER: Probably not.

BRANDT: OK. Thank you.

LATHROP: I see no other questions. Thank you. We will now go to neutral testimony. Neutral testimony, I'll just cover this briefly, neutral testimony is actually people that aren't opposed or supportive but have something to offer relative to the bill. We'll take a half hour. How many people are here in a neutral capacity? OK, so we'll take the four neutral. You may proceed.

CRAIG BOLZ: My name is Craig Bolz, C-r-a-i-g B-o-l-z. You're probably looking at the most black-and-white, right and wrong, old-school person you'll ever see in your life. It's never wrong to do the right thing. From the very first question that was asked by one of the senators, we've muddied the waters here. We ain't here talking about recreational marijuana. We ain't here debating the-- the alcohol that's a thousand times more problematic than marijuana is. We are here debating the medical cannabis bill. The first thing I'd like to see, and I know will never happen, is I'd like to see all the 49 senators, the Governor, the Attorney General, and me take a lie detector test and say: Have you ever used marijuana? We all know that ain't gonna happen. So I'd like to have all the 49 senators, the

Governor, the Attorney General, and me look in the mirror before they decide if you want to advance this bill out of committee. I can count and I think we can advance the bill out of committee. I think we can. You-- my-- my father died of Parkinson's disease. I don't know how long ago it was, 20, 25 years ago. This wasn't even thought about. Wouldn't even have done it if it was. It was eight and a half years hell. OK. So all I ask of you people, of all the 49 senators, when it does get to commit-- or when it does get out of committee is I want every one of you to look in the mirror. And if you people are so cold-hearted that you're going to tell that mother, no, we're not going to help you with your seizured child, if you're going to tell the veteran, no, we're not going to help you with your pain or your PTSD, if you're going to look at me and say, jeez, we can't help you, when I get Parkinson's disease, because it is hereditary, we're not going to help my daughters deal with me, if you people are that cold-blooded, cold-hearted, then that's fine, don't advance it. When it-- when you talk about following the money, the problem here is, is-- is the F-- this might cause the FDA some money, cost them some money. Everything is about following the money. And as I-- as I said, I think I can count and I think we can advance this bill out of committee. Thank you very much.

LATHROP: Thank you, Mr. Bolz. I see no questions.

CHAMBERS: Hey, wait a minute.

LATHROP: Oh, wait a minute.

CHAMBERS: Wait a minute. Challenge [INAUDIBLE] my response.

LATHROP: I'm sorry, Senator Chambers didn't raise his hand.

CHAMBERS: I can look in the mirror and say I never used marijuana, never smoked a cigarette, never drank alcohol, don't chase men or women. I'm as pure as you can find and I don't have a corpuscle of religion in my body, and that's why I can live a sin-free life. I just thought I'd throw that in.

CRAIG BOLZ: Well, you're-- you're-- you're pretty close to me.

LATHROP: All right.

CHAMBERS: Touche'.

CRAIG BOLZ: Thank you.

JOHN MASSEY: Hello.

LATHROP: Good afternoon. Welcome.

JOHN MASSEY: Good afternoon. My name is John Massey, J-o-h-n M-a-s-s-e-y. I'm here on behalf of the Nebraska Medical Association. I'm a pain physician. I've trained at the University of Nebraska. I've been practicing pain medicine in the state for 20 years. There is no category that fits the NMA position on this bill. As it's currently written, we are opposed to this. We feel it is overly broad. I've been asked to testify in a neutral position in order to signify our true desire to add to this discussion in a constructive fashion. This is obvious [SIC] an ideological political discussion much of the day and we want to participate in the medical aspects of this in order to help the citizens and you make a decision that's informed. It's pretty clear that a lot of the information that comes forward and the data and so forth, the people who bring it forward start with their opinion and then find their data to support that. And I think that's a problem in this set of circumstances. What we understand because we sit in the room with these people every day, we understand the passion and the true suffering that some of these people have and we-- we work with them. But we also have the training that shows us we understand on a broader sense when what they seem to find effective can be dangerous and can lead to worsening of their diseases even as they think that's what they need to do. Our training is both about compassion and education, and so we're trying to bring that to this discussion. We all know there's not enough information, there's not enough data, there's not enough literature. But there's more than we had. There's more than we had when this was originally brought forward and there's some that should inform this discussion. I'm speaking specifically to the National Academy of Medicine report in January of 2017. It's a nonpolitical organization that's looking at the merits of these-- these processes. We're finding out good information about where this is good and where this is bad. And a lot of the information is surprising and a lot of the information might be problematic for the-- for this bill. A lot of the data is showing us that the benefits that are pertaining to certain diseases that people would be here testifying for isn't what we think and the risks are higher than we expected. And in a very narrow set of circumstances and diseases there is a notable benefit and we want to protect that for those individuals. We feel their-- we feel their suffering. But the way the

bill is constructed, it's a big problem for us because much of the-- it's pretty clear that much of the indications that we're going to be asked to make decisions about if this came forward would actually hurt many more patients than it would help. And that's a problem for us. You've heard people talk about mood disorders and treating mood disorders. There's good evidence that shows cannabis makes mood disorders worse not better. It increases depressive symptoms, it increases anxiety, it increases suicide, it increases completions of suicide. We've heard people talk about PTSD and anxiety. PTSD has been shown to be worsened in the majority of patients who suffer from it who use cannabis. And that's a problem for us. With respect to opioid addiction, I've been up here many times before. Opioid addiction has been something I've watched and it's a national disaster, there's no doubt about it. And we talk about opioids leading to respiratory depression. I doubt they're going to be illegal in a year, but they are a problem and they do have toxicity. Opioids make that worse, unfortunately. Opioid--

LATHROP: Why don't you hang on, Doctor--

JOHN MASSEY: Yes, sir.

LATHROP: -- and see if anybody else has questions because I think I do.

JOHN MASSEY: All right.

LATHROP: Senator Slama.

SLAMA: Thank you for coming in today. The NMA opposed a similar bill in 2017, is that correct?

JOHN MASSEY: That is correct.

SLAMA: What was the reasoning then in opposing?

JOHN MASSEY: At the time we thought there wasn't any data and we think data is coming forward. But most importantly, we felt that we weren't leading a constructive enough part of this discussion to inform the medical aspects of this.

SLAMA: Sure.

JOHN MASSEY: No doubt about it, our members, by and large, are still opposed to this and they're worried about many of the different aspects of this bill. But we're trying to help out.

SLAMA: Sure. And could you expound a bit more both on the benefits and the detriments you've mentioned in the studies that we found on medical marijuana use?

JOHN MASSEY: Well, medical marijuana does treat chronic pain. There is evidence that shows particularly CBDs and so forth make chronic pain better. There is also evidence that shows it increases the risk and the likelihood that somebody will have problematic opioid use. It doesn't reduce opioid use as we thought or as we wished. It increases the risk of death from opioid use over time. People say nobody dies from cannabis. They don't die directly but it does at times increase the morbidity and mortality with use, and that's a concern for us. Another example I like to use is MS, multiple sclerosis, and spasticity and muscle spasms. It's been shown to help that. This bill talks about treating muscle spasms with cannabis. It has been shown not to help that and we know that for every 1,000 people who are taking cannabis for muscle spasms, only a very small percent of them have MS-related spasticity. So those kinds of nuances are very concerning to us. We don't want to jump on a side as much as we want to stand in the middle and stand on the science of this problem.

SLAMA: Sure. And according to a November 20, 2018, article that ran in the Omaha World-Herald, it noted that only 325 of Iowa's 7,000 doctors had certified people for the new-- the state's new medical marijuana program which launched in December of this year. Could you see that low of a participation rate, in your opinion, just based on the feedback--

JOHN MASSEY: Yes.

SLAMA: -- you've gotten from your members?

JOHN MASSEY: Absolutely.

SLAMA: And what could be some of the outcomes of that based on how this bill is written?

JOHN MASSEY: Well, I don't know if I understand your question, Senator, honestly.

SLAMA: With such a low participation rate, what could be some of the outcomes of that?

JOHN MASSEY: I would honestly hope that there would be a low participation rate because I think that when we're talking about it in the NMA, most physicians don't understand all the nuances about this and they're most afraid that their patients will come to them demanding or pressuring them to prescribe something that they don't feel qualified to be able to prescribe. And I think that's going to be our concern is how do we get enough knowledge about such a substance in order to not do harm.

SLAMA: All right, thank you.

LATHROP: Did you have a question? Senator DeBoer.

DeBOER: I wanted to, maybe just a little more so I could understand a little more with a little more specificity, bring up a point you made that the benefits are not what we-- that are not necessarily what a patient thinks they are and they may in fact be harmful. I sort of have two questions. So first I'll ask you if you can give me a little more detail or even a specific example--

JOHN MASSEY: Sure.

DeBOER: -- of that particular scenario.

JOHN MASSEY: Yeah. So I'm an old guy. I've been around. I remember-- I remember the first time a Purdue rep came and told me how great OxyContin was for pain. And I remember thinking, uh-oh, because it's not what I see. So we've lived for 20 years where patients say you don't respect my pain if you don't give me this. And yet I know and now the whole world knows that opioids don't do what we hoped and they cause a lot of damage and death. Well, we're going right into that situation with cannabis if we don't gain a better understanding how to use this. But there are some advantages, like I use with the example, you know, some of these people coming here with-- with mood disorders, depression and anxiety. They are certainly seeking out cure for suffering and they definitely believe it helps them. But if I sit in the room and I can see that they're not doing well with this or I know that this is a problem for them, that's a very difficult situation to be in. And moreover, this substance can kind of subvert their cognition, as we all know, so it's very hard for me to get them to an understanding so that they understand that I'm being-- trying to be

helpful when I know that the right thing to do is to not use this medicine for them. And maybe somebody with lesser training might try it to catastrophic ends.

DeBOER: So are you suggesting there's a sort of placebo effect or are you saying there's some other effect that is happening? I'm trying to just understand.

JOHN MASSEY: OK. Of course.

DeBOER: Yeah.

JOHN MASSEY: It's-- and it's difficult, I get it. Let's-- let's just go back to opioids because I think we're down the path there. If-- if I see it's not good for somebody and-- and it's a bad thing and they're getting into real trouble with this and I'm worried about death from that, that patient is going to tell me it's not working. They're going to tell me, why don't you write this for me, don't you care about how I hurt? And I know that they're getting worse over time, measured by functionality, measured by objective ways to measure how they're feeling and-- and mood and so forth. But I have to have a real difficult discussion with them. It's the same situation with this-- this drug, especially if we're getting it for all kinds of conditions that we know it doesn't help.

DeBOER: Are you saying that medical cannabis has the same, I don't know, addictive--

JOHN MASSEY: Well--

DeBOER: -- properties as opioids or-- I'm-- I'm trying to-- trying to get the analogy.

JOHN MASSEY: Yeah. No, every-- every substance of abuse has different addictive properties. They all affect people in different ways and can lead to different complications. So the complications with cannabis aren't that people get respiratory depression where they end up dead from not breathing over a nighttime. The problems with this are that it-- it gets them more likely to be exposed to other drugs, more likely to have other problems that lead to long-term morbidity and mortality. It's all different and it's-- it's also largely related to the type of person who is prescribed that medication.

DeBOER: So maybe it's not necessarily entirely tied to medical cannabis itself but to other circumstances around the-- the distribution of that?

JOHN MASSEY: Well, so the reason why we think-- why our data shows that it's a terrible treatment for opioid addiction or other drug addictions, when you're talking about addiction, it's not the arrow, it's the bow, it's the person doing it. So you never give somebody in a different-- a different addictive substance when they're having a problem with one. It's a little bit like if-- if you came in to me and-- and-- and you were addicted to cannabis and you wanted off of it, the last thing I'd do is say I want you to drink three martinis every night. We're just changing the problem.

DeBOER: Yeah. I-- I understand that. So does that mean then that you're-- that we should understand medical cannabis as being a kind of secondary problem that would go along with some other things so that absent, I don't know, addictive person-- we're getting beyond where I can kind of--

JOHN MASSEY: [LAUGH] Yeah. No.

DeBOER: -- give you the information that I want, but beyond those sorts of things. So-- so if I have someone who would be a good candidate, for example, who is not involved with--

JOHN MASSEY: OK.

DeBOER: -- other sorts of substances, who maybe, for whatever reason, we don't think is predisposed towards addiction, maybe it isn't an opioid solution then but something else, is there then the same concern that-- that this is--

JOHN MASSEY: So, OK, let-- let's try to set that into specifics. Let's say we have somebody with multiple sclerosis and spasticity. Data shows that that is treated with this and successfully; cannabis works for that. If you're going to prescribe that, now you're going to have to be vigilant as a provider to watch for problems that develop of abuse. And if an individual develops abuse with that, then the effect won't work anymore and the benefits will clearly outweigh the risks. [SIC] So we never get a free pass because it's a less addictive substance. That just isn't medicine.

DeBOER: So then do we have safeguards within medicine in other contexts where we have a substance that, you know, in the right application is helpful and in the wrong application is unhelpful?

JOHN MASSEY: Well, we do. They don't work as well as we'd like. Yes.

DeBOER: So would it be possible then, from what you know, to sort of use the same safeguards to keep medical marijuana, medical cannabis within a kind of safe-use observation by medical professionals, observation by, you know, whoever is qualified to do that.

JOHN MASSEY: Yes, I think so.

DeBOER: Thank you.

LATHROP: I do have some questions for you, if I can, Doctor. You treat a lot of the people that I represent along the way and-- a lot of those people. And today we had somebody testify about trigeminal neuralgia--

JOHN MASSEY: Yes.

LATHROP: Right?

JOHN MASSEY: Yes.

LATHROP: -- maybe, maybe the worst thing I've seen--

JOHN MASSEY: Yes.

LATHROP: -- maybe the worst thing I've seen in terms of the pain that it causes and the disability that it brings about. So we have in the bill a process and we have in the bill a list of conditions. You came in here in a neutral capacity. Can you tell us about, because you're here in a neutral capacity, it's not to-- it's not to say we don't like this at all and we're not putting our arms around it, but tell us what you would do different or what you'd-- what you'd like to see different about the process.

JOHN MASSEY: OK.

LATHROP: And then my second question is going to be, is there something on that list that you'd go, that has no business on that list?

JOHN MASSEY: There is a-- so the first question is, what would we change about this process? The most important part about that is understanding dose response. We don't know. The data isn't there and that's a big problem. Even some of the proponents, I think Dr. Coleman testified about how many hundreds of compounds THC represents, cannabinoids represent. And they're very different and we really don't have enough information about that. So that's one of the big things. We need to find out what kinds of doses we'll be prescribing. And the concept of growing plants and having somebody grow a plant because it's a natural herb, I think to myself, so is cyanide. That can't work. There's no way we can say, all right, you can have six plants, because literally somebody could have a million times greater potency of a cannabinoid than somebody else. And there's no way I can justify prescribing under those circumstances. The other thing is I think, to give you an example in the bill, the bill reads: for end of life, for cancer-related pains. And then it goes down in-- into a list and then it talks about for MS, for-- for spasticity related to MS and other muscle spasm. Well, as soon as you say "and other muscle spasm," you're going to have un--

LATHROP: I've got a soft-tissue injury.

JOHN MASSEY: Yeah. And now you're going to have a patient saying, well, why don't you care about my muscle spasm? We have to-- we have to guard against that because catastrophe lurks.

LATHROP: Do we need to tighten up who's-- who can write a prescription for this? So--

JOHN MASSEY: Yes, I think so.

LATHROP: I under-- I think I understand this much about your practice if I come in with something that is-- first of all, you're the last guy that I see. I've been through the family doctor, I've been through the back surgeon or I've been through the neurosurgeon, and they've done everything they can and they go, go see the pain guy. Now I'm in Dr. Massey's office. And if you're going to prescribe OxyContin or some kind of an opioid, you're going to have me come in from time to time to see how effective it is in the treatment and what's changing in my life because I'm on it, right, for the good or the bad.

JOHN MASSEY: Yes, sir. Yeah.

LATHROP: That sound about right?

JOHN MASSEY: Yeah.

LATHROP: So in terms of prescribing something like this, is there someone-- is there a limitation we need to put on who prescribes it and the process for you can't dose this stuff? I think that's inherent in the-- in the product. You can't dose it. But can you say, for example, and I'm not proposing this as an amendment, but a pain specialist who's going to see the patient to follow up, you know, on a regular basis--

JOHN MASSEY: Yeah. Yeah, I-- I believe we're really going to have to do something like that. I've-- CBD, I treat the kind of disease that some-- some people benefit-- would benefit from this. And I know CBD is something that we're looking at that might help. I have tried to familiarize myself with this as a potential. It's very difficult and this is what I do. I'm not a primary practice. So we're-- we're really going to have to find a mechanism and I-- I haven't been able to figure out a suggestion for that as much as I would like to. But definitely, definitely it's going to require some black-and-white codification for it to be safe. I'm sure of that.

LATHROP: Are you the point man for the NMA on this?

JOHN MASSEY: I am.

LATHROP: OK, so you'll have an opportunity to work with Senator Wishart on-- on improvements?

JOHN MASSEY: We-- the NMA wants to work with everybody on this.

LATHROP: OK. I think that's all the questions I have. I think that's all the questions for you. Thanks for your appearance here today. It was helpful.

JIM MAGUIRE: Senators, good afternoon. My name is Jim Maguire; it's J-i-m M-a-g-u-i-r-e. I'm president of the Nebraska Fraternal Order of Police. I'm also a Douglas County Deputy Sheriff, been one for 27 years, and I've been a narcotics investigator in the past, so I have some level of expertise on this. I've also been involved in the investigation of probably a couple dozen indoor marijuana grows and there's-- our-- our organization is not for or against. There are just some things in the bill that we would like to see tweaked. The Legislature creates the laws and we enforce them and that's how it

works. So one of the things, and you kind of stole my thunder, was, you know, who's going to prescribe the-- the-- the medical marijuana. And we have a board member that's from California. And after California introduced medical marijuana, they had a doctor that would come up from L.A. He would go to Sacramento. He would set up shop in a hotel and for every 15 minutes he would have patients come up there and all it said is-- is similar to this where he just had to have a consulting relationship. So for $500, for 15 minutes that person could get a medical marijuana card and they could go out and do whatever they want. That-- that part is something that is a little concerning for us rather than having somebody that-- that knows acutely the pain and suffering that they are-- that they have sustained. A couple of things about Section 3 and it has to do with, you know, the allowable marijuana. Just to give you some background, from seed the harvest in-- in-- in an indoor marijuana grow, it takes about 65 to 70 days. You can get approximately in Nebraska about four ounces of marijuana per plant. Now under Section 3 it says that the person can-- can possess eight ounces of cannabis at one's residence. Well, if you've got six plants you've already exceeded the threshold for that. So that would be a potential problem because then you would have people kicking in doors saying you're growing too much, you have too much in your-- in your possession. The other part is the concentrated cannabis and this is something that I see on the street every day. These kids will take marijuana. You can-- you can get about five ounces of marijuana, you can stuff it in a tube, and you put a bunch of butane down there and you-- you-- it'll-- it'll extract a bunch of the-- the THC and the resins. And what comes out is what the kids will call "shatter," "wax," "butter." So it's-- it's a concentrated, highly addictive, and it's got a very high THC level, usually around 80 percent. Marijuana back in the '70s was about 3 or 4 percent. The high-grade marijuana that we see in these marijuana grows is about 18 percent. When you start mixing all that other stuff, now you're starting to talk about a-- a level of THC where you can have big-time mental problems, which we have seen out on the street. So having the ability to have an ounce of that is a lot of-- of access to a resin that you can cause a medical problem. And the parents, we hear it all the time when they see this stuff. It's like, please, what are we going to do? But there again, you know, if they-- I don't want to tell a parent that, you know, you've got-- your kid's got cancer or you've got cancer, you know, you can't use something that could potentially alleviate their problem. But those are some of the-- the issues that we as an organization have with-- and I know Senator Wishart has been

gracious in-- in allowing us to exchange ideas on that. And I just-- I just think that you as a body should explore some of that.

LATHROP: Great.

JIM MAGUIRE: Thank you.

LATHROP: Thanks for your testimony, Jim. I see no questions for you. You're-- just to be clear, you're not opposed to the bill but you do have some concerns and you've expressed those today and--

JIM MAGUIRE: Right.

LATHROP: -- you'll continue to work with Senator Wishart.

JIM MAGUIRE: Yes.

LATHROP: Perfect. Thanks. We appreciate the constructive approach. Good afternoon.

JAMES BLAIR: Good afternoon. Thanks very much for the possibility. My name is James Blair; that's J-a-m-e-s B-l-a-i-r. I am the head of the Center for Neurobehavioral Research at Boys Town National Research Hospital. In this testimony I'll briefly describe the types of study we do, as well as some of the findings that may or may-- it may be relevant to your decision making. Each study involves between 80 and 150 adolescents with slightly over 50 percent showing some level of substance abuse. The adolescents engage in functional magnetic resonance imaging, "FMRI," while engaging in specific computer-based tasks. FMRI identifies blood flow within the brain. And as brain regions work harder, they require more blood. Using FMRI, we can see the extent to which an individual is or is not using a particular brain area. The computer-based tasks are selected to reveal brain areas doing specific functions. These functions are selected because if they're compromised, the individual is at risk for behavioral and/or mental health problems. In short, FMRI, the computer based-task allows us to determine the extent to which cannabis impacts specific brain systems related to specific forms of behavioral and/or mental health. In each of the studies we relate brain functioning to severity of both cannabis-use disorder and severity of alcohol-use disorder, because data shows that adolescents abuse a variety of substances depending on current availability. The findings summarized: Cannabis has an adverse impact on adolescent brain functioning. There are popular arguments suggesting that alcohol has an adverse impact on the

brain but that cannabis does not. This [INAUDIBLE] argument is not borne out by our data. Alcohol-- alcohol abuse does have an impact on brain functioning, but so does cannabis abuse. Moreover, the impacts of-- on the brain of cannabis and alcohol are not the same. Adverse impacts of cannabis on the brain not seen with respect to alcohol: the representation of future events. Typically when an individual processes high-impact future events, like breaking your leg, relative to low-impact future events, like running a flat tire, they show markedly greater activity in regions involved in processing the emotional significance of these events. Greater cannabis abuse disorder symptoms are associated with compromised processing of this difference. Behaviorally this is likely to present in decision-making difficulties. The response to threat: There is a strong brain response to very basic threats, objects looming towards you. Greater cannabis abuse disorder symptoms are associated with compromised processing of threat. Reduced threat processing is a risk factor for antisocial behavior. The response to errors: A series of brain regions respond to errors, particularly if these are compromised with punishment-- associated with punishment. Greater cannabis abuse disorder symptoms are associated with compromised responding to errors. Behaviorally this is likely to present in educational challenges. In addition, severity of cannabis abuse disorder and alcohol-use disorder associated with compromised responding to facial expressions of other individuals. However, the specific brain areas impacted by these substances are different. Disruptive social cue processing is a known risk factor for antisocial behavior. In addition, in some of our very more recent work, we've been finding that cannabis abuse and opioids, street and prescription abuse, have interactive impacts on the adolescent brain. Cannabis abuse and opioid abuse on their own have adverse impacts, but their impact together is not additive, it's interactive. The presence of one worsens the impact of the other. And that's it.

LATHROP: So you've also shared with us a study.

JAMES BLAIR: Yes. Those are the-- the papers, all the-- with the last-- with the exception of the very last data with respect to the interaction of cannabis abuse and opioid abuse, those are the papers that describe the-- in more detail the data I was presenting in the last couple-- couple of sentences.

LATHROP: Sure. OK. Senator DeBoer has questions for you.

DeBOER: I may have just missed this in the testimony. What level constitutes cannabis abuse? So about how much is that usage?

JAMES BLAIR: So what we're-- what we-- what our studies are looking at is a-- it's not-- it's not-- it's severity of abuse. So we're looking at the extent to which as increasing abuse is seen, so, you know, a little bit versus a little bit more versus a lot. The extent to which we see compromised functioning, so what we're looking at is-- is effectively a sliding scale. Some of the figures, if you ever want to look at a paper, you'll see there's basically a sliding scale of impact. Minimal levels of cannabis levels of use will have minimal impacts on these brain systems; significant amounts of cannabis abuse will have significant impacts. Again, it's-- it's, you know, the more chronic the use, the greater impact on the brain. But unfortunately, relatively minor impacts will have at least some impacts on the brain.

DeBOER: OK. Thank you.

SLAMA: Could you go into a bit of further detail, your findings in terms of marijuana usage's impact on the brain and some of the mental disorders that medical marijuana in this bill is designated to treat? What would the impact be on those mental disorders?

JAMES BLAIR: So the-- it's-- it's slightly difficult to answer some of those questions because we really--

SLAMA: OK. Yes.

JAMES BLAIR: I mean the state of the imaging data with respect to going from impact on the brain to psychiatric, you know, sequelae is really beginning. I'm not so surprised when-- when the-- one of the previous speakers was talking about, say, some of the mood and anxiety disorders not necessarily being helped terribly much by marijuana use. It's-- again, I think for me the big issue is that what I am looking at is damage to the brain subsequent to, you know, marijuana use. Could that under certain circumstances be beneficial? Possibly, but I would not-- that doesn't sound like a good situation to me. I mean I'm-- I-- but I am going on the basis of the data. I'm-- I'm really looking at the-- the impact on the brain of the abuse of these substances because we see in so many of the kids we see the associated symptomatology. And I think the biggest symptom set that you see with cannabis abuse--there is data out there showing the biggest symptoms that you see--is that associated with-- with conduct disorder, partly because you get all sorts of interactive effects. But-- but so that's

about the best I can give. It's not a very good answer because I don't think we have the data to really help out and give you a better answer on that.

SLAMA: Absolutely. Thank you.

LATHROP: I think that's it. Thank you for your information today. Is there anyone else here to testify in a neutral-- neutral capacity? OK. Anyone else besides this last gentleman? OK. You have neutral testimony for us?

BILL HAWKINS: Yes. Yes.

LATHROP: Let's start with your name and spell it for us.

BILL HAWKINS: Yes, Senator Lathrop. Members of the Judiciary Committee, my name is Bill Hawkins, B-i-l-l H-a-w-k-i-n-s. I am testifying in a neutral position. I have just received the white copy of Senator Wishart's bill and have just had a chance to read it over twice. She has taken care of most of my concerns. It is one of the best written, most comprehensive bills that protects the state of Nebraska that I have seen and I commend her and her staff at working at this important issue. You have quite a task before you as the Judiciary Committee. My one concern is the federal background check of the parent or legal guardian in this. I feel it is double jeopardy to penalize the parent or the second generation, the child, by having them go through this federal background check. That's the only concern I have right now and she is working on that issue. To look at the other end of this, you have seen "Reefer Madness" hysteria at its finest here today. The black market is here because we still prohibit this plant. People are using this plant. Cannabis use in Nebraska is here. As you've heard testimony, it is not going away. The law enforcement and the Attorney General and our ex-Chief Medical Officer, who straight-out lied to this committee two years ago about an overdose death of cannabis., we have talked about the safety, the dosing of this plant, and yet, as you've been told, the U.S. government, every official agency in this world cannot provide documentation of an overdose death. You have heard about the dangers of drugged driving. I have experienced that, being chased down out in the country by a county sheriff Monday-- on a Monday morning at 10:00 in the morning. So there marijuana-related drug driving is marijuana related not marijuana caused, so you need to do your research on the facts that are coming at you. And I appreciate your time, your compassion. And I would appreciate you expediating this bill because

what I passed out is why are we still here. This is a collage of photographs of these patients that have been waiting. Nebraska isn't rushing into this. The whole country has done this. And I thank you for your time.

LATHROP: Thanks, Bill. I see no questions for you.

BILL HAWKINS: I don't think so.

LATHROP: Thank you for your testimony.

BILL HAWKINS: Thank you, and have a pleasant day.

LATHROP: To those of-- in the room-- those of you in the room, let me share kind of where we're going for the rest of the day. We're going to take a pause on the LB110 bill. We're going to take a brief break because people up here have been sitting still for several hours. We'll come back in five minutes. And we're going to go through LB213, LB47, and LB125. Not-- no one of those bills is a long bill, but they're going to take a little bit of time. As soon as they are heard, we'll resume the hearing on LB110. OK? Thank you.

[BREAK]

LATHROP: OK. We will resume our schedule of bills. If you don't mind, if you wouldn't mind taking a seat.

McCOLLISTER: I cleared the place out.

LATHROP: Take just a second, Senator McCollister, and allow my members to return to their seat. OK. We are back. And the next bill for our consideration is going to be LB213. Senator McCollister is here to introduce that. Senator McCollister, welcome to the Judiciary Committee. You may proceed.

McCOLLISTER: Thank you very much. Good afternoon, Chairman Lathrop and members of the committee. I'm John McCollister, J-o-h-n M-c-C-o-l-l-i-s-t-e-r, and I represent District 20 in central Omaha. I'm here today to introduce LB213. This proposal would broaden eligibility for a set-aside request to include people who are not placed on probation or given a fine but instead were sentenced to jail or prison for a year or less for their offenses. This limitation ensures that persons who committed very serious crimes would not be eligible. Under current law, a person may petition or request the court set aside a criminal conviction only after the person has

completed his or her sentence. This remedy is only available for those people who are placed on probation or-- and successfully completion-- completed the term of probation, received only a fine, and paid the fine. If the court determines that a set-aside is appropriate, the court will enter an order to restore some but not all of the rights and privileges that a person lost with a criminal conviction. LB213 would expand the eligible-- the ability of the offender to ask a judge to set aside a conviction to those who received a sentence of imprisonment for a year or less. LB213 would not provide the ability to request a set-aside order for any person who has a pending criminal charge in any court, is presently required to register as a sex offender, was convicted of any traffic offense under the rules of the road and similar misdemeanor or felony traffic offenses, or was denied a petition to set aside a conviction within the previous two years. The factors that a court will consider in determining whether to grant a set-aside are the same as the-- under current law. Just because the law would allow someone to ask for a set-aside, does not mean that they'll get it. They still need to convince a judge that it is the right thing to do. Please note that you received a handout that outlines what a set-aside can and cannot do. Some you may recall that I introduced a similar bill last session, LB350. It was vetoed by the Governor. I have modified this version of the bill in light of the Governor's explanation for his veto and I believe this is a sensible and modest proposal to satisfy the Governor's concerns. I want to call your attention to the revised fiscal note that was publicized today. Apparently the Department of Transportation now thinks that enactment-- enactment of LB213 as introduced would result in noncompliance with minimum federal standards for CDL drivers. Interestingly enough, there were only three set-aside bills last year, LB 146, LB350, and LB1132. This issue was not raised with regard to any of those bills. The DOT was asked late this morning if a specific exemption for CDL holders would address the problem. Their initial response: that it would. But my office asked the DOT to research this issue further and provide a definite answer to this committee and to me. Nearly every state has some sort of judicial set-aside procedure. I provided a state-by-state comparison that shows this is not unprecedented and is not unheard of. Nearly every state has some version of this and we can easily amend it to explicitly exclude CDL holders from using this remedy for those offenses that the DOT is worried about. There are proponents here today that provide more information about the current set-aside laws and how the changes proposed in LB213 would benefit some Nebraska citizens without

creating risk to the general public. People that have run afoul of the law deserve a second chance. LB213 would do just that. Thank you.

LATHROP: Thank you, Senator McCollister. Any questions for the introducer? I see none. I assume you'll stay to close, or are you leaving?

McCOLLISTER: I think I won't.

LATHROP: You won't. [LAUGH]

McCOLLISTER: OK.

LATHROP: All right. That means it should be pretty self-explanatory--

McCOLLISTER: Let's hope.

LATHROP: -- after the witnesses get done. All right, let's take the first testifier in favor of LB213. Good evening,

RYAN SULLIVAN: Chairman Lathrop, members of the committee, my name is Ryan Sullivan, R-y-a-n S-u-l-l-i-v-a-n. I'm an assistant professor of law at the University Nebraska College of Law where I teach in the civil clinical law program and I also supervise the Clean Slate Project. I'm testifying as a citizen, not for the university. The Clean Slate Project works with low-income Nebraskans and military veterans who struggle to obtain housing and employment as a result of their criminal history. Our work often involves assisting them in petitioning the court to obtain a set-aside of a past conviction. As Senator McCollister explained, those given a jail sentence, no matter how short, can never obtain this relief, no matter what positive and rehabilitative steps they've taken since. Those sentenced to jail, you might assume, must have committed a more serious offense. But that's not always the case, particularly in the case of a short jail sentence of one year or more. I've authored a comprehensive manual on the topic of criminal conviction set-asides in Nebraska. I've handed out a short excerpt that pertains to the jail time issue and provides some detailed examples of how jail time is not always the best indicator of the seriousness of the offense. Adding to those examples are situations where there is a disparity in sentencing based on the socioeconomic status of the defendant. For example, a defendant who cannot afford bail is more likely to receive a jail sentence. Since they've already spent time in jail waiting for their hearing, a generous judge may give them time served for a crime that would

normally receive probation or a fine. At the time it seems like a good deal--they've completed their sentence, they can go home to their family, they have no fine to pay. But that conviction can now be never set aside under the current law. Another group often denied relief are those convicted of drug offenses. Many drug possession offenses, even minor ones, often come with a jail sentence. And statistically a jail sentence is even more common if the defendant is a minority. Even if that drug offense is 10 or 15 years old and they've never used since, they've cleaned up their act, they haven't touched drugs once, because of that short jail sentence, there's nothing that we can do for them. Approximately half of the clients that we serve are denied relief under this law because of a few days of jail stemming from a minor drug charge. Serious offenses such as those listed by the Governor in opposing a similar bill that was brought last session--murder, trafficking, human trafficking, arson--those would still remain ineligible under this current language because, as the Governor pointed out and it's in his letter in vetoing that bill, those would likely face an extended sentence, which is obviously going to be more than a year. I'll finished by saying that I think the one-year cutoff strikes the right balance. We looked at variables to that. The one-year really does strike the right balance and it's fair. It's going to allow more Nebraskans who have turned their lives around to seek this relief, yet at the same time places reasonable limits to ensure that the most extreme offenses cannot be set aside. With that, I'll take your questions.

LATHROP: Very good. Thanks again for your appearance here today. I do not see any questions for you. Appreciate your testimony. The next proponent, please. Good evening.

CLAIRE MONROE: Good afternoon. Chairman Lathrop, members of the committee, my name is Claire Monroe, C-l-a-i-r-e M-o-n-r-o-e, and I'm a senior certified law student at the University of Nebraska College of Law. I'm enrolled in the civil clinical law program where I colead the clinic's Clean Slate Project. I'm testifying as a citizen and not for the university. There are four points I want to address that may speak to some concerns regarding the bill. First, while LB213 expands the set-aside statute to grant access to this relief to those who received a short jail sentence, it does not make the relief automatic. The judge ruling on the petition must still abide by the statutory requirements when utilizing her discretion to grant the individual's set-aside petition. In other words, no conviction can be set aside without a judge determining it should be set aside. Second, a

set-aside conviction still remains visible to the public. It does not seal the record. It just restores certain civil liberties and removes the stigma of being labeled a criminal. Thus, while employers-- employers and others can see the conviction, but they can see that it has been set aside. The individual then has the opportunity to explain that the sentencing court recognized that she changed her life and is not the person she was when she committed that offense several years prior. Third, in addition to the express exceptions in the bill, LB213's requirement of a one-year-or-less jail sentence limits the types of convictions that are eligible for set-aside to less-serious crimes. Crimes resulting in a sentence of one year or less are often in the same category as those for which probation is ordered. Notably, it would exclude higher-level offenses such as murder. Basically the law would provide two levels of gatekeeping. The most serious of offenses would-- would have a long jail sentence and would, therefore, be excluded by statute; and those with a short jail sentence would still require sufficient evidence of rehabilitation for the court to justify setting it aside. Lastly, research nationally indicates that the implementation of set-aside laws has a positive effect not only on an individual's employment opportunities but also on recidivism. As you will see in the handout I distributed, researchers found that Michigan's set-aside laws increased wages and the probability of employment of those obtaining a set-aside and, perhaps even more importantly, reduced recidivism rates; that is, those who were granted a set-aside were less likely to reoffend. Criminal records stigmatize people long after they have paid their fine, completed their jail time, or completed probation. Without the relief offered by Nebraska's set-aside laws, this stigma and the collateral consequences can last a lifetime. Nebraska in the last few years has made great strides in setting the standard for access to relief in this regard. This bill will continue that effort and give even more Nebraskans who have turned their lives around the opportunity to receive a second chance. Thank you.

LATHROP: Very good. Thank you, Ms. Monroe. I see no questions tonight. Thank you for your testimony. Good evening.

SAMI SCHMIT: Good evening, Chairman Lathrop and members of the-- of the committee.

LATHROP: Pull that mike towards you so everybody can hear you, please.

SAMI SCHMIT: How's that?

LATHROP: Much better, thank you.

SAMI SCHMIT: OK. My name is Sami Schmit, S-a-m-i S-c-h-m-i-t. I am a senior certified law student at the University of Nebraska College of Law. I am enrolled in the civil clinical law program and colead the clinic's Clean Slate Project. I am here today testifying in favor of LB213 as a citizen and not as a representative of the university. For the past nine months I've worked with Professor Sullivan in observing and conducting empirical research on criminal conviction set-aside hearings in Lancaster County including research on the impact set-asides have on rates of recidivism. Nebraska's set-aside law presently grants individuals who have been convicted of a crime and sentenced to probation or a fine the ability to go in front of a judge and demonstrate that they have turned their life around and are deserving of a second chance. LB213 does not change the way the current law operates. It just gives those sentenced to a short jail sentence the same opportunity to go before the court and present their case that they, too, have turned their lives around, are not likely to reoffend, and deserve a second chance. As Ms. Monroe explained, Nebraska judges serve an important gatekeeping function and the data shows they are performing it well. From 2016 to 2018, over 1,400 petitions to set aside were filed in Lancaster County. Upon an evidentiary hearing and a review of the petitioner's conduct following the prior conviction, 67 percent of those petitions were denied; only 33 percent were granted relief. Of those granted relief, less than one out of ten reoffended; and of those, none committed felonies. We are still calculating the data on the recidivism rate for those who the court denied relief. But we believe it will reveal a much higher rate of recidivism. Common reasons for denial of the petitions are that not enough time has passed, that the petitioner committed an offense in the interim, the severity of the underlying offense, or the petitioner simply had not provided sufficient evidence of rehabilitation. What do these results mean? They reveal that not only are courts carefully exercising their discretion but when determining whether or not an individual is likely to reoffend, they are getting it right over 91 percent of the time. And just like in Michigan, the data shows set-asides decrease recidivism rates. These laws are working. Whether an individual is sentenced to a fine, probation, or a short jail sentence, courts should be allowed to exercise their prudent discretion in reviewing the evidence and determining whether, pursuant to the statutory considerations, a past criminal should be given a fresh start. Thank you.

LATHROP: Thank you. Senator Pansing Brooks has a question for you.

PANSING BROOKS: I just want to thank you, Ms. Schmit, and you, Ms. Munroe, for coming today. It's so important to have voices from the law school and it's-- it's just great that you're part of the Clean Slate program. You were-- the program was a huge help last year on the trafficking bill that had set-asides that we passed last year, so I just want thank you both for-- and keep coming. We love to hear your voices. Thank you.

SAMI SCHMIT: Thank you.

LATHROP: I think that's it. Thank you for your testimony. Anyone else here as a proponent?

TIMOTHY NOERRLINGER: Yes.

LATHROP: Good evening.

TIMOTHY NOERRLINGER: I'm Timothy Noerrlinger. I'm a defense attorney here in Lincoln. I am here on behalf of the Nebraska Criminal Defense Attorneys Association on this bill. I would first start out with when you look at the text of the bill, in the subsection (2) it talks about community service. The reason I think that part's important is because, as the professor pointed out, with regard to individuals that are indigent, sometimes they can't pay fines. So the court, in lieu of allowing them to pay fines, allows them to do community service at a given rate in order to forgive the amount that they were levied for fines and costs. So it clears up any ambiguity that may be in the law if that were the situation where you had someone that was more indigent and didn't actually pay the fine. With regard to the other parts of the bill, I would note that we are in support of increasing the bill's scope to include anything less than a year incarceration for several reasons. First of all, anecdotally, as was mentioned, there are certainly times where individuals can't make bond. It's a relatively minor offense. They make a lucid, rational decision that there isn't a great defense to the case. They've already served, usually, several weeks in jail and they say, you know what, I don't want to be on probation, I don't want to have to pay a fine; this judge, you're telling me this judge is going to give me time served, that's what I want to do. And that's what they do. And often the individuals that can't post bond are the people that are indigent and can't afford bond and can't afford fines, and so they're much happier to serve that relatively small period of incarceration. Additionally,

there are times where people are placed on probation and unfortunately they can't quite come to grips with their addiction issues or the compliance that's required by probation and a judge will then revoke it and impose a minimal jail sentence. That person under the current law is not eligible to come back and look for a set-aside, even though it's been the rule of thumb two to three years later in Lancaster County is how long you have to wait for a misdemeanor and a felony, and they've done everything else to rehabilitate their life. So we think that this is a good remedy to help people that have made the rehabilitative efforts after they've been in the court process to help. And I think the professor and the students have done a better job explaining why that's a good policy decision more. I'm more of a practitioner supporting the bill here today.

LATHROP: Very good. You have-- we'll have-- Tim, can you spell your name.

TIMOTHY NOERRLINGER: It's N-double-- N-o-e-r-r-l-i-n-g-e-r.

LATHROP: OK. I do not see any questions, so we're going to let you off the hook.

TIMOTHY NOERRLINGER: All right. Thank you.

LATHROP: Thanks for coming down tonight. We appreciate you hanging in there on a Friday night and offering your support of this bill. Are there any other proponents of LB213? Anyone here in opposition? Anyone here to testify in a neutral capacity? The record should reflect that we have letters from the following in support of LB213: Spike Eickholt from the ACLU; Lona Ferguson, and Carolyn Nepodal, N-e-p-o-d-a-l. Senator McCollister waives close. That will close our hearing on LB213 and bring us to Senator Chambers and LB47. Good evening, Senator Chambers.

CHAMBERS: Good evening, Mr. Chairman and members of the committee. I'm Ernie Chambers. I represent the 11th Legislative District. And because of a decision that came down by the Supreme Court today, this bill is not necessary. But since a hearing has been scheduled and we are here, for the record, I want to put some information out there so that if I decide to withdraw the bill instead of asking the committee to kill it, there still will be a record of what happened at the hearing. I'm going to read from my statement of intent, then some pertinent portions of the Supreme Court decision. And it will be found at 302 Neb. 128. The title is In re Grand Jury of Douglas County. A copy of

my statement of intent is in your book. And the origin of this was the death of a Native American named Bear Heels in Nebraska, in Omaha. Two officers were involved. The district court convened a grand jury. Indictments were handed up against both of them. The Chief of Police in Omaha, Todd Schmaderer, conducts himself in such a way that a rare set of circumstances came into being. We have a very productive interaction, working relationship. He asked if I would bring a bill to change the existing law so that, rather than the grand jury report being made available to the public as soon as it is filed with indictments, that the law would say that disclosure could be made only after the adjudication of the criminal cases. When I was asked about it, I said publicly that because the chief and I had been able to work together, I would consider it but I would read the bill and listen. My reading would be with a microscopic eye because Omaha was going to draft the bill. And as happens with some things, they didn't quite get it right. But I knew what they were trying to do so I offered what they presented. And if you listen to or have read my statement of intent--I'm saying this all for the record--you'll see at no point did I ask the committee to pass the bill. The following constitutes the reasons for this bill and the purposes which are sought to be accomplished thereby. Section 29-1401(4) requires that the district court "call a grand jury when a person has died while being apprehended by or while in the custody of a law enforcement officer or detention personnel." Section 29-1420 requires that the grand jury's report be made public. And this was a bill in 2016, I think, that the chief and I collaborated on for-- in the interest of transparency. Continuing the reading: -- requires that the grand jury's report be made public. This bill would prevent such disclosure "before the cases of all persons indicted have been adjudicated in district court." Such persons include both law enforcement and detention personnel. The premise of LB47, as given by the chief and others, is that public disclosure of the grand jury report could taint the jury pool from which jurors will be drawn to hear the cases. Then I formulated the question. The question to be answered is whether the constitutional guarantee of a fair trial would be compromised if the contents of a grand jury report are made public prior to completion of judicial adjudication of criminal charges. The issue is of sufficient import and gravity to warrant a public hearing where it may be fully discussed after which an objective, informed determination may be made and an appropriate decision reached. Then I included a proposed amendment from one of the district court clerks so that should this become law, there would be a point at which they would have the information relative to whether or not the adjudications were

completed and the public could request this information and it would be made available. So the reason I printed that amendment in my statement of intent is to let people know that when they bring a serious issue, I will not disregard it and that will make the record complete. I'm going to scurry right through the portions of this case. And anybody who is interested in reading it in detail, I've given the citation. The grand jury in that case had been impaneled by the district court. The judge, on her own motion, once the report had been filed, determined to release it to the public. The prosecutor, who was a member of the Attorney General's Office, objected to that being done and filed an appeal to prevent it from being done. Well, the court ruled that-- well, let me read what the court said. But the court overruled the prosecutor's motion. That led to the appeal. To get to the end before I read everything in it, since this order by the court was in a special proceeding, the order was not a final, appealable order. So an appeal would give no jurisdiction to the Supreme Court and the matter would have to be dismissed for lack of jurisdiction, which is what happened. But the court did give some-- a discussion. And on page, and this is for those who are scholarly, page 131 of the decision, the special prosecutor acknowledged, meaning the representative of the Attorney General's Office, that it filed this appeal to protect the record and to provoke legislative change. I will then scamper right along to page 136 where this is what the Nebraska Supreme Court said, "There are many reasons why the special prosecutor has not shown that the order affected a substantial right of the State." And since no substantial right was affected, appeal was not the methodology, but mandamus or something else. But anyway, "First, the special prosecutor conceded that these concerns are for the Legislature to address, and not this court. Second, the rights asserted do not relate to the grand jury that is the subject of this case, but, rather, go to the question of whether a substantial right of the parties is affected in a future prosecution." Farther down on that page, when the court tailored its allowance of the report to be issued, the Supreme Court used the language it was in a "tailored manner" that a person would have to check the material out, could review it right there, could not disseminate it, and those restrictions would keep the concerns expressed by the guy, the gentleman from the Attorney General's Office from ever coming into being. There would be no general dissemination. There could not be, therefore, a tainting of the jury pool. The only ones who would be aware of what was in that report would be those who physically came to the clerk's office and read it. Nothing could be photocopied in any manner. So then continuing to scurry and scamper through, the court

did point out that the district court interpreted the language "available for public review" as not to include dissemination. And this is a quote, "if the grand jury court failed to comply with" the appropriate section, "an aggrieved party could seek relief through mandamus action rather than through an appeal." So if the Court had allowed a disclosure which went beyond the statute, mandamus would come into play and that could be set aside. This is the critical language, "one of the police officers who was indicted filed a motion for a protective order and a motion to quash before the grand jury court, but did not appeal from the court's order," which was to disclose. "It would seem that a defendant in a pending criminal prosecution would be the most natural party to demonstrate that the release of grand jury documents affects a substantial right. The parties noted in their arguments that 29-1407.01(2)(b) does not affirmatively require that the records be made public prior to the conclusion of a criminal prosecution following an indictment. Therefore, where the grand jury returns a true bill and the court proceeds to make grand jury records publicly available," pursuant to the statute, "we see no reason why a party in a subsequent prosecution cannot move for a protective order. Likewise, we see no reason why a grand jury court or a trial court proceeding over the criminal prosecutions cannot consider a motion for protective order and, upon good cause shown, grant relief consistent with a party's right to a fair trial while still adhering to 29-1407.01(2)(b)." The summation of all of this is that without changing the law, anybody whose substantial right would be affected by disclosure, which would be the defendant who was indicted, has a remedy right now. It will be judicial and that is the way it should be handled. So if you have any questions, I'm prepared to answer them and the answer is going to be I don't intend to answer. I can josh with you all, but I would answer. Otherwise, I have nothing else to offer.

LATHROP: Senator Chambers, the so the Opinion that came down today--

CHAMBERS: Yes.

LATHROP: -- it's available in the advance sheets, makes your bill unnecessary--

CHAMBERS: Right, under any and all circumstances.

LATHROP: --because the court has-- has a holding basically acknowledging or recognizing the right of in this case the police

officer, the aggrieved person, or the person that might be on trial, to petition the court to hold the grand jury report.

CHAMBERS: Yes.

LATHROP: OK. So how would you like to move forward with your bill?

CHAMBERS: If you want to do it in a quick way, we could just kill it and then I wouldn't have to make a motion, have it scheduled, and then it be discussed on the floor and everybody might wonder, well, why--

LATHROP: How about we do that in the next Exec Session?

CHAMBERS: OK.

LATHROP: We do that?

CHAMBERS: Yes.

LATHROP: We'll put it on the list of things to dispose of in the next Exec-- Exec Session and we'll--

CHAMBERS: Thank you.

LATHROP: -- IPP it.

CHAMBERS: This is one of the most intelligent committees I've served on.

LATHROP: OK, so the witnesses, and we have a few folks that have come down from Omaha who were prepared to be in support of this, you don't need them to testify, is that true?

CHAMBERS: That is true.

LATHROP: OK. Thanks for your willingness to appear in support of LB47. I think your testimony will be unnecessary given the testimony of Senator Chambers. But if you want to come down here and be heard, we'll permit that. You're gonna have to come up here and introduce yourself, Don.

DON KLEINE: Donald W. Kleine, K-l-e-i-n-e, Mr. Chairman. I'm the Douglas County Attorney. I'm here on behalf of the-- in my-- as the Douglas County Attorney and as a representative of the Nebraska County Attorneys Association. I visited with-- with Senator Chambers for a little bit here. He did say, you know, in-- in that-- in that

discussion the Supreme Court gave today, they did say the Legislature could take care of this. There was some-- some comment from the Supreme Court about the Legislature. This bill, I agree with the concept of it just to the-- so that if somebody does get indicted, the information that takes place during the grand jury isn't made public before this person has a trial. And if you look at the bill as drafted, it refers to the section which actually is-- is 29-1420 which talks about a report that the grand jury would-- can make. And that's always been part of the-- of that bill. I've done 150 grand juries. The grand jury can do a report where they make recommendations, say they might say, oh, Corrections needs to have more medical staff or there needs to be a nurse at night to take care of prisoners or whatever, if it's a county correction death or a jail death. That's the-- that's the county grand jury report and they can ask the court to make that public and the court can make that public. But that's just their report. The thing that got-- the part of the statute that got changed before from our testimony, Chief Schmaderer and I think mine and-- and-- and Senator Chambers was in favor of this before, is-- is the 29-1407.01(2)(b) which says, "In the case of a grand jury impaneled pursuant to subsection (4) of section 29-1401," which is the-- somebody who's in custody or being apprehended, including-- "a transcript, including any exhibits of the grand jury proceedings, shall be prepared at court expense and shall be filed with the court where it shall be made available for public review. Such transcript shall not include the names of grand jurors or their deliberations." That's the issue. It's not so much the report that's made. There's two sections in the statute. The-- the question I think that-- that anyone has that would be indicted here would be that that transcript and the exhibits be made public even if it's somebody-- you know, if a reporter wants to come up to read it, they're gonna write a story about it. And-- and that would jeopardize the-- this person, this officer or detention personnel, whoever it might be's right to a fair trial. That's-- that's where the-- the crux of the issue is. And it does say in-- in the Supreme Court decision about a protective order could be granted by the judge and that's-- that's a "could be." I-- we think that the-- that the statute could easily be fixed by saying that this should be-- this transcript and the evidence should be made public unless there is an indictment, and then it can be made public after the trial of the person who's indicted. Very, very simply put, you take care of that.

LATHROP: So while Senator-- and I haven't read this. I'm trying to read the-- the holding in the case while Senator Chambers was testifying.

DON KLEINE: [INAUDIBLE]

LATHROP: The court did deal with this today in the Opinion that came out. Are you telling us that-- that you want to go a step further or you'd like to see us go a step further than the court did? The court basically said that if you're indicted you can petition the court for a protection order. And an amendment to the statute, which you just talked about, would make that automatic in the event of an indictment.

DON KLEINE: Stinner Chambers was exactly correct that the court dismissed the appeal, said, hey, you know, this isn't a final order. But they were somewhat instructive, saying, however, you know, if-- if this was the indicted person, they could ask the court to do a protective order. But that doesn't mean-- it didn't say they shall do a protective order. It was just kind of--

LATHROP: Or that the court must.

DON KLEINE: Yeah, it just-- it was just kind of saying, hey, you know, the Legislature could take care of this or the person who was indicted could ask for a protective order and that may cure it. But-- but I think this would actually just take care of it if we said, OK, if somebody is charged we don't want the public to see all the exhibits and the grand jury testimony before their trial, and that's just--

LATHROP: And at the-- and at the risk of belaboring the point, there are two things. One is the transcript, which is what happened--

DON KLEINE: Right.

LATHROP: -- sort of the play-by-play--

DON KLEINE: Right.

LATHROP: -- or the tick-tock inside the grand jury and then there's a report.

DON KLEINE: Yeah, there's [INAUDIBLE]

LATHROP: And if somebody dies in the corrections center, the report may say, well, they should have had more doctors there or better medical staff. That's different than--

DON KLEINE: Right.

LATHROP: -- this is what we learned, this is the testimony inside the-- the grand jury, and it's the latter that you want protected.

DON KLEINE: Yeah, four-- the 1407.01 talks about, and it's (2)(b), talks about making public the transcript and evidence. The-- the-- the report is 29-1420 which is this, this section that was written by the city is, and that's-- really wouldn't be the one that applies. Reports don't usually-- they-- the grand jury will-- most of time doesn't do a report. Sometimes they'll-- they'll look at the evidence and say, you know, we'd like to say something just to the county or whatever to maybe have more personnel on-- on duty or whatever.

LATHROP: Sort of a reflection on the circumstance.

DON KLEINE: Right. That's the report. That's not-- not the evidence and the transcript as-- as is referred to in the other section. So that's-- that's-- that's why I'm here, just to-- to make sure that's understood. And the purpose of it is just so if somebody does get indicted, that that information and the evidence and the exhibits aren't all made public by-- by anybody who might read it because some- you know, you're correct, Senator, that somebody could come up and read that, but if it's a reporter, then they're going to write a story about it and so--

CHAMBERS: Mr. Chairman.

LATHROP: Yes, certainly.

CHAMBERS: I know that Mr. Kleine will read the entire case. But the court mentioned that even if a reporter read it, there was nothing that indicated that the report would not be-- that the-- that the story would not be accurate and factual. In other words, the court was interested in the transparency which I'm interested in. And that's why I didn't worry about the fact that they had drafted the matter to the wrong section. I just gave it to the Bill Drafter because I was not going to support taking away the transparency anyway.

DON KLEINE: I gotcha.

CHAMBERS: But I told the -- the chief that I'll offer the bill that the city drafted--he told me they had a version--and that will allow the public hearing. And in my statement of intent I said that there could be the public hearing, and I'm paraphrasing, people can give their reasons, then we could make an informed, appropriate decision. And my argument would be that the appropriate decision is that what the Supreme Court said is what we ought to do. Let the one who alleges that his or her rights would be affected appeal to the court, the one that convened the grand jury. And if that was turned down, then they could appeal that--

DON KLEINE: Sure.

CHAMBERS: -- and see what they could get.

DON KLEINE: And I don't disagree and that-- that was our reason. I think when the chief, and-- and we talked before and we came before you before to have this made public because we wanted people to be aware of what went on in the grand jury at some point in time. I don't-- I think at that time we were-- we-- we didn't realize maybe that if somebody did get indicted that all this stuff would come out publicly and it may affect this person's right to a fair trial. So now we're saying just-- just to-- to be of caution--

CHAMBERS: Let me ask-- oh, excuse me.

DON KLEINE: -- there to-- to prevent that from happening.

CHAMBERS: Let-- let me ask a question--

LATHROP: Certainly.

CHAMBERS: -- o that score. Why didn't that officer, who must have had counsel, appeal, because the Supreme Court mentioned it. The officer had asked and then when the Supreme-- when the court overruled, the officer didn't take any additional action. He accepted that overruling of the motion to seal it.

DON KLEINE: I-- I don't know the answer to that, Senator.

CHAMBERS: I don't either.

DON KLEINE: Yeah.

CHAMBERS: That's why I wanted to let what the Supreme Court said stay intact, and that gives guidance to everybody. And the Supreme Court in its decision did not say that the Legislature should. The Supreme Court said that the parties acknowledged that it's an issue that the Legislature should handle if what they were talking about was wanted, but it was not for the court to handle it.

DON KLEINE: Right.

LATHROP: Can I weigh in on this?

DON KLEINE: Sure.

LATHROP: So when a death takes place in law enforcement custody, the law requires that a grand jury be impaneled to look into the circumstances of that person's death.

DON KLEINE: Right.

LATHROP: In this particular case it happened to be Bear Heels up in Omaha, but it can be anybody. It can be at the-- at the--

DON KLEINE: Had them from--

LATHROP: -- at Douglas County Corrections Center.

DON KLEINE: People in Corrections, people in the-- the-- you know, police jail, we had somebody get indicted one time, then-- and that caused the closing of the police jail that was down in the-- the--

LATHROP: OK. And the idea is that once the grand jury is impaneled, somebody-- there's a court reporter in there taking a-- a-- a verbatim record of the testimony that's received by the grand jury.

DON KLEINE: And exhibits.

LATHROP: And exhibits. Once that-- if-- if it results in no indictment, then go ahead, public newspaper, anybody, take a look at that. But the concern is, if there is an officer indicted in the process, that that officer then is going to face trial and deserves to have a fair trial free from whatever publicity that may come from relating to the public the substance of the transcript from the, and the exhibits, from the grand jury process.

DON KLEINE: Exactly.

LATHROP: And if I read-- as I was-- I was trying to follow Senator Chambers as he was reading the holding. First of all, is it dicta, like they-- again, the Supreme Court said--

DON KLEINE: Didn't-- they didn't--

LATHROP: -- it's not a final appealable order?

DON KLEINE: [INAUDIBLE]

LATHROP: But then they went out and-- and tried to give some guidance--

DON KLEINE: Yes, sir.

LATHROP: -- something that we may be able to rely on but isn't really solid because it's dicta, after the point in time where the court says this actually is a nonappealable order and we don't have jurisdiction.

DON KLEINE: Yeah, they-- they-- that's the first thing they said: We don't have jurisdiction--

LATHROP: Right.

DON KLEINE: -- dismissed the appeal.

LATHROP: So as I hear you testify, and I just want to make sure there's a meeting of the minds here because if we kill this as Senator Chambers has asked us to or would like us to, what the-- the guidance that we-- that we received from the Supreme Court today is if you're the indicted law enforcement person, you have a right to petition the court to keep that stuff secret. Right? The-- the district court is not compelled to do that at this point in time even under this holding. Is that the case?

DON KLEINE: Right. And they have a right to ask for a protective order. And as Senator Chambers said, if they didn't get that, then they could appeal that. And they said-- it seemed like the court was saying we wouldn't probably dismiss that appeal, we'd-- we-- you'd have standing.

LATHROP: We wouldn't dismiss that appeal--

DON KLEINE: They didn't say [INAUDIBLE]

LATHROP: -- and it's a process that a-- that an indicted officer can employ. But it may or may not be successful depending upon the judgment of the district court.

DON KLEINE: Exactly.

LATHROP: And what you're saying, I think, since you sat down in the proponent's chair, is we'd like to see that be automatic.

DON KLEINE: It seems like it should be-- when there's--

LATHROP: OK. And the only reason--

DON KLEINE: [INAUDIBLE]

LATHROP: -- the only reason I bring that up, Don and Senator Chambers, is to see that there's a meeting of the minds; or if you don't, then it's your bill to kill or to withdraw. But I didn't want everybody to leave here today and for me and this committee to not know if the two of you are on the same page in terms of the remedy.

DON KLEINE: [INAUDIBLE]

LATHROP: You can petition for a protective order under the court's holding or you can get it automatically if we change the statute.

DON KLEINE: Right, if you change the statute. Then at some point it would be made public also after the trial though, so it wouldn't jeopardize this-- this officer's right to a fair trial.

LATHROP: I think I understand. Senator Chambers.

CHAMBERS: Since it's going to be handled in Executive Session, probably not today, everybody can read the entire Opinion. And that's why I said I was-- I gave the page numbers. Otherwise, it would have taken me a considerable amount of time to read the Opinion. And a lot of it was what the public would call legalese. I don't see anything that would have been wrong with reading the entire Opinion into the record.

DON KLEINE: Sure.

CHAMBERS: But in the interest of time, and the fact that we have a Chairperson who is knowledgeable in the law at the Exec Session, and by then everybody who wants to can read the Opinion will make a

determination of whether or not what the Supreme Court-- provides adequate safeguards. And for my part, that's why when I was asked by a reporter how I felt, at first I said, no, I would-- I would fight that bill, tooth and nail. I said, but since the chief and I have had a workable relationship, I will listen to what he says and a bill may be introduced; but if it is, I will read it with a microscopic eye. I don't want to give these officers any leg up or special consideration that others wouldn't get. And the representative from the Attorney General's Office raised all of the issues that a person might raise to justify what was being asked for. But since the motion was overruled in a special proceeding, that was a nonfinal, appealable order because the court said nobody's substantial right was harmed, not even the officer whose case was still pending, because when that motion was made by his lawyer and the court overruled it, they didn't take any further action. So at that point nobody's right, substantial right, had been affected at all. It was in the hands of that officer to proceed further, but for whatever reason he chose not to. And I think that lawyers should be circumspect. And I'm against the Legislature remedying careless lawyering. I don't want lawyers to be encouraged. Now two years from now, they can probably get anything through this body they want. But I think lawyers should be held to the standard that their own code of responsibility says: be a zealous advocate, be prepared, you should know this or you're required to know this. And then they tell what the-- what is meant when it says a lawyer should know this, a lawyer should do this, to be circumspect, to be prudent, and all those things that you know a lawyer must do. And if a lawyer for failure to do that loses a case, the Legislature shouldn't be asked to come-- shouldn't be asked to undo the Supreme Court's decision because it properly ruled in a case where a lawyer was careless and didn't do good lawyering. And in this case, if it was felt that that lawyer who still-- that cop who is still facing a trial should not have that information disclosed, I don't know that the court's decision that they gave would foreclose that cop asking for a protective order from the court that convened the grand jury. But that's why I say all you lawyers should read the Opinion yourself. It's very clear and straightforward and that's why I didn't read the whole thing. I wanted the significant parts to be a matter of record and then anybody who wanted to go beyond that could. So I will not ask the committee to kill it immediately.

LATHROP: OK.

CHAMBERS: And I will not attempt to withdraw it. I want to avoid withdrawing it because of the, you know, time we'd have to take on the floor to do that. And the question would be, why didn't I just have it handled in committee like things ordinarily are?

LATHROP: OK.

DON KLEINE: Thank you.

LATHROP: I just wanted to make sure that-- that I was clear on what you were saying and what Senator Chambers was saying. OK. Thanks Don.

DON KLEINE: Thank you.

LATHROP: Anyone else here to testify in favor of this bill? Anyone here as an opponent? Oh, I'm sorry Good evening.

COREY O'BRIEN: Good evening. I don't want to take too much of your time but-- and I have not--

LATHROP: Just make sure you talk into that for me--

COREY O'BRIEN: Sure.

LATHROP: -- and start with your name.

COREY O'BRIEN: I had not planned to testify, but my name's Corey O'Brien. I'm the special prosecutor that was assigned to the Bear Heels case and I just wanted to--

LATHROP: Spell your last name for us.

COREY O'BRIEN: Yep. It's C-o-r-e-y O-'-B-r-i-e-n. I just wanted to address a couple quick things. One is that the reason I brought the appeal in the Bear Heels case was when the judge ordered the release of the transcript, I pulled the legislative history from the bill that created the public transparency. And on the floor debate of that bill, Senator Chambers, you stood before the Legislature and you said this is only meant to apply in situations where a "no true bill" was issued. And you said that the reason why there is no reason to provide greater transparency in those cases where there is an indictment is because there'll be a public trial. And so the reason I brought the appeal was to convince the court consistent with the legislative history that you said on the floor with regard to it. So that's why I brought the appeal, because I thought it was necessary to clarify what

the true intentions were that were stated on the floor. The second thing that I wanted to state is that I agree with Don that, and-- and the Chair, that the Opinion doesn't necessarily say that the court must grant the protective order. And I-- and having done the oral argument on the case, my sense from the oral argument and the questions I was getting from the court was that they thought it best to be resolved by the legislative branch in terms of the ambiguity that existed with some of the language. So that's all I had.

CHAMBERS: My only response--

LATHROP: Senator Chambers.

CHAMBERS: -- the Supreme Court's decision came down today.

COREY O'BRIEN: Yes, sir.

CHAMBERS: You may not have had a chance to read it.

COREY O'BRIEN: I did.

CHAMBERS: The court was reading from the plain language of the statute and they have always said if the language is clear and unambiguous, there is no reference to anything outside of the language of the statute.

COREY O'BRIEN: Correct.

CHAMBERS: And if we were going to debate those things, I didn't want it in the context of this hearing where that is not what we're really looking at. And that can be argued at another time. But based on the Supreme Court's decision, I believe they made it clear that there is an avenue. But like any avenue that goes to court, there is no guarantee of an outcome. The facts will determine it. But the court said they have no reason to believe that if the facts warrant it, appropriate relief will not be granted. So it doesn't mean that they will automatically reject giving a protective order. But when they were talking about the media, and I think you raised-- I said that the special prosecutor raised all the issues that should be raised. But the court just reached the decision that it did.

COREY O'BRIEN: I didn't--

CHAMBERS: So I wasn't being critical of you if you thought that's what I was doing.

COREY O'BRIEN: No, and I don't have sour grapes. But I just wanted the-- the record to reflect why I brought the appeal--

CHAMBERS: Yep, right.

COREY O'BRIEN: -- because I wanted to reflect what the original stated intent was on the floor of the Legislature and that if the-- if the Legislature wanted to take up the issue to clarify what I thought was an ambiguity, that this, this would present that opportunity to do so.

CHAMBERS: I have nothing else.

LATHROP: OK. I don't see anybody else ready to weigh in on this. Corey, thanks for being here. Anyone else here to testify in favor? Anyone as-- testify as opposed? Anyone here in a neutral capacity? Good evening once again.

TIMOTHY NOERRLINGER: Good evening. Timothy Noerrlinger, N-o-e-r-r-l-i-n-g-e-r, on behalf of the Nebraska Criminal Defense Attorneys Association. We are unopposed to this bill. We just wanted to make a record with regard to the effect that when an accused has a true bill returned against them, that we do not believe that this bill would preclude defense counsel through exculpatory means--

CHAMBERS: Could you speak just a little louder?

TIMOTHY NOERRLINGER: Sure. I can speak a lot louder if you would like me to.

CHAMBERS: Oh, OK.

LATHROP: You may need to.

TIMOTHY NOERRLINGER: OK. Sorry about that. The only reason we wanted to testify on this bill is we wanted to ensure that it was on the record. As defense attorneys, when there is a true bill returned on someone that is indicted, we certainly would like to have access to the transcript and the exhibits, including a report if one was generated, for purposes of exculpatory or impeachment at a future trial. I think the statute in its current form refers to the district court being able to release records for that measure. But just to reiterate, we don't oppose the change. We as defense counsel just

would like it to be known that we want to make sure that there is a ground for us to access transcripts of the proceedings for exculpatory or impeachment purposes under Brady and its progeny.

LATHROP: Very good. OK. I see that doesn't generate any questions.

TIMOTHY NOERRLINGER: I didn't figure it would.

LATHROP: OK. Any other neutral testimony?

TIMOTHY NOERRLINGER: All right.

LATHROP: Thanks.

TIMOTHY NOERRLINGER: Thank you.

ELAINE MENZEL: Get closer.

LATHROP: Good afternoon.

ELAINE MENZEL: Good afternoon-- good evening.

LATHROP: Evening, I guess, yes.

ELAINE MENZEL: Chairman Lathrop and members of the Judiciary Committee, for the record, my name Elaine Menzel, E-l-a-i-n-e M-e-n-z-e-l. I'm here today appearing on behalf of the Nebraska Association of County Officials and I'm going to be very brief. Essentially the only reason I'm here is to thank Senator Chambers for working with our clerks of the district court and suggesting language in the event this were to move forward. And then my brief review based upon the time frame in which the court case came out and my opportunity to look at it and my discussion with the clerk of the district court who brought it to our attention, I don't see that that case impacts what our issue was with that, so.

LATHROP: Think so.

ELAINE MENZEL: So thank you very much.

CHAMBERS: I just have one comment and--

LATHROP: OK, Senator Chambers.

CHAMBERS: -- it's always toward Mr. Dix. He's the one who came to me about perhaps an amendment. But then at the hearing he sends you

because he knows that I'm going to be gentle here. That doesn't mean I won't ask questions. But when he comes, it's a little rougher sledding.

ELAINE MENZEL: Well, I appreciate that. Thank you.

CHAMBERS: OK.

LATHROP: Anyone else care-- thank you for your testimony. Anyone else here in a neutral capacity? Senator Chambers, do you want to close?

CHAMBERS: No.

LATHROP: OK. Senator Chambers waives close. Before we close the hearing, the record will reflect that we have a letter of support from Spike Eickholt at the Nebraska ACLU. That'll close our hearing on LB47 and bring us to LB125, which is my bill. And for those of you waiting, I think this will be a brief bill.

PANSING BROOKS: Good evening, Senator Lathrop. Welcome.

LATHROP: Good evening, Vice Chair Pansing Brooks and members of the Judiciary Committee. My name's Steve Lathrop, L-a-t-h-r-o-p. I'm the senator from District 12 here today to introduce LB125. The Nebraska Constitution guarantees crime victims the right to keep informed about their case. But the constitution specifically leaves it up to the Legislature to determine exactly what defines a victim under the law. It's also up to the Legislature to decide how these rights should be implemented. The rights, which are outlined in various sections of statute, include the right to be notified of the charges in court proceedings against the perpetrator, to be present throughout the trial, to submit a written victim impact statement for sentencing purposes, and the right to be consulted prior to a pre-deal-- pardon me, a plea deal, among others. This doesn't mean the victim gets to veto the plea agreement. It just means that the county attorney has to make a good-faith effort to warn or inform them in advance and explain the reasons for the deal. Right now these rights are only extended to victims of violent crimes in Nebraska. So someone whose significant other steals their life savings could be kept somewhat in the dark about the resulting criminal case. And even someone who watches the court system closely could be caught off guard by a last-minute plea deal. LB125 helps ensure that these folks are kept in the loop as well by expanding the definition of victim to include victims of theft of more than $1,500 or more, and cases where the victim and the

perpetrator were intimate partners. I understand there's some ongoing discussion about this with the county attorneys, but our intent here is to start a conversation about making sure these victims are kept apprised of the progress of these cases and not caught off guard or by surprise. With that, I'd ask for your consideration of LB125. Thank you.

PANSING BROOKS: Thank you, Senator Lathrop. Anybody have any questions for Senator Lathrop?

LATHROP: OK.

PANSING BROOKS: Nope. Thank you. Now we'll take proponents. Welcome, Ms. Gilbertson.

KORBY GILBERTSON: Thank you. Good afternoon, Vice Chairwoman Pansing Brooks, members of the Committee. For the record, my name is Korby Gilbertson, it's spelled K-o-r-b-y, last name is G-i-l-b-e-r-t-s-o-n, appearing today on behalf of myself, not my usual shtick. But I first of all want to thank Senator Lathrop for introducing this legislation. I've been working around the Legislature-- this year will be my 30th year and this is the first time I've ever asked a senator to introduce anything on my behalf. But all of this kind of came about literally the night we were celebrating sine die last year, and the week after my life turned into what a lot of my friends have called a made-for-TV-miniseries nightmare. And to top it off, I have had very difficult time getting any information from the county attorneys. And I think about the fact that I'm fairly informed and pretty assertive and I worry about any other victims that might not be in the same position that I am in. To start off, there are different levels of information that are provided to the victims. First of all, the-- the ability to find out the docket and find out when there are court hearings, at the county level you can get on-line and look at those things. It's a public record. It's accessible. However, when you get to the district court, none of that information is provided on-line, so your only option is call the county attorney, call the clerk's office, or go down there. Furthermore, all of the information about the charges, any plea agreements, anything like that, is only information you can get from the county attorney unless you're an attorney and you have access to JUSTICE, but I don't practice criminal law so I don't use JUSTICE. Thankfully, I have friends that do, so they've helped me out. But so one of the discussions with the county attorneys is that really this is an-- an issue that could be solved simply by the district court putting their dockets on-line. I would

disagree with that because I don't think I should-- as a victim that had more than $30,000 worth of property and cash stolen from her and numerous nightmarish things happen to her, should be treated the same as anyone else who has access to the Internet. I think that victims should be told what the charges are going to be. In fact, in this case I was informed that the county attorney was only going to charge a couple misdemeanors. The sheriff's deputy called me about that and we went and met with the county attorney and by the end of our meeting he had charged him with four Class II felonies. So it was quite the difference. And I think without allowing victims to have access to the information, it is not right for the way our system should work. So with that, I'd be happy to answer any questions.

PANSING BROOKS: Thank you, Ms. Gilbertson. Any questions? No. Thank you for coming tonight--

KORBY GILBERTSON: OK. Thank you.

PANSING BROOKS: -- and waiting so long. Any other proponents? Proponents? OK, are there any opponents? Do we have any opponents tonight? OK, what about people in the neutral? Is there-- are there any neutral testifiers? Wow, that was a good one. OK. Seeing none, do--

LATHROP: I'll waive close.

PANSING BROOKS: -- would you want to waive your close?

LATHROP: I'll waive my close.

PANSING BROOKS: OK. Senator Lathrop waives his close and that closes the hearing on LB125. And now Senator Lathrop is going to reopen.

LATHROP: OK. We're going to resume, as promised, our hearing on LB110. Can I see a show of hands of people that want to test as-- testify as a proponent? Two, three, four, five. Anybody here in opposition? OK, four. And any neutral? OK. So for those of you who are late arrivers, and I wouldn't-- or for those of you, I just want to do a little refresher here. We're going to use the light system tonight. That means that you have three minutes to testify. We'll give you a green light for two minutes. You'll get a yellow light. And when you get a red light, if you would, given the late hour and the number of people that still wish to testify, if you would stop. If there are questions, we'll-- we'll recognize senators and you'll be given an opportunity to

answer those. And with that, we'll begin with proponents. And by the way, thank you all that-- all of you that waited. I appreciate your patience. Thanks for hanging around and we'll take up the proponents. You may proceed starting with your name, and spell it for us, please.

EDISON RED NEST: My name is Edison Red Nest, III, E-d-i-s-o-n R-e-d N-e-s-t. I'm the third.

LATHROP: Pull that mike towards you, if you don't mind.

EDISON RED NEST: Thank you very much.

LATHROP: Thank you.

EDISON RED NEST: You know, you know, hearing about this, it's-- it's been a long time coming. You know, I-- I really believe in this bill and not just for everything that everyone else has said. You know, I got-- I got up at 4:30 in the morning. I drove here. I came straight here. I've been sitting here. As soon as I leave here, I got to go home. You know, that's-- that's-- that's the belief I have in this. You know, we're-- we're here and I haven't heard anybody from western Nebraska again, and that's-- that seems to be a thing. You know, I've been here twice and, you know, nobody's saying anything about western Nebraska or the stuff that's happening out there. And I've said this before. You know, for-- for the Natives it's terrible, terrible. Not one of you in here will understand that, you know, and not just because you're Native, but, you know, there's a lot of factors. But it's not good for the Native people. And that has to do a lot with history. You know, I-- I've heard things about alcohol and drunk driving and driving while you're high or driving while you're smoking or whatever, whatever that is, you know. But facts are, prior to 1953, Natives were in this area, Natives were in western Nebraska, and we were thriving, we were building wealth, we were part of commerce. We had cars, we had houses, we had businesses, we had horses, we had cows, we had land--we had all of this stuff. And then 1950 comes around, 1953 comes around, and the prohibition against alcohol for Native Americans, the Indian Prohibition Act, was repealed, 1953. And it was repealed out of a favor from the President of the United States, from President Eisenhower. He said because the Natives enlisted in such big numbers and because they fought so well that as a thank-you, as a favor, he's going to open up alcohol sales to us, to Native Americans. Prior to 1953, where I'm from, where I live, we have probably 90 percent of our population drinking, our Native population drinking. Prior to 1953 that wasn't it-- there was almost nobody

drinking, nobody at all drank. And for us, for Native Americans compared to let's say you guys and your genetics, you know, we're talking generational stuff when it comes to alcoholism. You guys have had about 500 generations on us from the introduction of alcohol to today. For us it came after 1953. Now that's my mom, that's me, it's my children. You know, that's happening every single place in the Panhandle. There are three generations of people who have drank and used and have done all these things that for Natives, and you can ask anybody, and if there was Natives in here they would not dispute this, but when people drink, when Natives drink, bad stuff happens. People fight. People yell. People will do things that people get in trouble and there's abuses. And who suffers? It's the kids that suffer. Every single time, it's the kids that suffer. They're-- I see kids who have no parents. I see kids who have one parent, parents drinks all the time. They're not getting that love. They're not getting that support. They're not getting anything that they need from their parents because their parents are so consumed by this alcohol, by this drink, that when their parents, when they're there and they're sober, then they're consumed by all the stress about how to survive--how am I going to get by, how am I going to pay my bills? You know we have a terrible thing happening in western Nebraska that nobody even seems to know about, or if they know about it, then they're not even caring about it. You know what I mean? And this is Natives. This is Native population. I'm looking up at this thing right here. You see that? That's a lie. That's not us. Put some beer bottles in there, take away some of those people, take away all those adults, that's the truth. Kids are dealing with terrible stuff all the time and I know this. I've been doing this for six years. I've been dealing with these kids and I've been dealing with these families and I've watched an entire generation of people grow up, entire generation of people my age grow up following the same cycle as their parents, the drinking, the using, and all that stuff. Now I'm sorry, I've been here for awhile and I've gone too far on that. But what I'm saying is that prior to 1952 we had all of this stuff going for us. We had businesses, we were there, we were thriving, and after 1953, one year later, 100 percent of our population was affected. Four years later we started dying from killing our livers. After that, everything went away--the cars, the horses, the business, the land--until we're left with nothing. You look in western Nebraska or you look in the majority of the state, you will not find one business that is a generational business. You will not find one solid Native American business at all.

LATHROP: OK. I-- I appreciate your testimony. We got a whole bunch of people that are--

EDISON RED NEST: Yes.

LATHROP: -- that are in line to talk behind you.

EDISON RED NEST: Yes.

LATHROP: It-- I-- I truly appreciate your remarks tonight. They're-- they're something we need to hear and you need to remind us of from time to time. I appreciate that. Senator Pansing Brooks may have a question for you.

PANSING BROOKS: I just want to thank you, Mr. Red Nest, for coming. We have been able to work with you and know of your excellent work with-- with the young people up in the Whiteclay and the whole western and northwestern Nebraska area, and I want to thank you for that. I-- I'm also interested, so are you saying that-- that because of the alcohol-- I'm just interested in the nexus really fast, if you could--

EDISON RED NEST: Yes.

PANSING BROOKS: -- on what you're saying. You think the-- that-- that medical marijuana is-- is necessary because the addictions have been too strong for so long and-- I'm just interested in what--

EDISON RED NEST: Well, what I-- what I say is that on the bottom of that list is a PTSD for Native Americans. Every single Native American, and especially Natives in our area because we got the last of the assimilation, we got the worst of what the United States government did to us, we got the worst of it. So from the massacres to the boarding schools to the relocation programs to the introduction of alcohol to the generational poverty, that's trauma, trauma, trauma. And this is proven. You can get any counselor out here and they'll tell you that historical trauma is a PTSD. We live with this every single day and it's triggered by many, many, many things. And these kids live with it and they don't understand it, but they understand effects. They see alcohol, they see weed, and I ask my kids, and not my kids that I live with but the kids that I work with, you know, would you rather have mom and dad, you know, drinking, or would you rather have mom and dad smoking weed. And it's always, I would rather have mom and dad smoking weed because when mom or dad are drunk they're not parents, they hit me, they kick me, they yell at me,

they're not a mom, they're not a dad. But when they're doing this, when they're taking this, whether it's this, whatever, they're a parent, they're loving, they want to be there. And these kids, they need that affection, they need that, because they're not getting it at all.

PANSING BROOKS: OK. Thank you so much, Mr. Red Nest. I now understand the-- the connection. Thank you very much for--

EDISON RED NEST: Well, thank you. I went a little too far on the alcohol stuff.

PANSING BROOKS: -- coming-- coming tonight.

LATHROP: No, no, no. Thank you for-- thank you for your patience. Thanks for staying around and thanks for coming all the way in.

EDISON RED NEST: Yeah, no problem. One more thing I'd like to mention. People were talking about people smoking weed and driving and all the fears that came with it. You know, with Whiteclay there was all these fears that with when you take the-- the alcohol away from the Natives that the Natives are just gonna be drunk driving to Rushville, driving to the border towns, drinking and getting into accidents. But that's not true. That has not happened. It's the exact opposite. We had a person, a non-Native, a white guy with a little bit of alcohol in him kill two people two Natives, and he gets probation. You know what I mean?

LATHROP: Right.

PANSING BROOKS: Thank you.

LATHROP: OK. Thanks so much for your testimony.

EDISON RED NEST: Thank you very much.

LATHROP: Good evening.

ADRIAN SANCHEZ: Good evening. Good evening. My name is Adrian Sanchez, spelled A-d-r-i-a-n S-a-n-c-h-e-z. And I want to thank the Judiciary Committee and Chair Lathrop for your time and attention today. Included with my personal testimony is the medical article that led me to conclude that cannabis was the best option to treat the symptoms of my Wilson's disease, and I've cited that article and included a copy with the packets. That brings me to a previous comment about

scientific studies. My disease is so rare, approximately 1 in 250,000, that it is empirically impossible to collect a study in order to determine the objective and scientific effects on my disease, so to come across this anecdotal article dated 15 years ago kind of opened my eyes and started me down the path. Cannabis is not a cure, but I've come to value its effectiveness at relieving nearly all of the painful and inhibitive symptoms associated with my disease. As indicated in the study, I also experienced relief from the severe limb-twisting muscle pains that I dismissed in my youth as growing or athletic pains. I would discover additional benefits included effective treatment for my nausea and bowel issues, significant weight loss, sleep problems, and general discomfort and pain I felt with Wilson's, chronic pain. I am prescribed Marinol, the pharmaceutical version, to combat the wasting. The prescription helps but it pales in comparison to the natural relief provided by cannabis. The pharmaceutical provides only a minor boost to my appetite, is rigid and harsh, and actually prompted the onset of migraines, so I do now have light sensitivity when I use it. My options are to endure the full extent of my pain, to use pharmaceutical methods that would adversely affect my liver and mind, or to find natural comprehensive relief for my Wilson's in the cannabis plant with minimal negative effect, and I have done this in consultation with multiple medical professionals. I visited with hundreds of Nebraskans, patients, their families, veterans, law enforcement officers, healthcare professionals, and many others, including the Governor, on this subject with the substantial majority having no objection to medical access, aside from the Governor. They see the benefit for veterans afflicted with PTSD, husbands and wives that want the best for their spouse, and for parents who want relief for their children. It's my fellow Nebraskans who are working to end this needless pain, suffering, and death. Many epileptic seizures, PTSD episodes, and opioid and heroin overdoses could be prevented with the adoption of this bill. We are here to ask the Legislature to support the Medical Cannabis Act to provide relief to those within the disability community who would benefit from this nonlethal option. Cannabis has been a positive factor in my life and only its prohibition has proven detrimental. But to me, an otherwise law-abiding citizen, the legal risk is worth it because I would rather live freely than shrivel up illegally-- or than shrivel up legally. I have been able to serve my community, assist others, and build a life for me and my family, and I am asking others receive the same opportunity to get the most out of their lives. And in conclusion, as the Nebraska Democratic Party disability caucus chair, I do want to thank Senator Wishart and Senator Morfeld for championing this issue.

Thank you very much and thank you for your time attention. I would be open to any questions the committee has.

LATHROP: Thank you, Mr. Sanchez. I see no questions but thank you for your testimony. We appreciate you-- your patience. Good evening.

JERRY MOLER: Good evening. Thanks for sticking around to listen to us. My name is Jerry Moler, J-e-r-r-y M-o-l-e-r. I'm here to talk to you on a much more practical level, not discussing the benefits or adverse effects maybe of marijuana but the practicality and the reality of prohibition. We currently have a system where we prohibit the drug and that we make that assumption that if we prohibit a-- something like marijuana, that it won't exist in our society. We know that's not true. Prohibition has been in place since 1937. We have a very, very robust black market in Nebraska. Millions of dollars in trade go on in this state every day and will continue for as long as we can see. Our law enforcement admits over and over they cannot stop cannabis from coming into Nebraska or being grown in Nebraska or produced in Nebraska or sold in Nebraska. And so my point about this is simple. Prohibition allows the state government zero control over this plan. So as you continue to prohibit this, whether it be for medical or recreational purposes or whatever, just the-- the basic fundamental thing about prohibition is it does not work. So to me, the real choice here for this committee and for the Legislature is to ask yourself this question. Do we continue to use the prohibition system that we have in place now that we know is an abject failure? We have overcrowded prisons. We spend millions of dollars every year in law enforcement to try and control this drug and we're barely, barely touching the surface. My reason for this, supporting this-- this bill, is simple. If the state wants to have any control whatsoever over this plant, they need to have some kind of bill that allows this product to come into a legal market where it can be controlled, where it can be regulated, and rules and people will follow. But if you overregulate it, you're simply going to drive it back into a black market.

LATHROP: OK. Fair enough. Any questions for Mr. Moler? Thank you for your perspective. We appreciate your testimony. Good evening and welcome.

DONNA ROLLER: Welcome to you. Thank you for-- for staying late and letting us talk. My name is Donna Roller, D-o-n-n-a R-o-l-l-e-r. There's been a lot said today. Hopefully-- it's kind of confusing my brain but hopefully I'm giving a new perspective. Twisting, twisting; uncontrollable respective movements of the tongue, lips, face, arms,

or legs. Less common: bladder pain; bloody or cloudy urine; chest pain; confusion; difficult, burning, or painful urination; discouragement; feeling sad or empty; frequent urge to urinate; inability to move eyes; increasing blinking or spasms of the eyelids; irritability; lack of appetite; loss of interest or pleasure; lower back pain or side pain; seeing, hearing or feeling things that are not there; sticking out the tongue; tiredness; trouble concentrating; trouble in breathing, speaking, or swallowing; trouble sleeping; uncontrollable twisting movements of the trunk, neck, arms or legs; unusual facial expressions. What I have just told you are the side effects of one of my husband's medicines. There is no cure for his disease. He has Parkinson's. They do not even know what this disease is. They know a little bit about it. And it's been around for a long time. They don't even know what medicines work. It's just an experiment. They can't even diagnose it. So my beef is with the drug companies. And I think Ernie Chambers, Senator Chambers, hit the nail on the head when he mentioned about the drugs and what's in it for them. And I have read that when you're prescribed more than four drugs in multiple combinations, the possibilities that no doctor really knows what effect is happening on your body. The fact is pharma kills. My mother and my mother-in-law both died from prescribed drugs, drugs that were meant to keep them alive, and alive they kept my mother -in-law as she died from years of damage of drug cocktail and a low quality of life. One reason for objecting to medical marijuana is because "Big Pharma" wants it and to artificially produce it and to charge an exorbitant amount of money. And everybody knows that Big Pharma is holding us hostage already and gouging it. And talk about immoral, as before 1973, it was illegal to profit from medicine. And I think that's why they oppose marijuana, because the drug companies want it. They fight legislation for real marijuana and they want to own it and patent it and treat it like one of their drugs. And then there we are. We don't-- we can't have a natural form of medicine that's been around forever. And I don't think they want anybody using cannabis because no one would be buying their harmful drugs to relieve their symptoms and possibly cure some diseases.

LATHROP: OK.

DONNA ROLLER: People are-- people who need medical marijuana are desperate and find relief from diseases that cannot be cured and pharma cannot help. If marijuana can help my husband, why should he not-- why should we not make this legal for him to try. The best development for empathy is when you personally are faced with an event

in your life, when it is in your backyard, and now I understand the need for legalized medical marijuana. Parkinson's disease is in my backyard now and as a wife, this is my retirement. And I ask you to forward LB110 from a family that has nothing to lose because there is no medical cure. And I would add, the medical profession does not know very much about Parkinson's and they are sure of how-- not sure how to treat it but yet pharma drugs are being prescribed. So anybody that says we can't do a marijuana-- I've heard a lot of the opposition testimony, we can't do it for this, this, this, this, this, this. You know what? We've ready got alcohol and marijuana isn't going to be a factor in drunk driving or any of those things because they're going to be home trying to treat themselves with these diseases.

LATHROP: Ms. Roller.

DONNA ROLLER: Thank you very much.

LATHROP: Yep. Thank you. No, we appreciate your account and your testimony tonight. Next proponent.

OLIVER EMSICK: Hello. My name is Oliver Emsick, first name Oliver, O-l-i-v-e-r, Emsick, E-m-s-i-c-k. I'm a 25-year-old college student and four years ago I was diagnosed with fibromyalgia at Mayo Clinic and it changed my perspective on life a lot. Since then, I've lost 60 pounds. I've gone from being an athlete to being someone stricken to bed for about 18 hours a day. And I've dropped 40 percent of my body mass, or 60 pounds, of musculoskeletal tissue. I have chronic migraines and I have chronic fatigue syndrome as well. As you can imagine, the last four years have been very difficult. I've gone through many different pain medications, different kinds of medications to help mitigate-- mitigate nerve pain, which is primarily what I deal with is nerve pain on a daily basis with being extremely fatigued and having excessively painful migraines. I've taken pain medication throughout school and that's the only reason I've made it to-- to my junior year of college, as I am right now, by taking pain medication every day. I'm an intelligent young man with a 3.7 GPA and top 90 percent scores. However, I have to work extra hard in my classes at the university to make it through because I have an illness that I did not choose. I-- I've been working to get off my pain medication, as I've successfully done, after my brother found me passed out upstairs in my room. This was due to the pain medication alone. My mother was showering and if it wasn't for my brother, due to these pain meds, I would be dead. I am simply just looking for the option to use marijuana as a legal way to get better. I have not tried

it but I'm looking for any avenue of success that doesn't result in me dying or having to use opiate medication for the next 50 years of my life. In particular, marijuana appears, and this is a quote from the Journal of Harvard Medicine, letter of January 15, 2013, from Dr. Grinspoon: In particular, marijuana appears to ease the pain of multiple sclerosis, and nerve pain in general. This is an area where few other options exist, and those that do, such as Neurontin, Lyrica, or opiates are highly sedating. Patient claims that marijuana allows them to resume previous activities without the feelings of complete loss or being disengaged. I refuse to use anything illegal. And I'm not here to argue that depression or anxiety will be a solution for this, as I do not believe-- as empirical studies have shown that the best effect of marijuana is for chronic nerve pain. I do-- I also argue that this will enhance the black market because the Netherlands model has shown that this does not act as an agonist for making the black market worse. It actually creates a dichotomy by separating out what's legal and not. And if you look at the Netherlands model, that-- that presents factual basis for what I'm saying. I thank you for your time. I just want an option, a legal option for chronic pain. Thank you.

LATHROP: Thank you, Mr. Emsick. We appreciate your testimony and your account this evening.

JUDY KING: I just caught a little something when I was out protesting the other day, and so it's a little cough.

LATHROP: If you need to wear that, you can. As long as you speak up, we're-- we're fine.

JUDY KING: Yeah, I don't know if I can breathe if I wear it though. That's the only thing. My name's Judy King and it's spelled J-u-d-y K-i-n-g. And I am in support of LB110 and I'm here because I have known a lot of people that would have-- would have or could have benefited from medical marijuana: my husband, my mother, and many of my friends. And I believe at any time that there is a better way to address pain, we should do it. Would you not do it if it was your mother or your child or your granddaughter, grand-- grandchildren? My husband Steve King is the Steve King from Nebraska, not Iowa. He was a vet, Vietnam vet, and previously worked on the State Drug Board and task forces. He's also a Marine and went to Vietnam in 1968, or was over there in 1968. And he's also one of the Agent Orange vets. And he still is alive with several health issues that we're dealing with, including a brain tumor. I've talked to him about going to-- to

Colorado maybe to try something, but he doesn't like to leave home for long periods of time because of his health and-- but I thought maybe if we went over there long enough we could see if that would help him over in Colorado. I shouldn't have to do that. I shouldn't have to. You know, if-- I shouldn't have to do anything illegal to help my husband who is a vet. Another case is my mother. She was a cancer-- cancer-- she had cancer for over 30 years. And she stayed alive with-- with surgeries, chemo, and radiation, which finally the cancer overtook her. She was a very religious person, conservative, conservative Republican woman. And we wanted to make her last months comfortable and asked her if she would like to try marijuana for pain because that would make-- I would make every effort to make her last few months livable and that she didn't have to suffer. And she actually said, yes, she'd try it, but she said she wouldn't inhale as a joke to Clinton, President Clinton.

LATHROP: I get it.

JUDY KING: She didn't end up having to-- I didn't end up having to go-- go to Colorado to get her pain medication because hospice took over. But I would do that for her and I would bring it back to her if it would stop her pain. The NFL, I'm sure, uses medical marijuana for their pain issues instead of opiates. And I wonder if the Chicago "Cubbies" are using that when they have their pain, and I wish there was a team owner here that we could ask that. I asked my husband to write up notes for me today because I thought he would write up something about himself and his issues. But he chose to write up all these other issues on here that are statistics, so--

LATHROP: We can take a look at them too.

JUDY KING: -- that's it.

LATHROP: All right.

JUDY KING: Thanks.

LATHROP: Ms. King, thanks for your testimony.

JUDY KING: Thank you.

KATHRYN SPEICHER: This is good. I have a quiet voice.

LATHROP: Pardon me?

KATHRYN SPEICHER: This is good. I have a quiet voice. [INAUDIBLE]

LATHROP: OK. Yeah. Pull it close then and start with your name and spell it for us, if you wouldn't mind.

KATHRYN SPEICHER: My name is Kathryn, K-a-t-h-r-y-n, Speicher, S-p-e-i-c-h-e-r. And having heard all the testimony, I've really tried to shorten this.

LATHROP: OK.

KATHRYN SPEICHER: But if might be disjointed.

LATHROP: We appreciate that.

KATHRYN SPEICHER: OK. I'm here to testify for the people who can't, who are dead. I worked in oncology, med "surge," and burn trauma. And I think that medical marijuana might have been a great help to these people for the nausea, the pain, and the anxiety that these people go through. These are common symptoms. People with terminal illness, they're at a point where there is-- there are no cures, there is no Hail Mary. I find that phrase-- so how did they pull that out, because it's not a Hail Mary, there will not be a touchdown, that's it. And because of that, the anxiety is-- I don't know how to describe it. I haven't been there. I have had cancer but I'm lucky. So a couple of things I want to tell you about. I took care of a 19-year-old who had neurofibromatosis, and this is usually a benign form of little tumors. But for him, a large, unresectable tumor grew in his lungs. Mayo Clinic could not remove it. He went home and he suffocated to death. It was not pretty. And if he had, had medical marijuana, this might have helped to some degree. We don't know because we didn't try it. My husband died of leiomyosarcoma. We used fentanyl, a number of opioids, all of which are, you know, marketable drugs with-- I don't know how to say it, but we don't want them out on the streets. But he used them and they were prescribed and that was a help. But again, you want to have as many things in your-- in your tool box as possible. And that's why I believe-- although I think standardizing doses and having it prescribed for a-- from a pharmacy would be good, but I'd like to see it out there for people as soon as possible because people are going through this. I've taken care of a lot of people. So I'm not going to do any more examples, but I just want to reinforce that the anxiety, the pain, and the nausea are serious problems. And if you haven't gone through this, and most men are not the caretakers, and if you're not older, you haven't had that experience. But it's-- it's difficult. I

do have a friend who has cancer of the adrenal cortex. He's 26 years old. He had multiple organs removed, a ten-pound tumor removed, a ten-hour surgery to do that. He will not live. He uses illegal marijuana just to help him eat. Let's see, I don't think this is a moral issue. I think it's cruel to deny people the opportunity to try what they want to try. I heard what the doctor said. I get that they want to have some kind of control of what their patients do. But at the end and this point, these people aren't going to become addicted. People in great pain using drugs are not going to become addicted. So I-- I don't buy that.

LATHROP: OK.

KATHRYN SPEICHER: And there-- OK. I also wanted to address schizophrenia because a woman spoke in great detail about that.

LATHROP: Yeah. Go ahead, briefly.

KATHRYN SPEICHER: I have a family member who had it. I have been through hell with that. I wouldn't wish it on anybody. But it is genetic. But they also think that it could be a predisposition to take drugs that could be part of it. They don't know. In my instance, in my family's instance, there were no drugs.

LATHROP: Right.

KATHRYN SPEICHER: It's a 1 in 100 chance.

LATHROP: OK.

KATHRYN SPEICHER: So I think--

LATHROP: I think that's it.

KATHRYN SPEICHER: Yeah, I think so.

LATHROP: OK.

KATHRYN SPEICHER: Thank you.

LATHROP: No, thank you. We appreciate you coming here and-- and patiently waiting your turn. Just by a show of hands, how many proponents do we have left? It's three. OK. Here's the lights we were talking about. If you guys can just kind of look up here once in awhile and see those lights, I don't want to-- you know, I appreciate

that a lot of you have waited a long time, and we're just trying to make sure everybody has a chance before it gets so late that I have committee members that are going to be trying to look for a different Chairman. [LAUGHTER]

DOMINIC GILLEN: I hear you. Good afternoon-- actually, good evening. My name is Dominic Gillen. It's D-o-m-i-n-i-c G-i-l-l-e-n, and I'm here today to testify in favor of LB110. Contrary to Attorney General Peterson's assertions last week on KFAB that all we really want is access to recreational marijuana, I'm here today advocating for medical cannabis for my 16-year-old son, Will. Will has intractable epilepsy. The Attorney General and the opposition continue to conflate the two issues, often using "slippery slope" argument, an argument that I believe is nothing more than a sad attempt to confuse and scare the public. As a fifth-grade teacher, which I am, I get to teach my students about the three branches of government every year. The opposition would have you believe that if medical cannabis passes, then recreational is sure to follow, magically, I guess. My fifth graders understand that in a legislative branch a bill becomes a law through a specific process. Laws don't just randomly appear. So if the Unicameral were to pass a medical cannabis bill that became law, it would be specifically for medical cannabis. To give the impression that recreational cannabis would become legal absent the legislative process is misleading and false. Recreational cannabis would have to go through the exact same rigorous process that we're going through right now with medical cannabis, and each of the senators would have the opportunity to vote yes or to vote no, no magic. Senators, 98.7 percent of our nation's population lives in a state with some type of medical cannabis legislation, whether that be whole plant. whether that be comprehensive, or whether that be CBD. South Dakota, Idaho, and Nebraska are the only three states with no legal access of any kind. Apparently, this means that our Governor, AG, and a number of senators are smarter, wiser, and more compassionate than literally tens of thousands of lawmakers, first responders, medical professionals, patients, parents, law enforcement personnel, etcetera, who've been able to forge workable legislation in their states. That defies all logic. For my son, Will, FDA-approved drugs have made him a drug addict. One of his "pharmas" is more addictive than heroin. So while we have an opiate crisis in the U.S. from which there were more than 50,000 overdose deaths in 2017, some in Nebraska continue to demonize medical cannabis, a drug from which there have been zero documented overdose deaths. Senators, I wish every single day of my life that Will could talk to you about himself and he could tell you

his story, but he can't talk. If he could, I believe this is some of what you would hear him tell you: Senators, in just the past five years I've had between 150 and 200-- 200,000 more seizures. I've added to my list of failed FDA drugs. I've had multiple-- multiple ambulance rides and/or emergency room trips. I've broken my nose, knocked out teeth, and had stitches multiple times. And finally, lastly, I almost bled to death in July of 2015 from a lacerated liver that I received from a seizure fall. When I woke up from the emergency surgery, I had a scar as long as a ruler on my chest. And this is what it looks like. This is what we live with every single day when we change his diaper, get him ready for school. Senators, that's just some of the things that Will would tell you. Will's three siblings, which I haven't heard a lot of people talk about, have suffered as well. The two youngest, 11 and 14, suffer from what our counselors characterizes PTSD because of all the horrific seizures and injuries that they've witnessed. It's to the point that they don't show a lot of emotion anymore. They simply jump right into helping him as if they were first responders, but they are 11 and 14. My faith, which is very strong and which is-- gets me through the day, tells me not to give up on this fight five minutes before the miracle happens because we're on the right side of this issue. Please join us in this cause for all sick and suffering Nebraskans. Medical cannabis is medicine and its use should be left up to the patient and their doctor. Thank you.

LATHROP: Thank you. Mr. Gillen, I appreciate your testimony and your perspective. I do not see any questions.

DOMINIC GILLEN: Thank you.

LATHROP: Yeah. No, thank you.

DAVID SWARTS: Does my time start when I hit the chair?

LATHROP: As soon as that green light comes on.

DAVID SWARTS: Oh, it's on already, starting already.

LATHROP: You're on the clock.

DAVID SWARTS: My name is David Swarts, D-a-v-i-d S-w-a-r-t-s. And I'm giving this testimony for my sister-in-law who couldn't make it today because of a medical procedure. And it's Deb Price and she is a retired RN with a bachelor's degree in nursing, a master's degree in nursing education, and a doctorate in healthcare administration. And

she is also a member of the American Cannabis Nurses Association. She writes: Twenty years ago I spent several years as a certified hospice nurse. I could tell you multiple stories that would bring tears to your eyes, but in the interest of time, I will make a couple of generalizations. My patients ranged from infants only days old to geriatric patients suffering from cancers, ALS, congenital heart defects, and many other diseases. I had several patients choose cannabis over pharmaceutical agents to assist with pain control, nausea, vomiting, increased appetite and relief seizures. My hospice patients taught me more about living than dying. I am here today to honor all of my hospice patients and especially those who suffered needlessly because legal cannabis was not available. I hope none of you ever have to hold a dying child or a mother dying in front of her small children while experiencing uncontrolled seizures, or a young father dying before holding his newborn, all of which I have observed. Legalizing cannabis is the right thing to do. It is compassion and advocacy for those suffering. This Legislature has the honor of ending or at least-- the very least, mitigating the suffering of many Nebraskans and with a malady of illness and disease processes it is beyond my ability to comprehend how cannabis could possibly be denied. It is vital to understand the pathophysiology of the endocannabinoid system, the function of receptors and neurotransmitters, cannabinoids, terpenes, and the all-important entourage effect. That information is well documented in the literature-- literature, and there is a plethora of professional articles available. I've listed several Web sites that I would encourage you to review for your own educational enlightenment. This is a humanitarian issue. Cannabis is not a dangerous drug. It is not habit forming nor is it a so-called gateway drug. It is a medical-- medicinal plant. As you consider the preponderance of the evidence presented today and your decision, I refer you to the United States government patent of cannabis as a neuroprotectant. I implore you to make an informed decision. Thank you for your careful consideration, your time, and your unselfish service to Nebraska.

LATHROP: Thank you, Mr. Swarts. Appreciate your sister's perspective and you relating it to us. Good evening.

AUTUMN SKY BURNS: Good evening. I guess, yeah, it's evening, right?

LATHROP: Well, it's plenty--

AUTUMN SKY BURNS: Thank you guys for sticking around.

LATHROP: We're-- we're all the way into evening--

AUTUMN SKY BURNS: Yes.

LATHROP: -- well into it. Yep.

AUTUMN SKY BURNS: So my name is Autumn Sky Burns. That's A-u-t-u-m-n S-k-y, and the last name is Burns, B-u-r-n-s. And I'm a resident of Papillion, Nebraska, and I would like you to support LB110. We all know our new slogan here: Nebraska, it's not for everyone. I agree. From the battle many of us have been facing trying to get legislation passed for our right to have access to a natural plant to use as medication, I totally agree. Nebraska is not for us. It's not for those who desire homeopathic remedies for their health. Nebraska is not for the autonomy between a healthcare provider and their patient. There are groups like Blueprint Nebraska, backed by our current administration, that tout Nebraskans are, quote unquote, living the good life among good friends and neighbors. I encourage you to look at the room, although it is more empty now, and open your hearts as you listen to our testimonies. Do these Nebraskans look like they're living the good life? As a state we are trying to spend money trying to increase our economy, grow our job market, encourage small businesses, and invest in our agricultural sector. As a woman who ran for elected office last year, I had the opportunity to learn from our community by listening. I learned there are farmers who are suffering and would love to get a piece of the $573 million of goods containing hemp that are sold in the United States that were mostly exported-- imported, sorry. I learned that there are-- several of my good neighbors and family and friends had family members that suffered from diseases that cannabis could be recommended for. I learned that everyone-- for everyone suffering, there was another one who had lost somebody to the opioids. So today did I want to talk about how there has never been a death from overdose of cannabis and that it's a safer option than opioids that cause a CDC-reported average of 130 deaths a day in America? Or how about the American Journal of Public Health study covering a period from 1985 to 2014 that found that states with operational medicinal cannabis dispensaries had an average of 10.8 percent decrease in traffic fatalities. What about the 2018 report that the Colorado Senate published on the impacts of legalization in Colorado where they reported that the Healthy Kids Colorado Survey, with over 53,000 kids participating, resulted in no significant change in 30 days' difference between 2013 and 2017. Additionally, in 2017 the rates were not any different from the national 30-day, from--

which also covers states without access. So in 2017: Colorado students, 19.4 percent; national students, 19.8. I don't see a huge increase. I find it asinine that this ruling body has not found the fortitude to stand up for what is right for our citizens. Nebraska allows a product like cigarettes, which caused the death of 2,500 Nebraskans' good friends and neighbors every year, to be sold next to schools and in pharmacies. I've never once had a proposal-- heard a proposal in the Legislature to take away our right to tobacco. And we know that that product adds over 50 cancer-causing chemicals to every single cigarette. Several of us have been fighting for years for Nebraskans to have access to something that the majority of other Americans have access to already. Some of us have given-- some of us have given up. We've taken our talents and our money to other states that value our freedoms to make decisions over our own health where we won't risk getting a criminal record for treating our diseases homeopathically. Forget about attracting young citizens to your-- our state. It's not happening when we treat our good friends and neighbors like this. How many economic dollars are you willing to leave on the table? How many young, intelligent, educated Nebraskans are you willing to lose to other states before we pass this commonsense legislation? Thank you. I know I took a couple extra seconds.

LATHROP: I see no questions. Thank you, and thank you for your patience waiting for your opportunity to speak. Hello. Good evening.

STEPHANIE MEYER: Hi there. Good evening. My name is Stephanie Meyer, S-t-e-p-h-a-n-i-e M-e-y-e-r.

LATHROP: Stephanie, you're going to have to pull that mike a little closer so we can all hear you, if you don't mind.

STEPHANIE MEYER: There we go. OK. Last winter I broke the law and helped a mother and her young child leave Nebraska. They needed to move legally-- they needed to move to legally access medical cannabis. I drove her vehicle while they flew not simply to deliver the vehicle but, more importantly, his medicine which could not come on their flight with them. It was imperative that the medicine was available as soon as they arrived, which is why they needed my help. I asked her if she had anything to share about her child's experience using cannabis. She said, and I quote: He gets cannabis oils, three different kinds. The names vary but one is high in CBD, one in THC, and one in THCA, the raw version of THC. They help manage the severe muscle spasms, spasticity, and chronic pain that he deals with as a person with a very significant brain injury. Perhaps most importantly, they control

his seizures and epilepsy better than three very toxic and harmful antiepileptic pharmaceuticals combined which he was taking in high doses before he transitioned to cannabis. Those pharmaceuticals caused lasting damage to his body, genital hypoplasia and his jaw/teeth problems; they kept his body fragile and unstable, causing nutrient and electrolyte malabsorption and thermoregulation issues. He was staying on the edge of death because of those meds. They intensely sedated him, dulled his senses and personality, and even stifled his movement and communication. His quality of life was so poor. I am glad knowing how much better they are feeling and functioning now. It's better for a mother, it's very important for a mother to be able to do what she knows is best for her child. They are greatly missed here and it's a shame that they had to leave. I look forward to the passage of LB110 so they can come back to visit and still access this lifesaving medicine while they are here. Thank you for your time today.

LATHROP: Thank you, and thank you for your testimony. I see no questions. Is there anyone else here to testify as a proponent? OK, we will go to opponents. And can I see a show of hands of people that intend to testify? If you don't mind, if you guys can kind of work your way towards the front so that we can have everybody kind of in the on-deck chair or close to it, and we'll take the testimony. Thank you for your patience.

DAVE LOPEZ: Thank you, Senator.

LATHROP: And good evening.

DAVE LOPEZ: Good evening, Chairman Lathrop and members of the Judiciary Committee. My name is Dave Lopez, D-a-v-e L-o-p-e-z. I serve as deputy solicitor general in the Nebraska Attorney General's Office. I appear on behalf of the Attorney General in opposition to LB110. By way of background, our office has dealt for years with the legal issues surrounding state-level marijuana legalization. We manage the state's litigation challenges to Colorado's marijuana regulatory scheme both in the U.S. Supreme Court and the U.S. Court of Appeals for the 10th Circuit. Through that work we have become familiar with the federal laws that control this issue and the challenges, quote unquote, legalize-- legalizing states have had with their experiments with industrialized high-potency marijuana. The Attorney General's opposition to LB110 is two pronged and rests equally on the policy challenges and health risks associated with legalization, and on the unconstitutionality of doing so. I will address these in turn. The policy risks associated with modern marijuana products are myriad, as

is clear from looking no further than to the experimentation by our neighbor to the west. In Colorado, for example, a state with a "well-regulated medical and recreational marijuana system," significant amounts of sanctioned and unsanctioned marijuana have been diverted through interstate trafficking and to youth within Colorado. Black-market activity has increased and criminal organizations have exploited a relaxed enforcement environment. Recent reporting indicates that at least one-fifth of Colorado youth are marijuana product users and that of those, a significant and growing number consume highly potent distilled marijuana concentrates. Since these products, many of which come in edible forms highly attractive to children, necessarily are not subject to FDA approval or oversight, their safety and purity levels remain suspect. Like LB110, Colorado law contains no limit on the THC potency concentration levels of marijuana products sold in that state. In light of studies indicating the profound cognitive effects associated with adolescent use of highly potent marijuana, some of which the committee has already heard about in earlier testimony today, it is clear that the population cohort most vulnerable to the adverse effects of industrialized marijuana products are our kids. The committee need not take my word for it or the Attorney General's word on the continued validity of these policy concerns. Just in late 2016, at the end of his term, President Obama's own Departments of Justice and Health and Human Services relied on these and other factors to refuse multiple petitions to administratively change the federal classification of marijuana, which they are empowered to do under the Controlled Substances Act. The Obama administration concluded in two 79-page decisions that "marijuana has a high potential for abuse, has no accepted medical use in the United States, and lacks an acceptable level of safety for use even under medical supervision." The 2016 rescheduling denial rested on the basic conclusion that science-- that the science is insufficient to overcome the CSA statutory factors. That came from a friendly administration to state-level legalization regime-- to state-level legalization and one that has not shied-- had-- did not shy from utilizing its executive authority to-- to the maximum. These conclusions cannot be overcome by anecdotal evidence. This brings me to my second objection, which I'll conclude on, which is that LB110 is unconstitutional. Our legal objection is simple. Marijuana remains outright illegal as a Schedule I drug under the federal Controlled Substances Act. That means that under the statute it has a high potential for abuse, no currently accepted medical use and treatment in the United States, and a lack of accepted safety for use under medical supervision. Unless and until the government, either

through Congress or through the Attorney General, changes that clear prohibition, any regulatory regime by the state of Nebraska to promote, authorize, or license marijuana products, even for medicinal purposes, would be preempted and illegal under federal law. In other words, LB110 would effectively put the state in the position of facilitating the industrialization of federal contraband. That is unconstitutional. If anything, the policy rationale is justifying Schedule I status when the CSA were passed-- was passed are stronger today given the unprecedented levels of potency. That is certainly reflected in the Obama administration's 2016 decision. And for these reasons, we would ask that the committee reject LB110. And I appreciate the Chairman's discretion.

LATHROP: Yeah. No, thanks, Mr. Lopez. Senator Chambers.

CHAMBERS: Could you give me the citation to the U.S. Supreme Court decision that declared this to be unconstitutional that the states are doing?

DAVE LOPEZ: No. In fact, it didn't. We attempted to have the court entertain a case brought by us in the state of Oklahoma-- Oklahoma against the state of Colorado. The court declined to exercise its original jurisdiction, so we never got a ruling out of it.

CHAMBERS: So you're just saying it's unconstitutional, the-- until the Supreme Court declares it to be such, it's not unconstitutional, actually, and you can have that opinion. Can you-- what state court has said that this activity is unconstitutional?

DAVE LOPEZ: Senator, I will readily acknowledge that this is an absolutely open question. We attempted not only in the U.S. Supreme Court to bring an original action, a state-versus-state original action, because we thought that was the court, as you're familiar with original jurisdiction, the Supreme Court.

CHAMBERS: I'm aware of these, but you continue to say unequivocally that this is unconstitutional, but you're not the Supreme-- I'm not trying to disparage you.

DAVE LOPEZ: I understand.

CHAMBERS: You're not the court. You can give it as your opinion that it is, but the fact that the Supreme Court has refused to entertain it

would indicate to me that the court does not find it to be unconstitutional.

DAVE LOPEZ: I-- I would differ with you on that point, Senator, because as I'm--

CHAMBERS: Then has it-- has-- but it hasn't found it unconstitutional.

DAVE LOPEZ: Well, no, it hasn't.

CHAMBERS: Cases have been presented. So until the U.S. Supreme Court rules, it is not unconstitutional.

DAVE LOPEZ: So I understand your point, Senator. What I would differ with you on is-- is only the inference that can be drawn as a-- as a legal conclusion from the court's declining grant-- I guess it's not grant certiorari, but-- but grant our leave to file an original action. There-- there's a whole body of law that says you can't really use that as a-- as-- as-- as an interpretation of the ruling on the merits. But I-- I-- I'll concede to you on your original point that this is a live question. This is our position based on our reading of the law, based on a body of preemption doctrine and on the continued statutory status of marijuana under the CSA. But I make no argument against your original point that no court of competent jurisdiction has yet resolved the question conclusively, not the Nebraska Supreme Court or any federal court.

CHAMBERS: I think then it is misleading for the Attorney General to come in here and make that assertion when the Code of Professional Responsibility says that no lawyer should make an untrue statement when it's testifying to a legislative committee. And there are cases that say that lawyers are not allowed ethically to make a declaration of the law which is untrue.

DAVE LOPEZ: That's true, Senator.

CHAMBERS: It is not true that this is unconstitutional. You can give your opinion and that's the way you should couch it. In the Nebraska Supreme Court and the Nebraska Attorney General's Office opinion, it's unconstitutional, but in fact and in law it is not unconstitutional, and until the Supreme Court says so, it's not. No law, I don't care what it says, is unconstitutional until a court declares such to be the case. And courts have said that until and unless the court says it is unconstitutional, it is constitutional. Anything a Legislature

enacts is presumed to be constitutional. If we pass this law, the presumption based on the well-established federal and state law is that it is presumed to be unconstitutional [SIC] so we are free to do what we choose to do. And the Attorney General needs to stop coming in here misrepresenting the state of the law. And since the Attorney General has joined so many of these cases in other states, like being against transgender people and so forth, but he asked for so many continuances on state issues, like the Nikko Jenkins case, for example, it shows to me a highly unethical attitude and culture in the Nebraska Attorney General's Office. He is playing politics. He is misstating the law during a formal and official legislative hearing, and that is inappropriate. So what I want you to do, in the same way that if somebody makes a statement that could be considered to be perjury the person can purge himself or herself of that by correcting the statement at that point, so you can prevent me from filing a formal grievance by simply saying that, in fact and in law, if the Legislature passes this-- I'm not gonna tell you what to say. Leave it like it is and I'll do what I think I should do. But I'm tired and sick of your boss lying to the Legislature, lying to the Governor, and making senators believe that they should take seriously what comes out of that office. Your boss is the one who was trying to get drugs that had been found by the next-to-the-highest court in the land to be unlawful to be imported. And he continued to do it and continued to do it until the then-U.S. Attorney for Nebraska said, if you bring it in here, you're going to be in violation of the law and we'll take action. So when you have an Attorney General who is that disregardful of the law, something needs to be done and I will do it. And maybe the Counsel for Discipline will not take any action, but attention will be called to how unethical in my opinion he is and people will regard with much more skepticism things that come out of that office. We take our work seriously. And you know that there are senators who take seriously what the Attorney General says. And you know why I keep saying the Attorney General rather than you? The Attorney General is the one who authorized you to come here. You're representing the Attorney General and, therefore, whatever position you take goes back onto him, just as a person who runs a law firm is held accountable for what the lawyers under him or her will say when it is known that this is what they're saying. I'm giving you a chance to go back and tell that man to clean up his act and stop you from looking like a novice and somebody who doesn't know the law or disrespects it. You know why I know that what I'm saying is true? Not that I'm brilliant. I can read English and I understand English when I read it. I learned how to read cases as a freshman at Creighton University decades ago. And I

know how to read cases and you do too. I'm trying to get you off the spot so people in here won't think that you're stupid. Your boss is, however, and it's unfair to you.

DAVE LOPEZ: I appreciate that. I appreciate that, Senator.

CHAMBERS: Mr. Chairman, I'm sorry that I did that, but we have things brought to us too many times and I haven't been this forthcoming and that makes me somewhat complicit. So now that I've purged myself, I'm going to become a listener once again.

DAVE LOPEZ: Well, thank you, Senator. And as always, I appreciate your points. If I could make two points in response--

CHAMBERS: And there's no charge for that consultation. [LAUGHTER]

DAVE LOPEZ: Thank you. Free legal advice is hard to come by. Just as an additional matter, you made a point about the-- the bedrock, black-letter legal principle that there's a presumption of constitutionality associated with acts of the Legislature. I'm fully familiar with that. My day job is representing the state in challenges to statutes in the federal and state courts of appeals. So I appreciate that and I don't quibble with that principle whatsoever. To your other point, without conceding at all that my statements regarding our position on the unconstitutionality of state-level marijuana legalization regimes violated any provision of the Code of Professional Conduct, I'm happy to clarify that we are, in fact, advancing that as a legal Opinion of the Attorney General's Office that remains a live question and perhaps someday vulnerable to being resolved in a court of competent jurisdiction. We tried in two pretty big federal courts and we were turned away not on the merits but on jurisdictional grounds. But we would not have made those assertions in those courts if we thought that there was an ethical-- if it was ethically dubious for us to do so. But I take your point and I'm happy to clarify that, in fact, it is an Opinion.

CHAMBERS: And-- and since we're speculating, my young friend, I could wind up being the oldest person ever appointed to the U.S. Supreme Court and at the same time named Chief Justice. And if that happens, I'll be certain to make the proper decision on questions such as this should they become-- come before my honorable self.

DAVE LOPEZ: I appreciate that, Senator.

CHAMBERS: All right. I'm through now.

DAVE LOPEZ: I would-- I would enjoy having your vote.

LATHROP: A lot of stuff would have to happen before that's going to take place. [LAUGHTER] We're going to listen to-- or Senator Brandt has a question for you.

BRANDT: Yeah.

DAVE LOPEZ: Yes, Senator.

BRANDT: Assistant Attorney General Lopez, you stated 20 percent of Colorado kids use marijuana.

DAVE LOPEZ: That's-- yes, Senator [INAUDIBLE].

BRANDT: We had a previous testifier say exactly the same thing. She stated 19.4 percent-- 19.4 percent use that and it was the same number before they enacted the recreational law as after and that the national average is 19.8 percent.

DAVE LOPEZ: Right.

BRANDT: What is the percent for Nebraska kids?

DAVE LOPEZ: I don't know the percent for Nebraska kids. And the distinction from the Colorado reporting, Senator, I think is relevant because, assuming that the previous testifier is relying on the same report that I am, and I have no reason to think she isn't because it's a pretty high-profile report and it's developed in conjunction with their marijuana enforcement authorities, part of-- there-- there are some statistical problems that have-- that have developed with that reporting because, as I understand it, there are major school districts in the Denver area where the majority of youth marijuana consumption in Colorado happens, unsurprisingly, that are no longer permitting or facilitating the administration of that survey. So that's why I did say at least 20 percent. I don't-- we're not trying to push the envelope on the statistic. But both from that standpoint in terms of how many kids are actually taking the survey and the question of what does-- do you use marijuana mean to a kid in 2019 versus, say, you know, in 1999, I think is probably undisputedly significant because in 1999 I think any one of us would have interpreted that to mean, you know, smoking dry plant. Now the one of the biggest-- or the biggest growth, highest growth delivery

mechanisms for marijuana in legalizing states are vaping tools and-- and concentrate items and things like that, so just some clarification on those statistics, but--

BRANDT: Thank you.

DAVE LOPEZ: You're welcome.

LATHROP: I think that's it.

DAVE LOPEZ: Thank you.

LATHROP: Thanks for your testimony.

DAVE LOPEZ: Appreciate it.

LATHROP: By the way, we appreciate the patience of everybody who has held in there long enough to be heard after the hearing was resumed. Good evening.

JAMES SORRELL: Good evening. Pleasure to be here, Chairman Lathrop. My name is James Sorrell, Dr. James Sorrell, J-a-m-e-s S-o-r-r-e-l-l. And I'm here in opposition to LB110 to, as a member of representing the Department Health and Human Services where I serve in various capacities as a chief medical officer and physician. I'm also a psychiatrist who's been practicing in the state of Nebraska for close to 27 years now and have through that time have-- there is not, strikingly, there's not an individual with the condition mentioned today which I have not had experience in the management of, some aspects, of the management their care. The-- I'm going to, I'm going to dispense with my prepared remarks be-- they're available to you in the interests of time and redundancy that's been presented by other opponents. But I do want to take a moment to say that there is a-- that, that a striking gap between the public perceptions and drive for the acceptability and safety and value of cannabis and its components that's out of step with the what a growing consensus in the scientific and medical community. I think that if you would take the clock back to when I started practicing in the early 90s, I would say that generally the biggest proponents were physicians and the public acceptance was very low. Subsequently, as time has gone on, as we've seen the penetration obviously widely of both recreational and medicinal marijuana, we've also seen increasing problems and had time to evaluate the studies that are out there. And there are thousands of studies of varying value. And it has led most of the medical community

to consensus-- the growing consensus is, is that there are very high risks associated with increasing potency and availability, particularly to youth, of cannabis and high risk of addiction and the, and the relationship to psychiatric disorders that develop and cognitive problems. And also a lack of strong evidence that it's efficacious in a way that would allow us to use that as evidence to base our practices on. And increasingly, the other change in medical practices that we have increasingly been held to a standard, that our medical care, particularly our prescribing practices, are evidence-based. And so you heard from Dr. Massey, who's I can say is one the most respected and physicians and in this state and his reservations. If you're hearing from him, a specialist in pain, that he has strong reservations and the NMA does as well, of about where it fits into a physician's practice, those are well-founded and widely shared. So I'd like to conclude with that and to say at the same time anticipating I'll stop with that. Time's up.

LATHROP: I want to ask a couple of questions as long as I have a doctor here. And your, your specialty is in the field of psychiatry?

JAMES SORRELL: Correct.

LATHROP: Did, did you practice in any other areas before you specialized in psychiatry?

JAMES SORRELL: No. My practice is in the field of psychiatry but also extends into psychiatry and various medical settings, primarily, with other disorders and their, and their interaction.

LATHROP: OK. Do you represent the administration on this? In taking this position?

JAMES SORRELL: I represent the administration, yes.

LATHROP: And I notice you didn't come in in a neutral capacity, Massey came in on a neutral capacity and said, well, there's some things about this that may be useful. There may be parts of this that I have a problem with with the process. Some conditions may benefit. Is there any circumstances under which if the bill were changed procedurally, the list of things that it could be used for, how it's dispensed, are there any circumstances under which we'd get a different opinion from you representing the administration?

JAMES SORRELL: I don't know the answer to that because I was asked to evaluate the current bill. But I will say that the current bill is so broad and so contrary to how medicine is practiced in terms of oversight and control and, and that it would be such a different bill that I can't imagine it would, it could be refined in those ways.

LATHROP: I just want to ask a couple of questions and maybe, maybe into your practice area. And let me just talk about the posttraumatic stress disorder or anxiety. You've treated both of those, I'm confident?

JAMES SORRELL: Yes.

LATHROP: Yeah. Tell us what your experience is with treating those conditions.

JAMES SORRELL: In terms of treating the conditions is that they're incredibly difficult to treat and very common and increasing. And so I have lots of experience with them and medications and, and particularly PTSD are not the gold standard. Other psychotherapeutic efforts can be really helpful.

LATHROP: OK. So if somebody has posttraumatic stress disorder or anxiety, they're going to benefit from what you commonly refer to as "talk therapy?"

JAMES SORRELL: Correct.

LATHROP: And then if it's acute enough, these people will show up in your office. I don't know if you're practicing now, but show up in the office of a psychiatrist for some prescription for or to alleviate their, or address rather, their anxiety or posttraumatic stress?

JAMES SORRELL: Right. And medicines are often utilized in that setting.

LATHROP: And I don't mean to put you on the spot or get your crosswise with the boss but can this, can someone who is administered this medication in a traditional sense, somebody just wants you to use this medical cannabis, try it and come back in in three weeks and tell me how you're getting along with it. Are there people that would benefit from this?

JAMES SORRELL: Potentially, and I think we've heard that some people do.

LATHROP: So is this not about whether-- the fact that some people won't isn't uncommon in your business, right? Your profession, you prescribe antidepressants and that's more of a dialing in and trying to find out which is the right medication. It might not help me but it might help Senator Pansing Brooks, the same medication.

JAMES SORRELL: Correct.

LATHROP: Right. And so dialing it in, and it's a little bit of a, of a, of a try it to see if it works. If it works then we, we continue to see how much you need, how much you can get by with, right? That's, that's how you would handle a typically prescribing medication to a psychiatric patient?

JAMES SORRELL: And again, the, the quibble I would have is that this isn't really a medicine. This is a botanical. This is a plant that has-- and so it's really, you're not-- and there are active ingredients. So there was a time in medicine that we would prescribe foxglove and now we had, then we had digitalis. There was, you know, we, we prescribed Premarin for menopause not, don't give people a liter of pregnant mare urine. There's a way in which they, we have we-- because that way we have a strong sense, a very strong sense of what we're dealing with. And we have a obligation primarily as physicians to do no harm. And sometimes we can compact we can-- we have as physicians when we get to the limits of what we know, we will try things in our armamentarium that is effective. What I, what I, what's not in the physician's armamentarium now and there's not a call for from physicians, strong call to include it, although physicians are-- have been, have and the AMA's position has been strongly that we need to loosen up the federal regulations around the scheduling so that studies can do it. Because there is no doubt that this plant has--

LATHROP: But isn't that, isn't that the problem? Isn't that the problem, because people come in and say we don't have any studies to show. We need double-blind studies. We should have this kind of a study undertaking with two control groups. One's taken placebo, the other's taken this cannabis and then we'll find out what the efficacy is because that's how we typically do it with pharma that--

JAMES SORRELL: But that's not the only way to do it, Senator.

LATHROP: With these FDA kind of studies. But how do we do that while it's sitting on the schedule?

JAMES SORRELL: Right. Right. There are, there are studies ongoing and it's-- and that's not the only kind of good study. There is, there is-- and the fact is, is that larger studies and more prospective meaning look-- following people through time who are using cannabis in naturalistic ways that they are, are being followed in multiple studies. And typic-- and actually in three recent ones, one a four-year study just published in Lancet, showed that the very thing from which most people get treatment for chronic pain for which are also getting narcotics, it had-- they were doing worse than people who weren't on cannabis and their opioid requirements did not reduce. And so there are-- that the evidence that's come, that's gathering is, is not encouraging for the most common reasons that it's again not prescribed.

LATHROP: What reasons is it, do the studies that are coming out now support the use of medical cannabis?

JAMES SORRELL: For sure we see the, the CBD oil in the childhood forms of epilepsy for which the university, UNMC study that the Legislature funded, participated. Dramatic in some cases when it was tolerated, very positive.

LATHROP: Can we do that legally right now?

JAMES SORRELL: That can, that's available now is an FDA-approved drug.

LATHROP: Okay.

JAMES SORRELL: So and utilized, and I have a patient on it right now.

LATHROP: Anybody else benefit from, from this medical cannabis that current studies would support at least given a trial?

JAMES SORRELL: And since it's available, and it's available that drug, that drug might be utilized and other doctors have the-- can utilize that drug as they get familiar with it and know the side effects and studies and can utilize it in other conditions. They'll be able to. So and then, of course, you've heard about the use of Marinol, a legal,

synthetic THC that has a use in wasting in HIV or nausea and vomiting in cancer therapies. There are those things. And--

LATHROP: What makes-- then answer this for the lay people up here. What makes the synthetic THC better than the THC somebody would derive from the medical?

JAMES SORRELL: Well I, my understanding is is that nothing. That it was done to avoid, to avoid the schedule 1. That's the, that was the federal decision.

LATHROP: OK.

JAMES SORRELL: But so that, you know, broadly the department's and concerns and physician concerns have been that it's outside of the kind of practice that the, especially as this bill constructed, it's there isn't any sense that there is it's contingent on an ongoing physician-patient relationship. That would mean, have put the monitoring and responsibility--

LATHROP: Would you be more comfortable if it did?

JAMES SORRELL: That would be an improvement. Absolutely.

LATHROP: Would you support it at that point?

JAMES SORRELL: No.

LATHROP: Okay. So it's not the process, like, this bill can't be amended by process or by use that would satisfy you as the medical director or the administration rather?

JAMES SORRELL: Yes, of the department.

LATHROP: Senator Pansing Brooks.

PANSING BROOKS: Thank you for coming, Dr. Sorrell. Is it Sorr-ell [PHONETIC] or Sorr-ull [PHONETIC]?

JAMES SORRELL: Sorrell.

PANSING BROOKS: Sorrell. I'm just wondering, you talked about various studies that you don't think have been very good. But then you did mention that the UNMC study was appropriate. Is that correct?

JAMES SORRELL: Correct.

PANSING BROOKS: So what study do you think we should fund next that would possibly make you come around and say, yeah, this is, this is something we can support?

JAMES SORRELL: You know, what study that I would fund from a standpoint of the biggest impact on the most Nebraskans would be a study of which is of the use of a THC product, whether it's of cannabis, a product which has THC, on chronic pain because that's what people are using it for around the country and in the state without, without a relationship with their physician. They're doing it on their own. That would be the largest study and the most-- and again, one in which there is again the strongest evidence but it's still relatively moderate or modest evidence that it's helpful. So a longer-term study, wouldn't have to be-- that wouldn't, it would not be a trial like a double-blinded trial because, frankly, those are-- you could you, could blind the people, you can't blind someone to a cannabis use against something else. So but it would be a study that would be perspective and take, keep track of people's levels of functioning, as well as their subjective sense of well-being. That would be a-- I'm not, again, I'm not sure what, what priorities should be at that point but I would say that I would imagine that if I went back to the department and say, where would we go if we were-- there was an issue, a willingness to do a study, that I would think would be around the, around the thing that would have the biggest impact and settle the biggest concerns and the strongest indications that people are asking for it.

PANSING BROOKS: So would you support a study like that if we brought that next?

JAMES SORRELL: I'm, I'm again, I certainly would-- can take that back to the department and discuss it with the team. That's the best I can say.

PANSING BROOKS: I'm also interested in, I mean, what we have are people telling us that their pain is better. They're not asking for more opioids. They're not asking for further additional medication. Why does that kind of evidence not ring true to you and others?

JAMES SORRELL: Well, it doesn't mean that it doesn't ring true. But the subjective assessment of a patient and their, and the other-- there are other parameters of improvement and wellness beyond a person

feeling good. It is a, it is a reinforcing substance psychologically. It is, that's why it has a potential for abuse independence. And so people do feel well on it and some people do report. The problem is again that we aren't just, we are-- we have to go on the evidence and the evidence isn't overwhelming that the benefits of it outweigh the risk of, of it in terms of recommending it. That's most physicians approach to this.

PANSING BROOKS: I just think it's, rather than setting up barriers the whole way. I have a number of friends who vacation elsewhere and they're older and they're very conservative and they're just using it. I mean, this is what is happening in this state.

JAMES SORRELL: I'm not, that's--

PANSING BROOKS: Rather than having the state say no, we could regulate it, we could get some tax dollars off of it. There could be a lot of good that could be done for people who are in pain with arthritis. We've heard all these stories. I just cannot understand this continued belief or I think it's a myth. It is the Reefer Madness, the movie that we saw so long ago.

JAMES SORRELL: I respect--

PANSING BROOKS: But when you talk to people who have actually had and used this, this medication, it's not for fun. These are not people older than I that are just out trying to get high.

JAMES SORRELL: Yeah.

PANSING BROOKS: They're coming back and saying they have-- they're able to get up in the morning without limping around, they're able to think more clearly. That if I had an opportunity--

JAMES SORRELL: I'm not disputing that at all. I-- we've heard testimony that I absolutely respect and believe. I have had thousands, I've treated thousands of people who are suffering from all these conditions that have been brought forward, and I'm not cold to it. In fact, I'm in this profession because I'm moved towards doing what's best. But I'm also moved by my obligations as a physician to, to operate on, in terms of particularly prescribing medicines, to do it on an evidence-based basis with the minimizing the risk of doing harm.

PANSING BROOKS: To do no harm. And the question is whether opioids are doing no harm. But thank you very much for your testimony today.

LATHROP: Senator Brandt I think has question for you.

BRANDT: Dr. Sorrell, in your written testimony here, on the back you state that five-year consensus in scientific literature that the use of marijuana by adolescents and young adults is substantially and strongly associated with a striking increase in psychosis and schizophrenia. Can you put a number on striking increase?

JAMES SORRELL: The, the incidence of risk has gone up, percentage-wise, I apologize, I don't have that number. But when I say striking that, that there is evidence that it has increased by-- not that-- the use of the substance in, in adolescence, the developmental period, has led to, leads to higher rates than predicted above the 1 percent that you would expect in the population. Sometimes doubling that. So doubling is for an illness, chronic illness like schizophrenia, is a devastating impact on individuals, any individuals, and of course also societally. And it's associated with generally with younger and heavier use. So there's some correlation, although incidental use has been its-- so the strongest correlation with the strongest use.

BRANDT: So really going from 1 percent to 2 percent is doubling and that would be a striking increase? Would that be correct?

JAMES SORRELL: Absolutely. Absolutely.

BRANDT: Thank you.

LATHROP: Senator DeBoer.

DeBOER: Dr. Sorrell, I'm just going to try to net everything down a little bit and there's a couple of questions that I have, that I've been thinking about all day, and I'm not sure they're fully formed. So you'll have to bear with me because we're trying to get through this here. Is it true that medical cannabis is medically useful sometimes.

JAMES SORRELL: Is-- yes. There, there is clearly been some, you know, utilize-- there's uses and it's we've heard about it how it folks have found it useful. Now are you asking me if it's, if there's strong enough evidence to warrant--

DeBOER: No, I'm going to go through a series of things so I can kind of figure out exactly where we're sitting. So medically useful sometimes, medically problematic sometimes.

JAMES SORRELL: Correct.

DeBOER: Do we know the difference?

JAMES SORRELL: That is part of the problem and why physicians have-- as are anxious and tend to avoid utilizing it. And even in states most physicians tend to avoid it. For instance, Arizona, six physicians were prescribing 61 percent of prescriptions because that they don't have good, a good sense that they know can tell the difference if they're helping someone or harming someone. Based on, and again based on how generally broadly these marijuana laws are written and how, and because they're really not prescriptions. They're just certifying that a person has some condition for which it might help them and then they are given essentially a long, long leash to have access to cannabis. And the doses again are a big issue that's come up here. The doses, for instance, in some of the studies are 2.5 milligrams or 10 milligrams twice a day. That's the equivalent of a quarter or two joints a day for various disorders. And then yet we know from-- I know from people's experience of the average use, it's much higher.

DeBOER: OK, so we know we're not on either extreme. We know that we're not on never useful and we're not on always useful. We know that there's some sort of discretionary situation where we're trying to determine whether we're more towards the useful side or the unuseful side. Is that sort of correct?

JAMES SORRELL: Yes, I think it is a continuum. Absolutely.

DeBOER: Yeah. Thank you. Sorry. So is one of the concerns that we call this, that we're applying the term "medicinal." This is where my unformed thought is, is you've called it a botanical. Is part of the concern that by calling it medicine we might mislead consumers into thinking it had medicinal effects which may or may not have been proven?

JAMES SORRELL: There is that risk because these have not been proven. They've been suggested and some support has been made in the literature and those are continuing, things are continuing to be evaluated. But I wouldn't call the drug either unless it's given, you

know, the CBD purely is as a substance, if it has a therapeutic use it becomes a drug. Or a pharmaceutical.

DeBOER: So it's not a drug, it's not a pharmaceutical, it's probably not--

JAMES SORRELL: So cannabis is a what we call a phyto botanical, it's a, it's an organic compound with multiple active--

DeBOER: It's a plant, right?

JAMES SORRELL: Yeah, but it's got multiple-- it's got multiple and you've heard numbers like three hundred, and hundred of them are active and the like. It's been that has clearly potential that's yet, that's untapped. I mean, it's not, this is not a-- again, this is there isn't--

DeBOER: This is not a never, this is a--

JAMES SORRELL: This is urging caution when sometimes you have to be so cautious you end up standing still.

DeBOER: OK. Is this something like I know that there are nonmedicine medicines already available, there's a precedent for that. You have things like St. John's wort, which is supposed to do this or that.

JAMES SORRELL: Yes.

DeBOER: And you have other things. Can you compare and contrast the situation we have now with something like one of those types of nonmedicine medicines?

JAMES SORRELL: Well the major differences is, is that that's over the counter and physicians aren't directly involved in its, in its, in its use and distribution at all. I mean, they're it's something that it's it runs outside it. And I recognize that, that there is a world of healthcare that happens outside of the physician's offices and out of the guild of medicine. I and physicians don't want all those responsibilities. They want to I think increasingly want to restrict their practices to things in which that they have strong evidence, they're within their scope, that which they have training for and expertise. And that's, that is a problem with the-- in reality how much all in the states that have medical marijuana increasingly, the ones that have it the longest, it is not it doesn't meet generally the, the medical marijuana it doesn't meet the standards of other--

that physicians are held to for other medicines and other standards of care.

DeBOER: So I guess and, and I understand what you're saying there. I guess what I'm, I'm wondering is if what we have here isn't so much a medical problem as it is a legal problem. I mean, in that you said that the difference between the two is that it's over the counter. But that's a legal distinction not a medical distinction. I mean, unless I'm getting that wrong.

JAMES SORRELL: Correct. And again, not speaking at all in my capacity at the department here, but as a physician who's practiced for, you know, again, 27 years, is that there is patients are quote getting it over the counter all the time and utilizing it. And many of them are comfortable sharing with me the positive and negatives about it and their impact. And so there is, you know, that it's happening. The question is, is, is really is what's the role of the profession of medicine? Does it have a role in that practice and I'm disputing that.

DeBOER: Yeah. So it seems to me that your testimony is best sort of netted down to this sort of relationship between this substance, botanical and the medical community and its role in getting the substance from one place to another. Is that fairly accurate?

JAMES SORRELL: I would say it's a clash of training, culture and confidence with the demand for its acceptance by the public.

DeBOER: OK. I am-- just a second, let me look through my notes. Yeah, one more thing because, because you are a physician I'd like to ask you. Are there other instances, and you may not know this, historically when there was a sort of a problem between, I mean, medicine it seems to me is always already going to be behind what the potential for medicine is. There's always going to be medicine out there that we don't know about yet that we could still discover.

JAMES SORRELL: Correct.

DeBOER: So.

JAMES SORRELL: And many times there is as something becomes available there is an enthusiasm for it by the public and it's widely prescribed and then the risks are developed and it narrows down and people hammer down its appropriate use. A perfect example is radium, you know, the radioactive compound. When it was discovered, there was a huge rush of

enthusiasm. That it was a cure-all for everything. Subsequently, people discovered that there were risks of, of getting radium implant caps, implants for in your teeth or for taking small doses of it for con-- indigestion or to help you live longer. And they subsequently found that in fact it was it was actually quite deadly but it killed cancer cells, when directed appropriately, faster than normal cells, and it's become a part-- use of irradiated substances of is a very standard part of a very narrow and specialized part of medicine. That tends to be the way it happens, so medicine is behind. But then sometimes we catch up and we learn things that are helpful to minimize the risks of, of and to develop and refine our armamentarium into ways that really makes a positive difference.

DeBOER: It strikes me then that the difference between this particular substance and the way most medicine goes about sort of being introduced into the human existence is that whereas usually you start with a broader use and narrow it down as with evidence and determination of how it can be used. Right? In this case, it seems like we're starting at the opposite end where there's absolutely no use to maybe a little bit to maybe--

JAMES SORRELL: And I disagree. People are-- I think we've heard ample testimony that it is utilized broadly and widely and people are, have a great enthusiasm and, and are experiencing positive effects from it. So, and so and there are lots of work going on scientifically and clinical medicine to try to hammer down and to improve on that. And again, you funded one such study in 2016-- '15 I believe, was it correct, '15 or '16? I can't remember.

DeBOER: It strikes me that this is really a situation where in a perfect world probably every single person in this room would like to have all the studies to have all the information, to have all of this readily available to us right now so that we could just look at it and say here it's good, here it's bad, here it's good. But that that's in conflict with the very real pain, the very real nausea, the very real. So there seems to be a conflict between having all the knowledge and, and real people's pain.

JAMES SORRELL: And, and again physicians often are in a position of having to stand by without a good answer when people are suffering from lots of conditions. And so that it's an unfortunate part of the business but it is that's where we, we do more. Sometimes we're in a very, physicians are very difficult positions of, of withholding things that they think are outside of the bounds of what could be

helpful. At the same time, being compassionate caring thoughtful and trying to provide some hope and some support.

DeBOER: Thank you very much.

LATHROP: Do you have a question, Senator Chambers?

CHAMBERS: Just a few softball questions, doctor. You were in private practice before you became an employee of the state, would that be correct?

JAMES SORRELL: Yes, I've been in private practice. I'm also an associate professor at the University of Nebraska.

CHAMBERS: And when you were in private practice did you prescribe various psychoactive and other type drugs to your patients?

JAMES SORRELL: Yes, as, as a psychiatrist I have prescribed-- most of the medicines that I prescribe, they are active on the brain, so they're psychoactive to some degree and some were in fact controlled substances.

CHAMBERS: Did you have contact with drug salesmen in your office when they would bring various drugs that they were selling?

JAMES SORRELL: Absolutely. It was they were, as they were sometimes there are more drug salesmen in your office than patients.

CHAMBERS: And would they give you samples and suggest that you report back to them the effect these drugs seem to have on those patients to whom they were given?

JAMES SORRELL: That would have been-- that's, that was a, that was a lowball marketing strategy. They also did other things for people by buying gifts and paying for meals and all those things in the past.

CHAMBERS: If such a thing is done, the only way the doctor would know, whether it's a psychiatrist or a surgeon, is what the patient would report, isn't that true? That's the only way they would have information about how these drugs were working?

JAMES SORRELL: It's an important source, but we also again have databases and research that's accepted and peer reviewed that said directs us beyond each individual.

CHAMBERS: Aside from maybe all that they say they did to get the FDA to approve it and so forth. When a drug salesman offers samples and a doctor would use these samples, the only way that doctor would know how these drugs perform would be based on what the patient who received it told the doctor.

JAMES SORRELL: Irregardless of how you receive, got the medicine, that one of the most important question to ask when you saw a patient was how are you feeling, and was this helpful or not or did you have side effects or the like. Yes.

CHAMBERS: Do you think most adults can count from one to 30?

JAMES SORRELL: Yes.

CHAMBERS: If a person said that her child was having 30 seizures a day and she administered a medication, do you think if the number of seizures reduced she would be able to count the number and determine specifically and precisely if the reduction was steady-- I don't mean just once, but steady? And now there is still an experience of seizures but it has stabilized and the number now is three. You think she could count to three?

JAMES SORRELL: Of course.

CHAMBERS: Do you think she would lie for some person or she would actually be saying that the number of seizures has reduced and now it's three?

JAMES SORRELL: I would not expect her to lie for any reason.

CHAMBERS: That would mean that whatever that substance was, in fact was effectual.

JAMES SORRELL: That's, that's correct. And in fact, that one of the standard ways that physicians report those and try to disseminate those kinds of novel and new things that come about is to write a case report that's published. Not a drug study but a-- and not a funded study, but and I've done several of them, where you find if there an effect, an effect of something that was unexpected or novel in a single or a small group of patients that you think is significant and bears discussion, then that can be submitted for publication.

CHAMBERS: Would you say, oh, excuse me. Would you advocate the prohibition on using this substance by parents who had children with

successive seizures when those when the medication, the botanical, whatever name it was given, reduces the number of seizures, would you say that that should no longer be administered?

JAMES SORRELL: No, I would not tell in an individual that if they were finding something to work for them that they were doing. I would encourage them. The question is whether I was in a position as a physician to prescribe or advo-- or it is a different question. It's a question of are a physician practice, which is within the scope of our licenses and, and standards of care.

CHAMBERS: Now here come the real softball questions. Were you directed to come and speak against this bill.

JAMES SORRELL: I was asked to come and speak, yes.

CHAMBERS: Who asked you?

JAMES SORRELL: The-- I received that call from the communication specialist DHHS, Matt Litt.

CHAMBERS: Who does this person work for who called you?

JAMES SORRELL: Well, works in the Department Health Human Services so works ultimately for the Governor.

CHAMBERS: Now, I was in the army. I was always a private the whole time I was there. I never went overseas, I never shot at anybody, nobody shot at me. I marched. After you get out of basic then it becomes like a job. You work regular hours, you don't have to march all the time. You end at 4:30, you get good meals. But if a general is in the company area, a request from a general is really an order. If he says, soldier will you such and such, you're not in a position to say, no, I will not.

JAMES SORRELL: I will tell you that what the conversation was frankly was he asked me my position on it before I knew that there was a request to testify. And my position on medical marijuana is, is in line with the department's.

CHAMBERS: Had you had any conversations with anybody over there relative to your position on medical marijuana prior to your being requested to come and speak against this bill?

JAMES SORRELL: No. I did not.

CHAMBERS: They didn't know. They just asked you. And if you had said, well, I'm for medical marijuana, would they have allowed you to come here and testify for this bill when the position of the administration is against it?

JAMES SORRELL: I don't know the answer to that but, I mean, it wouldn't strike any of us as being, being, the answer wouldn't be no.

CHAMBERS: Not only-- right. Not only would you not asked if you did it, you'd be fired. I've been a politician a long time. There are politics in medicine, the FDA, every place you find human beings, every place you find people trying to rise from one level to another. Any place where money is involved, politics, not in the classical sense, will come into play. And no underling, I don't mean that disparagingly.

JAMES SORRELL: No, I don't take it that way.

CHAMBERS: No supporter is going to go contrary to what he or she knows that the superior would desire, unless that person is prepared to resign or quit. So I'm always taking with a grain of salt when an employee, especially of this particular administration, who tried for months and months to import drugs that the FDA had said are illegal, they are not allowed into this country. And if they are somehow brought into this country, it is a violation of federal law. And your boss who is the governor continued trying to do that. And I'll send you articles to prove it, if you want it. He is so bull-headed. He is like the person who said, he's a millionaire, he said my religion, my belief, my creed, is millionaire. And that's what happens when you get somebody who did not make money. Whose daddy made money and then gave him money. He becomes arrogant, he becomes insensitive, and he will have no concern for the people who you would be concerned with. When he is talking about giving more breaks to big corporations, he will cut the funds to people who need medical, who needs psychiatric, who need help. So he is a man with no sense of values. So I will not judge you by what he is because you need a job, but I want you to know that I'm viewing with skepticism what you have said, because you know even better than I do the numbers of cases, not just in Nebraska, where people have used this-- I'm gonna call it a medication, and it has worked the way people who came here and testified said that it worked. You might be on the cutting edge of bringing new acceptance in the medical profession to something which has been demonstrated in the

real world to work and not anybody can say. And I asked an expert before you when has anybody overdosed on this, in other words died. But I'm sure you've seen commercials, big pharmacy companies, they have Xs and Zs in the name of their products. May bruise more easily, may cause excessive bleeding, may be fatal. Those, and those contraindications are mentioned by the drug sellers, not because they want the public to know, but there's a federal requirement that before you can put these advertisements on television you've got to list all the bad side effects. Otherwise they wouldn't do it. But at the time they're listening those bad side effects they might have somebody playing with a puppy or skiing in the water or doing something that will catch your attention. But if you're somebody like me who listens, you will hear what it is they're trying to distract you from hearing. Have you ever expressed concern about the way these commercials are allowed to advertise products that could kill?

JAMES SORRELL: Yes. There's been changes made over the years in terms of the trying to limit some of the direct marketing things. But again, I'm as a physician that, that's not who those are aimed at. They're aimed at the consumer, the patient to come to us with something in their hands saying this is what I heard helps and give it to me. And my responsibility is to sort that medication out in the context of their illness and suffering and their needs and their other medicines and to make an informed decision.

CHAMBERS: My final comment.

JAMES SORRELL: OK.

CHAMBERS: You are a doctor of medicine, I'm a doctor of words. I'm a wordsmith and sometimes I correct people who professionally speaking know far more than I could ever know about what their profession is. But I know about the usage of words, and the principle is not "do no harm," the principle is "first do no harm." Am I right or wrong?

JAMES SORRELL: Yes.

CHAMBERS: Yes, what?

JAMES SORRELL: Yes, you are correct.

CHAMBERS: Thank you. In my modesty--

JAMES SORRELL: Not necessary.

CHAMBERS: I want to thank you.

JAMES SORRELL: You asked about Latin earlier. So that's why.

LATHROP: Senator Slama has question for you.

SLAMA: I will be brief. So let's zoom back into LB110. Do you remember LB110?

JAMES SORRELL: I do.

SLAMA: OK, great. So what are your specific concerns with the bill? In brief?

JAMES SORRELL: Specifically there, that I'll give you some-- run through the list of indications for which it is, it's problematic, for which it's some of those are in fact would worsen, Senator, by far.

SLAMA: Specifically could you name examples?

JAMES SORRELL: Hepatitis C, mood disorders. Those are definitely, there are forms of, of movement disorder, there's forms of neurologic, neurological conditions that would worsen. I think Alzheimer's is on that list. So that those are several. Other is, is that it's there's no clarity in terms of what the role of the physician is, other than providing a, that the person has a one of these, a condition for which cannabis would legitimize their going to someone in a dispensary. And no-- and so there's also lots of issues about saying that physicians-- for instance another one would be physicians would not be, cannot be held accountable simply by utilizing the medicine by a licensing board. But there aren't clear standards of what's appropriate use in this setting, where we don't have evidence, and where there aren't clear guidelines about-- because there has to be-- whether or not-- there's no clarity that in it that there needs to be, what would be an adequate assessment and follow through and follow up and what's the strength of the relationship and that, that's not addressed in it either.

SLAMA: We also had testimony today concerning the dosages permitted under this law in Section 3 (1) through (5), they total to, as our expert testimony in favor of this bill confirmed, totaling to 375 marijuana cigarettes and another 276-day supply of other oils and cannabis products. In your opinion, is that too much?

JAMES SORRELL: Again, it would-- a person-- that's the levels. If someone was using that much, they would clearly be at the levels of dependency. And in fact, it's the higher doses where you-- the higher the dose, the higher the potency, the more likely chronic use would turn into dependency with withdrawal and other adverse effects that the person would, would experience. And there'd be other social and medical consequences.

SLAMA: Great, thank you.

LATHROP: I think that's it.

JAMES SORRELL: Thank you.

LATHROP: I appreciate you being here and your patience. Thanks, Dr. Sorrell.

JAMES SORRELL: --very much. Thank you.

LATHROP: For everybody else, if we've already covered the ground you want to cover, don't feel compelled to testify. We don't want to discourage you, but at the same time.

SHERI DAWSON: Good evening, Chairman Lathrop and members of the Judiciary Committee. My name is Sheri Dawson, S-h-e-r-i D-a-w-s-o-n, and I serve as the director of the Division of Behavioral Health within the Department of Health and Human Services. Because there have been points made earlier today through testimony, I won't review point one, which is that I oppose the bill. One point because of the FDA approval. I will move on to my other points. I certainly have compassion for the individuals experiencing medical conditions, and we've heard several today. And I can understand that they have had an experience where marijuana has been helpful. However, in terms of public and behavioral health, when there's inconclusive information concerning medicine and the medicine is not approved by the FDA, we must focus on the safety and efficacy. The public and behavioral health concerns to consider are related to some unknown effects, effects on pregnancy related to cannabis, smoking cessation efforts, and unintentional injuries to young persons and more. In terms of behavioral health, we have concerns with the effect of marijuana on youth. Cannabis can be harmful to adolescents and young adults because of the impact on their developing brains. Use during adolescence may increase the risk of cognitive, emotional impairments and have other negative effects. For individuals admitted to the Division of

Behavioral Health Services, marijuana is the third most common drug of use. While studies vary, we do know there is a percentage of individuals who try the drug and will become addicted. Hastings Regional Center in calendar year 2018 for the young men served there, they were admitted for drugs of use. Number one is cannabis, number two is alcohol, and number three are sedatives. A federal Substance Abuse Mental Health Services Administration, SAMHSA, report has stated that youth attitudes about the risks associated with substance use are often closely related to their use and with an inverse association between use and risk perceptions. There are societal changes with medicines being used recreationally but there are new perception challenges by moving an illicit drug, recreational drug to a medicine. And legalizing marijuana could be detrimental to our current DHHS prevention efforts. The final concern I'm sharing is the creation of the Marijuana Enforcement Division. It's unclear, it may become a DHHS function. The creation of this entity could will create new responsibilities with little guidance and an unreasonably short implementation time line. So in summary, the FDA issue is of concern. Negative impacts on public and behavioral health and the business created or the burden, excuse me, created by the Marijuana Enforcement Division. So I thank you and I'll be happy to answer questions.

LATHROP: Thank you, Ms. Dawson. I see none. Thank you for your testimony. Good evening.

MAGGIE BALLARD: I wasn't going to leave now, two spots away.

LATHROP: Well, you've hung in there this long.

MAGGIE BALLARD: Exactly.

LATHROP: That doesn't mean you don't have to, you can't be brief.

MAGGIE BALLARD: I will try. So good evening. Thank you for staying here. My name is Maggie Ballard, M-a-g-g-i-e, last name B-a-l-l-a-r-d. I am a substance abuse prevention specialist at Heartland Family Service, I also oversee our legislative advocacy task force and I have been with the agency for almost seven years. I became passionate about preventing substance abuse because I myself am in recovery. Alcohol was my drug of choice but, as you can imagine, I attend AA meetings with people that used alcohol, meth, opioids, and, yes, marijuana. There a lot of people in recovery for their addiction to marijuana. Each time medical marijuana is brought up I struggle with sharing my opinion because, as Senator Morfeld or Senator Wishart can attest to,

my views are not popular, particularly amongst people my age and in the political party that I closely identify myself with. So that's why I'm not going to share my opinions or at least not to start with because my opinions aren't what is important. The facts are what's important. The fact is marijuana is a lot stronger today than it was back in the 1960s or '70s. So you have my testimony in front of you. Going kind of over what those numbers are. And that just goes over what's in the plant. Obviously when we get into the edibles, the THC concentrates, the oil extraction takes it up to anywhere from between 70 to 90 percent THC. Another fact is that many people do in fact get relief from their pain, symptoms, disease, and diseases and other problems when they use marijuana. Another fact is that marijuana is an addictive substance that approximately one out of every three users develop a use, use disorder with, and one in nine users develop a severe use disorder that can be thought of as addicted. The fact is that states with medical marijuana have higher rates of illicit use than states without it. And the fact is that marijuana, especially THC, is harmful to the developing brain. And I know, I know, so is alcohol, so is nicotine or all these other things. The fact is though that two wrongs, three wrongs, four wrongs, five wrongs don't make a right. I fear that the desire to be consistent is being placed above what I would hope would be a much greater desire, which is to place public health first. So what would a balanced public health approach to medical marijuana look like? It might look like the state of Iowa's medical CBD program where there is a 3 percent limit on the THC, where people don't smoke their medicine. It might look like tracking people's medications on me high like we do with other prescriptions. It might look like having some regulations to ensure that a medical pot shop isn't set up on every other street corner in low-income neighborhoods. It might look like having a restriction on advertising so that a medication is not advertised like pop or candy to the public or like other pharmaceuticals are on TV. It might look like pill capsules and tinctures rather than edibles like pot candy and cookies that have been infused with high-potency THC oil. It might look like Sarah Howard's bill from last year, one that limits the amount that a patient can have filled at the time. The last thing I will say is that I just won't understand how we as a country or we as a state have witnessed how out of control public health can get when we let a pharmaceutical industry or a tobacco industry sell their product and claim that there is no chance of addiction occurring. I just, I don't understand why we would want to add that here in Nebraska.

LATHROP: OK. Thank you, Maggie. Appreciate you sticking around and sharing your information.

MONICA OLDENBURG: My name is Dr. Monica Oldenburg, M-o-n-i-c-a O-l-d-e-n-b-u-r-g. I'm an anesthesiologist practicing here in Lincoln. Previously I was in private practice in Colorado for ten years. I've lived the marijuana experiment. One major concern I have at this bill is approval of medical marijuana in all forms: joints, blunts, dabs, vapes, hash, wax, shatter, butter, all the different high concentrations. This bill says nothing about limiting THC content. Trying to summarize some of what's been gone through. And teen use is my primary reason for advocating against this bill. There's all the stuff that's been said by everybody previously about rapid brain development. It impairs short-term memory and judgment, distorts perspective, leaving youth less likely to graduate from high school and increased risk of other substance use and suicide. Contrary to popular myth, marijuana is addictive and there is an increased risk of addiction the earlier one begins use. You may wonder what this has to do with medical marijuana. In states with legal medical marijuana, one-third of the 12th graders they surveyed said the source of their marijuana is another person's medical marijuana prescription. I have concerns also about the increasing amount of women treating morning sickness with marijuana. Seventy percent of the medical dispensaries in Colorado recommended marijuana to help treat morning sickness. Known consequences to the unborn child are low birth weight, potential decreased IQ, increased depression by age 10, increased behavioral problems, and increased risk of addiction later in life. Last year, I spoke against the medical marijuana bill. I was asked how long I was willing to let people suffer and be in pain before helping them. I did my anesthesia residency from 2003 to 2007 and did multiple months of pain medicine. My attendings asked the very same question and said we have the ability to treat people and give them a life free of pain using large dose of opiates. Fifteen years later we see the dire consequence of that mindset of treat pain with no regard to long-term repercussions. Most people who smoke do not get lung cancer. Most people who drink and drive do not kill others. Tylenol, which is an over-the-counter medication, can cause liver failure if given in large enough doses. Yet, we are not afraid as a society to publicly educate everyone about the risk. Why do proponents of marijuana in all forms discount any possible negative side effects? As a physician, I have to know who is appropriate to give medications to and in what doses and what potential side effects. That's responsible medicine. It's been stated no one ever died from marijuana. Levy Pongi was a college

student who jumped off a balcony to his death after eating a marijuana-laced cookie. Chad Britton was a 16 year old who stepped out of his car at lunch and was mowed down by a fellow student who'd been dabbing. Peyton Shelton [PHONETIC] was an eight-year-old out for a bicycle ride in the crosswalk when she was hit and killed in front of her dad by a 20-year-old who had just smoked a joint. Again, this bill is not limiting the high-potency concentrates and edibles. To quote a documentary filmmaker Jody Belcher, "The notion that marijuana is safe and natural, combined with the lack of education about risk in today's increase in potency, is creating a perfect storm for a national health-- health epidemic. The collateral damage will be huge." We have the opportunity to prevent this future for Nebraska.

LATHROP: Thank you, doctor. I appreciate your testimony. Looks like we have no questions for you.

STEVE HENSEL: My name is Steve Hensel, H-e-n-s-e-l, I am Crete's chief of police. I'm currently the president of the Police Chiefs Association of Nebraska. I've been asked to represent the association today in opposition of this bill. The definition of qualifying medic, medical condition in Section 17 begins by outlining specific conditions. It ends, however, with any other illness for which cannabis provides relief as determined by the participating healthcare practitioner. Colorado's Amendment 20 which first permitted the medical use of marijuana in that state left such a determination with their state health agency and not any single practitioner. The amount of permitted can, cannabis by a single patient as listed in Section 23 is voluminous. Colorado's Amendment 20 stated a patient may engage in the medical use of marijuana. With no more marijuana than is necessary to address a debilitating medical condition. Adding, no more than two ounces of usable form of marijuana and no more than six plants. I go on, our, our bill is far more liberal than that, far more permissive. LB110 provides no safeguards for children that might be residing at a patient's home. Secondhand smoke and the potential access to such large amounts of marijuana and varying and unregulated potency are significant threats. I heard that there's been an amendment that allows for plants to be locked. That's a step in the right direction we would say. I'd also add that law enforcement, its duty is to do the best we can to enforce the laws that you all enact. We don't-- the association doesn't sit before you and try to regulate your performance, we share our concerns and we're here to serve like you. That's all I have, Senator.

LATHROP: Thank you, Chief. We appreciate your testimony and the perspective of the Police Chiefs Association. We've got some questions. Let's start with Senator Brandt and work our way towards me.

BRANDT: Thank you, Chief Hensel. And Chief Hensel is a constituent of mine. As a practical matter, if this would pass like it is right now, what do you see happening in the city of Crete?

STEVE HENSEL: I haven't given that specific thought. I don't have an answer for you.

BRANDT: All right, thank you.

LATHROP: Senator Chambers.

CHAMBERS: Chief, I almost don't know how to ask you a question because you answered that so directly and forthrightly, which some people in your position don't do. So I've got to recover. Now, again, looking at words, how would you pronounce this abbreviation for your organization if you pronounce it as a word?

STEVE HENSEL: Pecan.

CHAMBERS: And what are those.

STEVE HENSEL: A pecan? Is that what you're--

CHAMBERS: And what are they?

STEVE HENSEL: I think I know where you're going, I would say they're nuts.

CHAMBERS: Okay, I'm going leave you alone. Thank you, though. I don't have any question.

LATHROP: All right.

STEVE HENSEL: Thank you, sir.

LATHROP: You've made it, Chief. Thanks.

DAWN BUELL: Hello, my name is Dawn Buell, it's spelled D-a-w-n B-u-e-l-l. I'm a mother of eight. I graduated UNL in secondary education and a business woman. I've operated a corn detasseling business for 21 years here in Nebraska and count it a privilege to

walk with wonderful teenagers and college students through our cornfields. And I'm really glad to do that. But one of the things growing up here in Lincoln that I was privileged to have this experience was that my parents let me buy a horse when I was 12 years old. I did a paper route, saved all my money. And one of the first things my dad taught me with that horse was to not let its bit get, get in its mouth. You've got to put that bit back behind the teeth because if a horse takes that bit in its mouth, they'll run you ragged and you have no control because it can run flat out. I'm worried about this bill, LB110, as if you're putting the bit in the horse's mouth and it can run pretty much without control. I think you guys have done a lot of work on it. There are a lot of, I, I read through the 45 pages. There's a lot of detail in there that I really appreciated, but I think there's some things missing. Just really quickly, having operated this detasseling business for 21 years, I've come to appreciate the curiosity of teenagers. If it's available, they will try things. And it was really sad this last couple of summers, I've had to deal with vaping. Didn't have to ever deal with that before but I've had to come up with new things to deal with vaping. Secondly, just personally in my own family, our oldest daughter, Hannah, who's 31 years old, down in Kansas City, a couple of years ago her roommates found her on the kitchen floor with a pile of blood around her head, a pool of blood. She has seizures but she firmly believes-- severe seizures. She firmly believes that there are better options than, and I know it's a choice thing, whether you want to do it or not. But she believes that there are better options than cannabis because the research that she's done. She feels like it's really just a numbing thing and taking care of the symptoms and really kind of a hopeless venture of not looking for a cure. So I ask, are we just looking to him impairing things or improving things with this bill? Our third daughter, Heidi Buell, is a nurse in Colorado. And my phone was blowing up with texts from her because she's a postpartum nurse and she sees firsthand the effect of newborn babies who are born now to mothers who unwittingly have been using marijuana. Usually, it's also with other drugs in conjunction and she has to have the sad job of telling these new moms, you can't breastfeed. There are risks involved, involved in doing that with your addiction to marijuana. And she sees those numbers growing all the time. My final point is, it's been brought up before, is that just as a layperson, I guess I have some, some trust when I go and buy even over over-the-counter medicine, you know, Tylenol or ibuprofen or whatever, it says how many milligrams. I know what I'm getting. But I'm really concerned about this open-ended plants in the home because I think that that is a

dangerous way to go for our young people, I'm speaking up for them as a business owner and as a mom.

LATHROP: Okay. I appreciate your perspective and your account today.

DAWN BUELL: Thank you.

LATHROP: Thank you. Looks like we're down to three. Is there anybody here for-- you're-- OK. No, everybody's gonna be heard tonight.

LORELLE MUETING: Thank you for your patience tonight, Senator Lathrop and members of the committee. My name's Lorelle Mueting, L-o-r-e-l-l-e, last name, M-u-e-t-i-n-g. And I apologize, I've eaten an entire bag of cough drops today trying to keep myself from having cough attack so.

LATHROP: If you can pull that mike a little closer to you, it would help us.

LORELLE MUETING: If that happens--

LATHROP: Thank you.

LORELLE MUETING: --I apologize. And there have been a lot of testimony today that I won't reiterate. You have my written testimony. I'm the program director for prevention services at Heartland Family Service. I've been in the field of prevention for over 16 years. The face of prevention for me is the kids that I see on a daily basis who are confused about marijuana. They're confused whether it's helpful, whether it's harmful. They're hurting, they want to self-medicate. We have mental health issues all over in our society. And these kids are hurting and they don't know what to do. And so when they try marijuana and they develop an addiction to it that is the face of prevention for me. And I'm here today just on behalf of thousands of Nebraskans whose voices go unheard, whose story goes untold, they're the stories of addiction. There are stories of grief and loss, and who's to say that one person's story is more important than anyone else's? I've been accused of being hard-hearted, that I don't care about sick kids or sick people. And that's simply not true. But I'm also very frustrated because no one wants to hear my point of view, like Maggie stated earlier. My position is unpopular and no one wants to hear about that. We know that marijuana is addictive. That's been talked about. We know that its potency is increasing and that's part of the problem with this bill. This isn't a natural plan anymore. Many of the folks this

afternoon talked about natural medicine. This isn't natural medicine. This isn't a-- this is a medicine, a medicine or a product that's manufactured by a for-profit industry that's based on addiction. The THC content is skyrocketing of these products and LB110 does nothing, as we have heard to limit any of that. Edibles are, are OK, possessing three ounces on your person is OK, possessing eight ounces in your house would be OK if LB110 passes. And that's not acceptable for the state of Nebraska. We know that THC harms the developing brain and we know that this-- this bill doesn't look like a medical marijuana bill in my opinion. A medical marijuana bill would put strict limits on dosing, it would put strict limits on content of the product, it would put medicine in the form of medicine, not just being able to smoke whatever flower you want. It's disingenuous to me to bring this bill as a medical marijuana bill when in reality this bill looks like a legalization and general bill. That's what I feel about this bill. You guys have my testimony. Thank you for your time. To answer Senator Brandt's question earlier about Nebraska youth, according to the Nebraska Risk and Protective Factor Student Survey 2016 data, lifetime marijuana use for 12th graders is 32.4 percent in the state of Nebraska. Current marijuana use is 15.7 percent for 12th graders in the state of Nebraska. And current marijuana use would mean use in the last 30 days.

LATHROP: Thank you for that information and your testimony Yeah, and your patience. Is it still January 25th? We're getting close to having to change the date on those testifier sheets. Good evening.

JOEL JAY: Good evening. My name is Joel Jay, J-o-e-l, last name, J-a-y. I am the Deuel County attorney and I'm here on behalf of the Nebraska County Attorneys Association so that there is a record that they are in opposition to this bill. I think I'm also here because Deuel County, I don't know how many people know where Deuel County is located because it's a ways from here. Where we sit is in between Cheyenne and Keith County, which would be Sidney and Ogallala. When I go to work, my office, if I would get up at my desk at 8:00, I could walk to a dispensary by noon in Sedgwick, Colorado. And so I think I was asked by persons to appear because I might have more of my own anecdotal to share with the committee about things that I've seen. The sheriff's office does a number of traffic stops that end up resulting in finding items that are THC-infused. Those things include items that look like gummy bears or cookies or brownies. And it doesn't appear that there things that address those kind of concerns. Those things do not have much information as far as labeling on them. For instance,

when I was watching the football game last Sunday, apparently Bud Light is going to have an ingredient label that's going to be placed on the side of their packaging now. None of these packages that I've seen that's come through, whether or not they are candy bars, some of them might say 10 dosages but it doesn't tell you exactly what it is. There might be a package of gummy bears. Those things are a concern, I think, as the County Attorneys Association. I can only speak from mine, but I think generally the county attorneys are public servants that are looking out for society as a whole and how these things could be marketed, how they're going to be handled. I look in here and I don't see some of that. I see that they talk about independent laboratories, but also in the manufacturing process and taking place when you're talking about these THC products, they're made in a couple different ways. One's a mechanical way where there's a type of extraction of the resins through sometimes a roller system that that pulls the juices out to make that concentrated form. Another was mentioned earlier today where it's they used in the butane. Those, either one of those, I don't know how the plan is to regulate what are those are. The ones the use the blue-- butane can be dangerous. I've seen some of those effects, just of how they could be used. There was a time when we were worried about methamphetamine labs and there was a crackdown, and I think there are some improvements. We don't want to move from one to another. I don't know what sort of regulations are put in place there to take care of those sort of things. So again, where I'm positioned, I have I-76 and I-80 that come through our county. So I've seen a lot of these types of products and just concerned about what can happen with them.

LATHROP: OK. Thank you, Mr. Jay.

JOEL JAY: Thank you.

LATHROP: Good evening.

RICHARD WALL: Good evening, Senator. My name is Richard Wall, Richard J. Wall Junior, W-a-l-l. I'm a constituent of Senator Wishart, and I really am coming here, I really can't add a lot to what has been said. I am opposing this bill but I have a question for all the senators. And I'd like to give a little context on it. I've noticed that all or almost all the states that have recreational marijuana right now began it with medical marijuana. And I'd like to just hear from the senators here, particularly Senator Wishart, whether this medical marijuana bill passes or not, will you give a commitment that you will not introduce, support, or vote for recreational marijuana in the state in

Nebraska? That's really all I want to find out. And I'd like to also give a little context. My wife and I own property in Colorado. And one reason we left that area, we sold our land to come to Nebraska, was we didn't want to be around a place that had marijuana so available. We were, one time, I'll never forget, we were in a very nice part of Fort Collins on the Fourth of July. Minding our own business and a young man comes up to us says, hey man, you got some pot to sell? And I said, do I look like I'm a pot dealer? It was, was really shocking. This is kind of what you're getting. I also have a relative who grew up in California and maybe had a predisposition to a mental illness, but he started smoking pot at a young age and he had a psychotic break when he was in his 20s. We got one of the finest psychiatrists out there that was from UCLA to study my relative and he was-- I thought he's probably be in favor of pot because he's a medical school graduate and a psychiatrist from Georgetown University. But I was surprised. He was very much opposed to it, he said, I want to show you something. And he took us to see a video, a computer screen, and it had like two brains. He said the brains on the left are brains of people that these were starting at age 14. This was the control group that never smoked marijuana. Here's on the right are the ones who started smoking marijuana at 14. At 14, the brains, I'm a layman. I'm not a medical doctor. And the brains looked the same, even to me. He said, now let's look at age 17. And he clicked to them the brains on the left look pretty much like the brain when they were 14. I could see the difference at age 17. He said, what you're going to have if this stuff, if, you know, with this legalization of marijuana, you're going to have a group of people, a population that has when they're seven-- when they're 37, they're gonna be in some respects like 14-year-olds and it's gonna be a dependent population and the government's going to end up paying for it. So that's all I really have to say. But I would like to hear from every senator here. Will you commit to not introducing supporting or voting for recreational marijuana here in the state in Nebraska? Thank you.

LATHROP: OK. Thank you for your testimony, Mr. Wall. And I do think we're down to our last testifier. Is that right? Is there anybody else here that's testifying in any capacity? Okay. We're going to have a brief close by Senator Morfeld, who is a co-sponsor. Brief close.

MORFELD: Very brief.

LATHROP: Very brief. Very brief close. Good evening and--

GREGORY LAUBY: Good evening. Senator Lathrop, committee members, I'm Gregory C. Lauby, G-r-e-g-o-r-y, C as in Christian, L-a-u-b-y. I've been involved in this for some years. I remember the hearings that Senator Crawford's proposal failed to address the needs of a child suffering from severe and frequent seizures. And since that time, this committee has heard bills offered by Senator Garrett and Senator Wishart. And during those hearings, adults appeared describing their desire and need for legal access to cannabis and their rational belief that cannabis would improve their health. Experts and the results of a UNMC study on seizures, as well as thousands of studies, confirm those beliefs are realistic, as does the testimony that you've heard today. As adults, what I believe they're asking is simply permission to have the right to choose whether or not they engage in something that rationally they believe can help their health. Take away the statements colored by self-interest and the opponents offer little more than fears and uncertainties about the possible adverse effects of a nontoxic plant reported to be effective in treating opioid, cocaine, and tobacco addictions. And those who oppose the use of adult cannabis for medical purposes have not conducted nor have they studied the studies they purport to believe are required before that can happen. They have not lobbied to remove the legal restrictions preventing legitimate studies in this country. Their arguments shouldn't be taken seriously. The public doesn't. Acceptance is so widespread, voters have opened access by initiatives, and even legislators now are removing restrictions. Thousands find relief from their pain with CBD despite the Nebraska Attorney General's ill-considered policy. And Canada and nine states have legalized some forms of adult use and the federal bills are pending to legalize it and remove cannabis from the controlled substance statute. But now here in Nebraska comes the Trojan horse. And this bill that was-- I got a copy of the amendment yesterday has some 50 pages with 83 new positions, creating six new crimes, one of which carries a $1,000 fine for violating rules and regulations which are not yet written. That's more guns-- or more regulation than gun sales and use have, and this bill was just a part of the regulations if, if enacted. Given the shortness of time, I'll just point out that this bill can contemplates the first cannabis product being delivered to a retail store called a dispensary in May 1, 2021. That's two-and-a-half years ago. The Gillens who were in here today you're gonna have to wait that another two-and-a-half years to get any kind of relief under this bill, and so will everyone else who testified here. And it's subject to a six-month extension, which could be extended even farther. The governing board is a nine-person governing board, seven of which are appointed by the

Governor of the state and the other one is a chief healthcare officer of the state also appointed by the Governor. And then there is one state senator. Now, what kind of regulations are going to come out of that board? I would predict that under this governing subject there will not be a single person get a single dose of lawful cannabis under this structure as long as the present executives stay in office.

LATHROP: Mr. Lauby?

GREGORY LAUBY: Yes?

LATHROP: Can I ask you a question?

GREGORY LAUBY: You certainly may.

LATHROP: Is your opposition because this thing doesn't go far enough fast enough.

GREGORY LAUBY: That's one.

LATHROP: Everybody, everybody that we've heard in opposition doesn't want the bill because they don't want this stuff to happen. If I'm listening to you and hearing what you're saying, you think this doesn't go fast enough and far enough.

GREGORY LAUBY: That's correct. And the, and the other provisions of it continually preserve the restrictions and the prohibitions are in place now and add to them.

LATHROP: OK. Let me see if anybody else has a question for you. I see none. Thank you for your testimony, your patience. I think you've been here from start to finish, so you've had a long day as we have. And we'll have Senator Morfeld close.

GREGORY LAUBY: Is there, is it possible to keep the record open for additional written comments, given the fact that the amendment was so late being published?

LATHROP: You know, I appreciate that concern. I will tell you that there is nothing that precludes you or anybody else from continuing to write members of this Legislature. And I think that'll be the medium for or the method by which people can communicate further on the bill because at some point I have to close this hearing and it is now a quarter to 9:00 and I think we've given it a fair--

PANSING BROOKS: Neutral.

LATHROP: Oh yeah. Okay. Thank you.

GREGORY LAUBY: I appreciate the fact that all of you have endured this for so long. Thank you.

LATHROP: Yeah. I, is anybody here in a neutral capacity? Okay, terrific. Senator Morfeld, let me read into the record the letters that we've received on this matter. In support: Dustin Jennings, Nebraska Democratic Party's Veterans and Military Family Caucus; Shari Lawlor; Abby Osborn; Marrianne Williams; Shannon McGovern; Neeley Gentry; Jackie Collett; Lisa Stamm; Stephanie Johnson; Kelsey Wilson, with the National Association of Social Workers Nebraska Chapter; Michael Meyer; Benjamin Marksmeier; Emily Larson; Paula Bohaty; Amy Miller at the ACLU; Diane Brennan; Wyatt Dunn; Rory Cruise; Andrew Hemmer; Roger and Teresa Mobery-- Moberly, pardon me; Jessamyn Johnson; Jessica McClure; Sarah Zuckerman; Colby Johnson. In opposition: Dr. John Skretta, S-k-r-e-t-t-a, Nebraska Council of School Administrators; Kay Orr; Joni Culver, Nebraska Pharmacists Association; Kathleen Grant; Randy Fair, the Keith County attorney; William Noel; Rachel Terry; Benjamin Terry; Doris Peters; Timothy Sounds. And in neutral: Bryan Slone of the Nebraska Chamber of Commerce and Industry. Senator Morfeld to close.

MORFELD: Thank you, Chairman Lathrop and members of the committee. My name's Adam Morfeld, A-d-a-m M-o-r-f-e-l-d, representing District 46, also a co-sponsor of this legislation. Senator Wishart really did want to be here, we co-hosted an event tonight for the people that testified and will never schedule it on the same night of the medical marijuana hearing moving forward. So one of us had to go. Senator Wishart wanted me to convey that number one, there was a lot of misinformation that was spread today in the hearing. And she'd like to clear that up with each of you individually and discuss that. Number two, she's more than willing to work with any of you that have concerns and make amendments to the proposed legislation, and will in fact be doing that with the Nebraska Medical Association and the Fraternal Order of Police who she's working with right now. And then, as a side note, I would hope that all of us would come to a conclusion on this because we've pushed the ball down the road for too many years on this issue. And quite frankly, if we don't do something this session, we're gonna have a ballot initiative. It's going to be a constitutional amendment, and it polls at about 70 to 80 percent of

Nebraskans and it will pass. So thank you very much for your time and consideration this evening.

LATHROP: Thank you, Senator. And with that, our hearings are concluded for the day.