

**LATHROP:** If you're not familiar with our process, I have a little thing that I read ahead of time to kind of give you sort of how we run the hearings and how we conduct our business here in the Judiciary Committee. If you've heard it, I apologize. But just as a reminder, my name is Steve Lathrop. I represent Legislative District 12 in Omaha. I am also the Chair of the Judiciary Committee. Committee hearings are an important part of the legislative process and provide an important opportunity for legislators to receive input from Nebraskans. If you plan to testify today, you will find yellow testifier sheets on the table inside the door. Fill out a testifier sheet only if you're actually testifying before the committee and please print legibly. Hand the yellow testifier sheet to the page as you come forward to testify. There's also a white sheet on the table if you do not wish to testify but would like to record your position on a bill. This sheet will be included as an exhibit in the official hearing record. If you are not testifying in person on a bill and would like to submit a position letter for the official record, all committees have a deadline of 12:00 noon Central Time the last workday before the hearing. Please note there's a change this year. Position letters, to be included in the official record, must be submitted by way of the Legislature's website at [nebraskalegislature.gov](http://nebraskalegislature.gov). This will be the only method for submission of letters for the record other than testifying in person. Letters com-- and comments submitted by way of email or hand-delivered will no longer be included as part of the hearing record, although they are a viable option to communicate your views with an individual senator. Keep in mind that you may submit a letter for the record on the website or testify at a hearing, but not both. We will begin each bill hearing today with the introducer's opening statement, followed by proponents of the bill, then opponents and, finally, by anyone speaking in the 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 by giving us your first and last names and spell them for the record. If you have copies of your testimony, bring up at least ten copies and give them to the page. If you are submitting testimony on someone else's behalf, you may submit it for the record but will not be allowed to read it. Today, we will be using a three-minute light system. When you begin your testimony, the light on the table will turn green; the yellow light will come on when you have one minute left; and when the red light comes on, we ask that you wrap up your final thought and stop. As a matter of committee policy, I'd like to remind everyone, the use of cell phones and other electronic devices is not permitted in the-- during public hearings,

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although you may see senators use them to stay in contact with staff. I'd ask that everyone look at their cell phones and make sure they're in the silent mode. Also, as a reminder, verbal outbursts or applause are not permitted in the hearing room. Since we've gone paperless in the Judiciary Committee, senators will be using their laptops to pull up documents and follow along with each bill. You may notice committee members coming and going. That has nothing to do with how they regard the importance of the bill under consideration, but senators may have bills to introduce in other committees or other meetings to attend to. And with that, we'll have the committee members introduce themselves, beginning with Senator DeBoer.

**DeBOER:** Good afternoon, everyone. My name is Wendy DeBoer. I represent District 10, which is in northwest Omaha.

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

**PANSING BROOKS:** Welcome, everyone. I'm Patty Pansing Brooks, representing Legislative District 28, right here in the heart of Lincoln, and I'm the Vice Chair of this committee.

**MORFELD:** Hello, everybody. My name is Adam Morfeld. District 46, northeast and central Lincoln.

**GEIST:** I am Suzanne Geist, District 25, which is the southeast corner of Lincoln and Lancaster County.

**LATHROP:** Assisting the committee are Laurie Vollertsen, our committee clerk, to my left, and Neal Erickson, one of our two legal counsel, to my right. Our committee pages today are Bobby Busk and Logan Brtek. And with that, we will begin our hearing today with LB907 and Senator DBoer. Senator DeBier, welcome to the committee.

**DeBOER:** Thank you very much, Senator Lathrop and members of the Judiciary Committee. Good afternoon. My name is Senator Wendy DeBoer, W-e-n-d-y D-e-B-o-e-r, and I represent Legislative District 10 in northwest Omaha. I'm here today to introduce LB907 to adopt the Uniform Community Proper-- Property Dispossession-- Disposition at Death Act. And I want to say thank you for all the cameras who are clearly here for this bill. [LAUGHTER]

**LATHROP:** I'm sure.

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**DeBOER:** The law of marital property is not uniform. Nine states and a number of foreign countries are community property jurisdictions where any property acquired by a married couple is presumed to be jointly owned by both spouses. Nebraska follows the majority rule that makes no such presumption and recognizes individual ownership of property by married persons. Community property acquired by spouses in a community property state retains that status, even if the spouses eventually move to Nebraska, a non-community property state. LB907 provides guidance to Nebraska trustees, judges, and estate administrators on how to deal with the distribution of community property at death. The act provides a set of default rules to ensure that equitable distribution of community property when the first spouse dies. It assists courts in determining the character of property when there is a dispute between potential heirs. The act also clarifies the process for partition-- partitioning or reclassifying community property for couples who mutually agree to separate their interests and provides a remedy to address bad-faith transfers intended to impair the property rights of one spouse. I introduced this bill on behalf of the Uniform Law Commission, and there will be testifiers following me who can speak on behalf of the commission. I appreciate your time and I'd be happy to answer any questions that you may have.

**LATHROP:** I see no questions but thank you, Senator DeBoer. We'll take proponent testimony at this time. Good afternoon.

**STEVE WILLBORN:** Good afternoon, Mr. Chairman. Members of the committee, my name is Steve Willborn, S-t-e-v-e W-i-l-l-b-o-r-n. I'm a professor of law at the University of Nebraska, and I serve as a member of the Nebraska Commission on Uniform State Laws. My testimony is on behalf of the Commission. The Nebraska Uniform Law Commission is our delegation to the National Uniform Law Commission. The other members of the Nebraska delegation include Harvey Perlman, Arlen Beam, Larry Ruth, Joanne Pepperl, Jim O'Connor, Marcia McClurg, and Don Swanson. The National Uniform Law Commission is a confederation of all the states to draft laws where uniformity is appropriate and desirable. The Uniform Law Commission drafts its proposals through a very transparent process with active participation by stakeholders and interest groups. We're also interested in having states enact our products and, as a result, our uniform acts tend to reflect a fair balance of the interests of multiple stakeholders. As Senator DeBoer mentioned, this act provides guidance to trustees, judges, and estate administrators in Nebraska, a non- community property state, about how to deal with community property when it enters the state. This act is a recent and improved update of a 1971 act on the same topic.

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That act was enacted in about half of the states for which it was appropriate, that is, non-community property act states, including several in our general region, such as Colorado, Wyoming, Utah, and Minnesota. I don't think it was ever introduced in Nebraska, and I don't know why. But at any rate, this act improves on the prior act by attending to the now-common practice of nonprobate transfers between spouses and by dealing with bad-faith acts or mismanagement of community property. Right now, as Senator DeBoer mentioned, nine states are community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. Another five states permit spouses to acquire community property by agreement: Alaska, Tennessee, Kentucky, South Dakota and Florida. And in addition, community property may enter the state if people move here from foreign or territorial civil law jurisdictions and there are more than 100 of them. People do move here from other states, and I have some data on that in the written comments that I forwarded to you, so-- but-- so I won't say that. There's a citation in there, so you can look it up yourself if you want. LB709 [SIC--LB907] clarifies the rules about how to deal with community property and, in so doing, it should make litigation less likely. It protects against misuse of community property, and yet it retains great flexibility to bring in people to manage their joint property by agreement if they wish to do so. It's the kind of well-drafted, plain good governance act at which the ULC excels. So I urge you to support LB709-- or 9-- LB907.

**LATHROP:** Appreciate that. Any questions for Professor Willborn?

**STEVE WILLBORN:** They know I'm a labor lawyer, I think. That's why--  
[LAUGHTER]

**LATHROP:** OK. I was just waiting for-- to see if Morfeld was going to ask any questions while you're on the mic. I see none. Thanks for being here--

**STEVE WILLBORN:** Thank you.

**LATHROP:** --again, Steve. Bill, back twice in one week.

**WILLIAM LINDSAY:** It's amazing, Senator. My name's William Lindsay, W-i-l-l-i-a-m; Lindsey is L-i-n-d-s-a-y. I'm a private practice attorney in Omaha, and I'm here on behalf of the Nebraska State Bar Association. We heard one thing that I want to make clear. This does not make Nebraska a community property state. That is not the intent of this bill. That does not-- is not what it does. I've heard there's some confusion about that and I want to clarify that. What we are

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doing is recognizing the reality that there are people in Nebraska who have community property because they lived in other states, and under our constitution they do not lose those rights because they chose to move to Nebraska. So what this is really doing is providing procedures, and one of the important things that it provides is a short statute of limitations to try to get any litigation that may occur done relatively soon after death. It can be six months after the appointment of a personal representative or a year after the death of the decedent, which we've already got in the Uniform Trust Code, a one-year statute of limitations there. One good thing that this particular bill does is it deals with nonprobate transfers. That has become a substantial method of transferring assets. Most of the stuff was done by will when I first started practicing. Now, a large portion is done outside of wills. It can be in a trust. It can be through transfer-on-death deeds, you know, other forms of joint tenancy, other forms of transfers. This bill does deal with the elective share and how this is calculated, which answers a question that's already out there. It protects those who do not know that this is community property so in-- in-- they don't get a third-party being sued because they didn't know that this was community property. It also provides for jurisdiction to the probate court, which ordinarily, if we did not put that provision in there, would be solely in the district court. And this is something that probably should be in front of the same judge who's handling the probate, at least have that option. So again, remember that this does not create community property. It just basically provides procedures for something that already exists. If there are any questions, I'd be happy to answer them.

**LATHROP:** That was a pretty good explanation.

**WILLIAM LINDSAY:** Thank you, Senator.

**LATHROP:** I mean, it's one thing for the Uniform Law Commission to come here, but when Bill Lindsay shows up and says it's good--

**WILLIAM LINDSAY:** Yeah. [LAUGH]

**LATHROP:** --that's good. I don't see any questions, but thanks for being here. It's always a pleasure. Any other proponents for LB907? Anyone here to testify in opposition? Anyone here in the neutral capacity? Seeing none, Senator DeBoer, you may close. We do have a position letter. It is in neutral from the Nebraska Chapter, National Association of Social Workers.

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**DeBOER:** I appreciate the hearing and this sounds like consent calendar me. All right.

**LATHROP:** OK, well, congratulations on that prospect [LAUGHTER], which is a little bit different than seeing it on consent calendar.

**DeBOER:** Yeah.

**LATHROP:** That will close our hearing on LB907. Thank you, Senator DeBoer, and you may open on LB1260.

**DeBOER:** The cameras are still here. I guess it's for this one, so. Good afternoon, Senator Lathrop and members of the Judiciary Committee. My name is Wendy DeBoer, W-e-n-d-y D-e-B-o-e-r. I represent Legislative District 10 in northwest Omaha. I'm here to introduce LB1260 to provide more transparency and facilitate information sharing in the processes surrounding the Office of Public Guardian, or OPG. LB1260 is the result of an interim study, LR163, introduced by Senator Stinner, on post-acute placement challenges in Nebraska. The interim study identified that a significant barrier to moving patients from an acute-care setting like a hospital to a more appropriate and less restrictive level of care is the need for a guardian to make medical decisions when a patient is incapacitated and when there is no one else able to serve as a guardian. The Office of Public Guardian was designed to serve as the guardian or conservator for an individual in the situation where no other alternative is available. However, the capacity of OPG is insufficient to meet the needs that exist. In their 2020 annual report, the Office of Public Guardian writes: Throughout 2020, the OPG was at the maximum ward staff capacity in most OPG service areas. Hospitals and other facilities with in-- incapacitated residents in need of guardians face the greatest difficulties due to delayed patient discharges, exacerbating the hospital bed shortage from COVID-19. The annual report goes on to say that the OPG received-- received 112 nominations but were only able to accept 21 new cases, and the great majority of those cases were not accepted because OPG had no capacity to serve them. There is a parallel effort to provide additional funding to OPG to increase staff capacity. LB1049 was introduced by Senator Kolterman and is working its way through the appropriations process. While additional funding to OPG is important, the provisions included in LB1260 were introduced to ensure that the court system and the Office of Public Guardian have sufficient information to prioritize cases in the face of limited resources. Additionally, the development of transparent processes of prior-- prioritization will allow hospitals and other healthcare facilities

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to better navigate and plan for these placement challenges, especially for those patients on the waiting list. Provisions of LB1260 include: adding a representative of a hospital to the Advisory Council of-- on Public Guardianship; requiring the Office of Public Guardianship, in consultation with the Advisory Council and stakeholders, to develop and implement an application and process to determine and prioritize the needs of individuals seeking guardianship or conservative--conservatorship services; requiring the OPG to review the applications and make the recommendations to the court as to whether the public guardian should be appointed. I recently met with State Court Administrator Corey Steel, who will testify today in a neutral capacity regarding his commitment to address challenges addressed by the provisions of this bill. I'm committed to working with Administrator Steel and all stakeholders to see that progress is made in this regard. As you will hear from proponents, this bottleneck for guardianship is not in the best interest of patients. It creates a strain on the capacity of our hospitals, who need every bed to provide medical-- the medical care they're built for, and is very costly to our healthcare system. I look forward to working with the committee and all stakeholders to identify and implement solutions to these challenges. I think, my understanding is, that we are probably going to find a way to do this nonlegislatively for the moment. So we're wanting to make sure that we have the-- sort of those things, those provisions, that we've hit all of them in the agreement, and I'm happy to answer any questions you might have.

**LATHROP:** Senator Geist.

**DeBOER:** Yeah.

**GEIST:** I do have one. So there was a hundred and some that needed to be placed and only 20-some that were-- do the ones that-- is that--

**DeBOER:** There are not even 21 that-- there were-- however many that were, 20-some, not all of those could even be placed. They only got through the first hurdle. They didn't actually get assigned.

**GEIST:** So do they just remain at the hospital?

**DeBOER:** So they're just laying in a hospital bed, taking up a hospital bed, because they can't get to a lower level of care without someone who can provide that guardianship to make decisions for them.

**GEIST:** OK, thank you. I'm just making sure I'm--

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**DeBOER:** Yeah, that's what's happening.

**GEIST:** OK, thank you.

**DeBOER:** So we're going to try and figure out a solution for that.

**GEIST:** Good. Thank you.

**LATHROP:** Senator Brandt.

**BRANDT:** Thank you, Chairman Lathrop. Thank you, Senator DeBoer, for bringing this bill. So looking at the fiscal note, wouldn't there be a cost savings by moving these people into a lower standard of care or not as intense?

**DeBOER:** I mean, for the economy, in general, sure, for the hospitals, for the whoever--

**BRANDT:** So--

**DeBOER:** --you know, the-- the people who are paying for the care.

**BRANDT:** So from a financial standpoint, why doesn't the fiscal note reflect that?

**DeBOER:** I suspect it's because the cost to the state would be to hire the-- the folks or to hire-- to create the process for doing the-- what we're asking, the prioritization.

**BRANDT:** Right, and that cost is--

**DeBOER:** Sure.

**BRANDT:** That cost is reflected.

**DeBOER:** But the-- the-- the savings, I don't know how you would calculate what it would save the state because it would be saving maybe a hospital that doesn't have to do this? I don't know. It-- probably there's some Medicaid for some patients. I don't know. Private insurance would probably save, so it's a mixture. I don't know. The answer is I don't know.

**BRANDT:** All right. Thank you.

**DeBOER:** Somebody might.



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**LATHROP:** OK. I see no other questions. Thanks, Senator. We will take proponent testimony. And if-- how many people are going to testify on this bill, with a show of hands? One, two, three, four. The reason I ask is so that we can alert Senator Wishart's office.

**BRANDT:** She's here.

**LATHROP:** Oh.

**BRANDT:** She's here. Well, her legislative aide is here.

**LATHROP:** Oh, OK, gotcha. Welcome.

**LAURA BETZOLD:** Hi. Good afternoon, Chairman Lathrop, members of the Judiciary Committee. My name is Laura Betzold, L-a-u-r-a B-e-t-z-o-l-d, deputy general counsel and director of legal services, here to testify in support of LB1260 on behalf of Nebraska Medicine. Nebraska Medicine supports LB1260 in an effort to address the bottleneck that OPG's limited capacity and creates for hospital systems. We support including a hospital representative on the advisory council. According to the OPG's 2021 annual report, of the new cases accepted by OPG in 2021, 71 percent of those were referred from hospitals. The council should include a representative of a hospital to facilitate information sharing. since we are the largest referral source to the Office of Public Guardian. One of the most time-consuming challenges Nebraska Medicine faces in discharging a patient is when the patient has a preexisting capacity issue or their medical condition has resulted in a prolonged or permanent change in their capacity. These patients require a guardian because they cannot make decisions, they cannot sign documents regarding their healthcare treatments, they can't complete paperwork for insurance or approve the type or location of their care after hospitalization. When a guardian is needed and family or friends are unable to assume that role, we turn to the court system to appoint some-- a guardian from OPG. Once the court system determines that a public guardian is needed, the patient is placed on a waiting list because OPG is operating at their maximum ward to-- ward-to-staff capacity. The time a Nebraska Medicine patient waits for a guardian can be anywhere from three to eight months on average. This means the patient remains hospitalized the entire time, although they no longer require our level of care. During this time, neither the patient nor the hospital has any clear understanding of the timeline for receiving a guardian or when the patient may be able to move to a more appropriate level of care. Timely discharge is not the-- only important to the effectiveness and efficiency of the hospital and the health system,

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but it's also important to the patient's health and well-being. In 2021, Nebraska Medicine had 1,038 avoidable days specifically attributed to patients waiting for a public guardian. That means that we had an excess of about \$1.3 million to our hospital alone in 2021. Nebraska Medicine also supports this to address facilitating information about how cases are prioritized to receive a public guardian. With more information about each case and more transparent process, our hospital system will be able to better plan, communicate, and facilitate a more appropriate level of care for our most difficult cases. We really appreciate the crucial work of the Office of Public Guardian and believe that LB1260 will help all of us who deal with these issues, and especially our patients who need OPG services. I thank you for your consideration and I'm happy to answer any questions.

**LATHROP:** OK. Senator Brandt.

**BRANDT:** Thank you, Chairman Lathrop. And I think you answered my question that I asked before. Just on your hospital alone, the savings would be \$1.3 million a year.

**LAURA BETZOLD:** Yeah, that-- that was the estimated amount for the cases that stayed past the time that they needed to for 2021.

**BRANDT:** And that would be for one facility?

**LAURA BETZOLD:** That's just our hospital.

**BRANDT:** Do you have any guesstimate of what statewide this would save? I mean, is every hospital affected by this?

**LAURA BETZOLD:** Yes, ev-- every hospital is affected because what happens is they come to us for acute care need and we get paid a lump sum for treating that need by Medicare or private pay or whatever, and then they end up staying and they're taking a hospital bed from somebody else who needs surgery or chronic care or-- or something else. But there just aren't enough places to place people who have a variety of needs for-- for after-hospitalization care.

**BRANDT:** So it's-- it's probably a safe bet that it's in excess of \$10 million--

**LAURA BETZOLD:** Yeah.

**BRANDT:** --savings.

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**LAURA BETZOLD:** It would, yeah. I would think, if you just took just the hospitals--

**BRANDT:** Right.

**LAURA BETZOLD:** --in Omaha even--

**BRANDT:** OK.

**LAURA BETZOLD:** --it's a large number.

**BRANDT:** Thank you.

**LATHROP:** Can I ask a clarifying question?

**LAURA BETZOLD:** Yeah.

**LATHROP:** Did you just say that if they're a Medicaid patient, they come into the hospital for a particular condition, that you will receive a lump sum, whether they're there for 5 days or 85 days?

**LAURA BETZOLD:** It's called a DRG payment and what they do is pay the sum of money for that treatment condition, whatever we're-- we're helping with, and so it doesn't matter-- there are some factors that can increase or decrease for complexity, but it doesn't pay for the four months.

**LATHROP:** But so to-- so to follow up to Senator Brandt's question, the savings isn't going to be the state's because there's less Medicaid payment; because you're getting a lump sum whether they leave on time or stay unnecessarily for 30 more days, the savings will be realized by your hospital.

**LAURA BETZOLD:** Well, and probably the system as a whole--

**LATHROP:** OK.

**LAURA BETZOLD:** --just because of the cost of care, but I also think there could be savings potential because we do have conditions that are not the-- the acute reason that they came to us, but, for example, they can develop hospital-acquired conditions that then would be paid for. They could also-- it can increase if they have a mental health/behavioral issue being sort of institutionalized where they can't get the assistance they need, like therapy and those kinds of things, but that is best for them, not that we don't do some.

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Their-- those conditions significantly worsen when they're just in the hospital and not able to do--

**LATHROP:** OK.

**LAURA BETZOLD:** --to do other things.

**LATHROP:** I think I get the point. I just wanted to clarify. When the-- when there's a fiscal note--

**LAURA BETZOLD:** Right.

**LATHROP:** --we're-- it's-- we're going to spend more on the public guardians, getting more of them there, and you will realize the savings, but we won't necessarily realize a Medicaid savings.

**LAURA BETZOLD:** It's a little-- little-- a little more speculative than the savings, probably--

**LATHROP:** OK.

**LAURA BETZOLD:** --to the health system.

**LATHROP:** Got it. I don't see any other questions. Thanks for being here.

**LAURA BETZOLD:** Thank you.

**LATHROP:** Any other proponents? Good afternoon.

**LESLIE BONELLI:** Good afternoon. Good afternoon, Senator Lathrop and members of the Judiciary Committee. I am Leslie Bonelli, L-e-s-l-i-e B-o-n-e-l-l-i. I have been a registered nurse in the state of Nebraska for 30 years, and since 2015 I have served as the care transitions director at Bryan Medical Center. I come to you today on behalf of Bryan Health, our patients, and the Nebraska Hospital Association, to ask for your support for LB1260. This bill would provide transparency in the guardianship process and aid hospitals in advocating for patients that need this service. Care transitions is exactly what it sounds like. They are the moments when a patient leaves, moves from one iteration of care to the other. At Bryan Health, care transitions take place when a patient no longer needs our acute hospital care. The next phase of care for our patients, they could be going back home, home with home health, to a rehab program, or to a skilled nursing facility. All of these transitions require consent and understanding from either the patient, the power

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of attorney, or a guardian. Each week, the care transitions team at Bryan Medical Center meets to discuss patients that have a significant barrier to post-acute-care placement and are considered long-stay patients. This team is comprised of nurses, social workers, directors, our chief nursing officer, our chief legal officer, and our partners with Legal Aid of Nebraska. These patients no longer meet criteria for medical necessity at our hospital, but there are barriers that keep them from discharging. One of the major barriers is-- that they face is guardianship. To personalize this issue, I will share a story of a singular patient. This patient was admitted on September 17, 2020. During that admission, they hit-- that patient was confused and evalu-- evaluated by a neuropsychologist on September 29. At that time, they were deemed to be in need of a guardian, and paperwork was submitted to the Office of Public Guardian's waitlist. On October 12, 2020, that patient was ready to be discharged, no longer needing our hospital care, but they still had not been assigned a guardian. On August 25, 2021, nearly a year since the original date of admission, the patient was assigned a guardian through the Office of Public Guardian. Once the Guardian was assigned, the paperwork to discharge the person to the next level of care was completed, taking several weeks. By the time the patient was discharged to the appropriate level of care, they had been at Bryan Medical Center for over 324 days, 324 days beyond what was medically necessary. We call those days beyond mess-- medical necessity avoidable days. At Bryan Medical Center, we average 153 avoidable days a month. LB1260 is a step towards resolving the issues these patients face when in need of a guardian. By having a seat on the table, this will allow hospitals to collaborate, help pri--

**LATHROP:** Ms. Bonelli, we gotta have you--

**LESLIE BONELLI:** Oh.

**LATHROP:** --observe the light. Let me see if there's any questions. I think we--

**LESLIE BONELLI:** Got the point?

**LATHROP:** Between you and the Med Center-- or the Nebraska Medicine, I think we get the-- the concern. You have people staying there when they don't need to because there's--

**LESLIE BONELLI:** Yes, currently, right now, may I say that we have nine patients; three of them have been there over 100 days.

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**LATHROP:** Okay. Senator Geist.

**GEIST:** A hundred days beyond when they would normally have been discharged--

**LESLIE BONELLI:** No, not necessarily.

**GEIST:** --or 100 total?

**LESLIE BONELLI:** Usually, an average patient stay is six days.

**GEIST:** OK.

**LESLIE BONELLI:** So that was part of it.

**GEIST:** OK.

**LESLIE BONELLI:** So if you take one patient that was-- has been there for over four weeks, that that period of time, we could have taken care of 19 patients in that one bed, and we've got 9 patients waiting right now.

**GEIST:** Wow. Thank you.

**LATHROP:** I think we understand the scope of the issue. Thanks for being--

**LESLIE BONELLI:** Any other questions?

**LATHROP:** I don't see any.

**LESLIE BONELLI:** OK.

**LATHROP:** Thanks for being here today

**LESLIE BONELLI:** Thank you, Doctor, for bringing this-- or, Senator DeBoer, for bringing it.

**LATHROP:** Good afternoon.

**EDISON McDONALD:** Good afternoon. Hello. My name's Edison McDonald, E-d-i-s-o-n M-c-D-o-n-a-l-d. I'm the executive director of The Arc of Nebraska. We advocate for people with intellectual and developmental disabilities. I think, as he indicated, the previous speakers have covered pretty well the medical need. I think, in the broader community, I just want to note this also has significant benefits in terms of making sure that those folks who have that highest level of

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need do get access to a guardian. Overall, we've got a huge problem with the Office of Public Guardianship and not having access to enough guardians. We frequently are reached out to as a resource to go and try and find alternative guardians, and it's-- it's hard to get folks to agree, to say that they want to be a guardian. One of the pieces of this bill that I think is-- is interesting is, in one spot, it changes the language to go and say that they shall look at the lowest-place alternative for placement, and that's something that we're very supportive of because we want to make sure, just like we've seen recently in the-- the whole #FreeBritney movement, that when an individual is placed in a guardianship or a conservatorship, it's really hard for them to get out. So I think that one of the benefits of this bill is really going and redetermining our process of when we look specifically at, should someone have a less restrictive placement; do they actually need a guardianship or can we better protect their rights; would they be better served if they instead were in a placement like just having a POA? Maybe they actually do have the ability to make their own financial decisions, but they need help with their medical decisions. So I'd encourage the committee to look at that and look at those less restrictive options. And in the future, we're going to be talking more to the committee about a method called supported decision making, which basically goes and reframes the whole guardianship conversation, instead, by saying we'll start you off with your rights and set up a legal contract to go and say here are the types of folks who-- who will help to support you in making those decisions. So if you can't go and make financial decisions, maybe you have your uncle, who is an accountant, help you. And with that, I just want to reiterate our support. Open for any questions.

**LATHROP:** OK. I do not see any questions, but thanks for being here today. Good afternoon.

**BRAD MEURRENS:** Good afternoon, Senator Lathrop, members of the committee. For the record, my name is Brad, B-r-a-d, Meurrens, M-e-u-r-r-e-n-s, and I am the public policy director with Disability Rights Nebraska. We are the designated protection and advocacy organization for persons with disabilities in Nebraska, and I'm here today to offer support for LB1260, and I will be very brief. As an organization that supported the original creation, shape, and authorization of the Office of Public Guardian, we recognize the important work of the office and we support fully mechanisms that would expedite and increase the accuracy of their work. For that, we recommend that this bill be advanced.

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**LATHROP:** OK, that was brief and to the point.

**BRAD MEURENS:** There's always a day-- a first day for everything, Senator.

**LATHROP:** There's a first day for everything. Well--

**BRAD MEURENS:** After 20 years, there's a first day for everything.

**LATHROP:** After 20 years. OK, thank you, Mr. Meurens. I don't see any questions.

**BRAD MEURENS:** Thank you.

**LATHROP:** Thanks for being here. Any other proponent testimony on LB1260? Anyone here in opposition to LB1260. Anyone here in the neutral capacity? Good afternoon.

**COREY STEEL:** Good afternoon, Senator Lathrop, members of the Judiciary Committee. I am Corey Steel, C-o-r-e-y S-t-e-e-l, and I am the State Court Administrator for the State of Nebraska. And under the Administrative Office of the Courts and Probation, we have supervisory of the Office of Public Guardian. I'm here to testify in a neutral capacity, thanks to Senator DeBoer meeting with us ahead of the time on this bill to discuss a couple options that we have already in statute and through Supreme Court rule that would allow us to continue to work on this issue. In State Statute 30-4106 is the Advisory Council of Public Guardianship, and the members and terms are in 30-4107. In that statute, the last sentence says the council shall select-- or, excuse me, it says appointment of the members and-- and the membership of that committee, but it also states that any other professionals in this area can be added to that Advisory Council of the Public Guardian, and so I've also already worked and received an email from the Medical Association and a member's name that I'm going to pass on to the Supreme Court to add them to the Advisory Council of the Office of Public Guardian. So that's taken care-- that will be taken care of where that membership can take place and we can place somebody on that Advisory Council for that. The second piece of this bill is the process that has been talked about as far as the waitlist process. There's currently in Supreme Court rule an Office of Public Guardian waitlist process. That is in the rule and talks about how the waitlist works within the Office of Public Guardian and how that waitlist is determined, who would receive that open spot if there becomes an opening, and there are two different-- or there-- there is another process in Supreme Court Rule



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6-1433.01, which is the nomination process, which starts that process to nominate the Office of Public Guardian for a potential guardianship issue. Obviously, these go through the court and the court has the ultimate decision on when the Office of Public Guardian is appointed or when a private guardian is appointed and so forth. We have an Advisory Council of Guardian and Conservatorships, which is a Nebraska Supreme Court commission, that also was created that can work on this specific issue. I've talked with-- members of the Supreme Court were willing to create a subcommittee that would look at enhancing the Office of Public Guardian waitlist and making determinations on best interest and who would fit in that waitlist. And as you heard today, transparency or where that individual would fit on that waitlist and how they would be then the next person that would be placed in that opening that comes. The fact of the matter is, this is a piece of the puzzle. This isn't the answer to the issue that we have is lack of capacity with our Office of Public Guardian. As you had heard, based on our statistics, we have available about 20 to 22 individuals that we accept each year because of the fact of the capacity that we have based on the amount of public guardians we have to support the court for that. So with that, I'll answer any questions you may have on that, the waitlist and the amount of individuals we can serve, and I'd be happy to answer any questions, as well as the bill that is in front of the Appropriations Committee, which Senator Kolterman introduced, with the \$500,000 to go to the Office of Public Guardian to enhance public guardian services. So with that, I'll open it up to questions.

**LATHROP:** OK. Any questions for-- Senator Geist.

**GEIST:** Sorry, I'm just intrigued by this.

**COREY STEEL:** Absolutely.

**GEIST:** So if you have a public guardian available, how-- about how long does that process take from when you're notified that an individual is needed or a public guardian is needed for an individual, what's the shortest length of time that would take?

**COREY STEEL:** Well, it depends on capacity. So in some areas-- in the majority of the state, we are at max capacity, so each--

**GEIST:** But if you had someone?

**COREY STEEL:** So if we had capacity, it goes through the court process and if the Office of Public Guardian was nominated and then appointed

for that, they get engaged right away with that case and then would try and find facility placement if that's needed or if there-- if a home is placement, wherever that placement may be, put services in place. That's, as I say, a piece. This is a piece of the puzzle, but that's also a piece of the puzzle as well, lack of-- lack of bed capacity in some places, lack of services in need for those individuals with mental health issues, substance abuse issues, developmental disability issues.

**GEIST:** OK.

**COREY STEEL:** All of those things go into that placement of that individual, finding those placements.

**GEIST:** So it's unique depending upon that specific case?

**COREY STEEL:** That case, service area--

**GEIST:** OK.

**COREY STEEL:** --part of the state, all of those things [INAUDIBLE].

**GEIST:** And then does-- does this individual who- what is the capacity of an individual guardian?

**COREY STEEL:** So one guardian can have up to 15 wards.

**GEIST:** OK. OK. So in all, in the state, do you know how many are on the waitlist?

**COREY STEEL:** That's hard to say. What we can say is we-- we currently have about 100, little over 100 on our waitlist.

**GEIST:** OK.

**COREY STEEL:** But that's, in my mind, not a true picture of the need because we also know that judges-- county court judges have stopped referring to the Office of Public Guardian for the waitlist, knowing that the waiting list is long.

**GEIST:** Is so long.

**COREY STEEL:** And so when I talked to Senator DeBoer and during our meeting last week, it's-- it's not truly known what that waitlist list is. It's probably longer than that. The-- the need is more than and greater than that 100 that we know that's--

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**GEIST:** And just one more question.

**LATHROP:** Sure.

**GEIST:** Are these guardians difficult? Is it-- is this a hard job to hire for?

**COREY STEEL:** Yes.

**GEIST:** OK.

**COREY STEEL:** That's part of the piece of the puzzle, as well as the transition and the-- what we see with staffing. The public guardians, the associate public guardians we have, do phenomenal work. They make life-and-death decisions for the individuals that are under their care. And it is very hard, it is very stressful, it is 24/7 in the sense of-- of the need and taking care of these individuals, and that stress builds up and we have lost very, very good social workers, case workers that have been associate public guardians, because of that issue of-- of the stress that it's placed on them. When they have a ward that they've been caring for for some time passes away, that-- that's very difficult, and so we have had people leave that are outstanding in the work that they do because of dealing with that trauma day in and day out. So there's a lot of things that we've put in place with our Office of Public Guardian to deal with that traumatic issue as far as staffing resources and things like that to-- to try and help in that manner.

**GEIST:** OK. Thank you.

**LATHROP:** OK. I do not see any other questions. Just for the benefit of the committee, there are a lot of people who serve as guardians or conservators who are private individuals, say a family member, a friend. What we're talking about are the people who don't have anybody to serve in that capacity, which means they don't have a healthcare power of attorney to walk into Bryan and say, move my loved one to a skilled nursing facility.

**COREY STEEL:** Correct. There are thousands of individuals in the state in Nebraska that are guardians for a family member, for a neighbor, for-- they sign up and they'll let the court know that they're there to take somebody on, and so there are thousands of those that aren't through the Office of Public Guardian. The Office of Public Guardian does a couple things. One is they provide the education. So if you are going to become a guardian or conservator, we provide the education upon being given a guardian through the court system.

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That's part of our statutory duties. The other is we provide guardian and conservatorship for roughly 350 individuals across the state. So not only is it just Office of Public Guardian, there are thousands of individuals that step up and take on this endeavor themselves, whether it be through a family member or what have you.

**LATHROP:** So is the problem of capacity that we're talking about today, is it a funding issue or is it you have the money but you just can't find people to do the work?

**COREY STEEL:** Well, it's kind of twofold. One, yes, it's a funding issue, and that's-- Senator, the hospital associations went to Senator Stinner, which in turn went to Senator Kolterman and asked for additional appropriations to add more staff to the Office of Public Guardian, and I think the original ask was somewhere around a million dollars. What was determined was-- was \$500,000 as a starting point to add more resources, which would add more associate public guardians to take on more individuals across the state. But again, that's a piece of the puzzle. I think Jeremy Nordquist testified in favor of that bill with us in front of Appropriations a few weeks ago, and his estimation based on the numbers would-- it would roughly take \$6-7 million to fully staff the Office of Public Guardian so that we can take on the guardianship and conservatorship issues that are being not taken care of in the state of Nebraska, and that's going to be ongoing, as we know, as our population is changing and the demographics of our population is getting older and those guardianships are going to be needed more in the future. Again, that's-- as we talk about this bill, LB1260 is a piece of the puzzle to help with the waitlist, but it's also the capacity. It's also adding resources to the service providers. There are service provider bills out there, as well, to enhance and-- and fund those because that's an important piece. The individuals we get with the Office of Public Guardian isn't, you know, elderly grandma next-door that just needs somebody to keep an eye on and make sure she has, you know, their needs. We have the most severe cases that we see in the guardian and conservatorship, and so they are time consuming and they need a lot of assistance wrapped around them in order to be-- to-- to live and-- and be successful. And so, again, it's multitude of layers of different things as we look at this as far as, is this the answer? No. Is it one of the pieces? Yes. More capacity one of the pieces? Yes. Adding more resources another piece? Yes. So it's a multitude of different things--

**LATHROP:** OK.

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**COREY STEEL:** --that it would take to address the holistic picture of guardian and conservatorships in Nebraska.

**LATHROP:** OK. Senator Morfeld.

**MORFELD:** Thank you for coming today, Mr. Steel. What-- what do you think the timeline is on some of these improvements and changes, assuming you get the funding and everything you need?

**COREY STEEL:** So with-- I'll-- I'll start with this bill. With this bill, again, I'm already going to be moving to place somebody from the hospital associations on the Advisory Council. That's going to happen within the next month and they'll be at the next meeting, so we can make that happen fairly quickly. Again, a name was already submitted to me. I'll-- I'll submit it to the court for approval. The second piece is we already have a committee, as I talked about, a Supreme Court Commission on Guardianship and Conservatorship. I think the Chief is going to ask that they take on this issue and create a subcommittee and give them until-- as I talked to Senator DeBoer, the hope is by next session, we will have something put in place in order to address the waitlist, even though there is a current waitlist in-- in the Supreme Court rule, but address that in a more robust fashion with more input so that it can be maybe a little more fluid in the way that it works, and working with our Michelle Chaffee, who's our Public Guardian, who is the Public Guardian, working with her, working with this committee to get that put in place. The funding, if the funding goes through, we will hire those staff right away, get them trained, get them in place. Again, the \$500,000 is really only going to allow for probably four public guardians-- associate public guardians to be hired across the state, which, again, 15 per caseload, that-- that-- that helps a little bit. But again, if it's well over 100 that are on the waitlist, it's not going to address that whole waitlist issue.

**MORFELD:** OK, thank you.

**LATHROP:** OK. I don't see any other questions. Thanks for being here today.

**COREY STEEL:** Thank you.

**LATHROP:** Anyone else here to speak in a neutral capacity on LB1260? Seeing none, Senator DeBoer, you may close. We do have one position letter. It is a proponent from-- proponent letter from AARP.

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**DeBOER:** Thank you, Senator Lathrop. Thank you, colleagues on the committee. Obviously, this is an issue we're going to have to look into and address. While there may not be a direct state financial benefit to dealing with this issue, the healthcare system in general, when that becomes so inefficient with these folks who are in sort of the wrong level of care, that becomes a problem that we as the state have to deal with, but not just because of cost, but because of outcomes, right? There's a real disadvantage to sitting in a hospital bed when you could be in a different type of care setting, so it's something that we need to address. As you've heard, even with the-- the Kolterman bill in Appropriations, we're still not going to be at our capacity. This is-- we know, because of the way our population demographics are changing over time, this is going to be something that we need to do more and more. So I'd ask the committee to hold the bill for now. Thank you to Mr. Steel for handling a lot of this through Supreme Court rules, and that, I think, is going to be able to get at a lot of what we need here, but I'm going to continue to work on this issue and look at this issue over the interim. And if any of you are interested in working with me on it, I do think this is something that we should pay attention to, so.

**LATHROP:** OK, very good. I do not see any questions. That will close our hearing on LB1260. I understand we have some people that are moving about, so we're going to wait just a second. But, Liz, you can come on up and we'll start our next hearing after the hearing room-- OK, so before you start, Liz, after this bill is introduced, those of you that are proponents, we'll ask you to move to the chairs in the front so that we can kind of keep the hearing moving along. Given the number of people that are here, we're going to use the three-minute light rule. And for those of you that aren't familiar with that, if you brought written testimony, you might want to look through it and sort of pare it down if it-- if it looks like it's going to go more than three minutes. We-- we are asking people to observe the light system because that allows us to get everybody an opportunity to be heard today. The light system does not include any questions that you might get from committee members. And with that, this bill, by the way, that will be introduced, LB1275, was originally introduced by Senator Groene. Obviously, he's not going to be here to introduce it. He's resigned. Senator Wishart picked the bill up. Senator Wishart happens to be out of town, and so Senator Wishart's legislative assistant will be introducing the bill, after which we will begin with proponent testimony. With that, you may begin. Welcome.

**ELIZABETH SEACREST:** Good afternoon, Chairman Lathrop and members of the Judiciary Committee. My name is Elizabeth Seacrest,

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E-l-i-z-a-b-e-t-h S-e-a-c-r-e-s-t, and I'm here today on behalf of Senator Wishart to introduce former-Senator Groene's LB1275. We obviously didn't plan on being here today, so I apologize that Senator Wishart is not here herself. As many of you know, Senator Wishart has been work-- had been working with Senat-- former-Senator Groene in good faith to come to a compromise that included large parts of Senator Wishart's LB474. That is not-- that is no longer an option, but Senator Wishart wanted to ensure that this hearing, which has been scheduled since January 25, still served as a chance for Nebraskans to voice their opinion on this bill and the issue. Moving forward, Senator Wishart is prepared to work with anyone in the body to bring medical cannabis to Nebraskans. Thank you.

**LATHROP:** OK. Obviously, there's no questions for legislative assistants.

**ELIZABETH SEACREST:** Thank you.

**LATHROP:** So thanks for being here. We will begin with public testimony, so if you want to speak in favor of the bill, you may come forward. Anyone here as a proponent of LB1275? Seeing none, we will move to opponent testimony. If you're here in opposition, you may come forward. Good afternoon and welcome, sir.

**DOMINIC GILLEN:** Good afternoon. My name is Dominic Gillen; it's D-o-m-i-n-i-c G-i-l-l-e-n. First of all, I'd like to thank the members of the committee, in particular Senators Morfeld and Pansing Brooks, both of whom have been here for the entire eight years that we've been coming before this committee on this issue with our family. For many, the ironies of us being here today are not lost on you. Perhaps the biggest irony of all is that I'm here adamantly opposed to a medical cannabis bill. Frankly, I'm frustrated that my son Will and I are here yet again. Will Gillen, my son, is ground zero for this issue of medical cannabis in Nebraska. And without ever having spoken a word, he has become a beacon of strength to so many in this state. He's here with me today in his Superman sweatshirt, just three weeks removed from an eight long-- eight-day-long stay at Children's Hospital after a seizure fall at school left his jaw broken in three places, 15 stitches in his chin, significant damage to most of his teeth, and a mouthful of plates and screws that he will live with forever. I am his voice. Nine years ago, our senator offered the state's first attempt at medical cannabis legislation. She even named it Will's Law. Senator Garrett took up the mantle and at one point we were his guests in the gallery to witness what should have been the historic passage of LB643, that is, until three

long-time supporters changed their vote at the eleventh hour. It's ironic that some of those who were responsible for that arm twisting are still here and are sup-- professing their support for this bill, a bill that, as written, can't help Will, the child for whom this all started nine long years ago. Is that ironic or cruel? Governor Ricketts, just last year, with our family a mere 25 feet away, uttered these now-infamous words to all Nebraskans: Marijuana is going to kill your kids. Are we truly to believe that he's now open to something that ten months ago was going to kill children? I don't think so. Sadly, some of the most hardened opposition are now using green medical crosses to promote a bill we all know will help no one. This bill has been dubbed, and rightfully so, "cannabis with no cannabis." It's illegal to transport across state lines. And if you can't grow it here, which this bill expressly forbids, it can't be sold. Is that irony or is that cruelty? Suffering Nebraskans and their loved ones are opposed to this bill while the previously ardent opposition are probably here today as proponents. That's a big red flag to me. Thoughtful compromise, that's what they're calling this. Seriously? We all know that SAM Nebraska and other opponents are behind this so-called compromise. Talk about disingenuous. They didn't even have the courage or decency to consult with Senator Wishart, who, without argument, is the most knowledgeable senator in the Unicameral on this issue, and, I would also add, one of the most decent and compassionate human beings anywhere. That's not thoughtful compromise. It's more like political calculation. Maybe the cruelest irony of all is that my son Will and others like Lia and Colton and Jayen and Brooke and Tonja and so many other Nebraskans continue to be treated as political footballs rather than the human beings that they are. Oppose medical cannabis, if you must, but at least have the moral courage to admit what this bill is: a poison pill, a bill whose sole purpose is to kill the medical petition drive. Last month, we recognized George W. Norris Day. Norris envisioned a Unicameral with people being the second house. The Unicameral has eight long-- has had eight long years to find compromise on this issue and too many-- too-- and Norris-- and too many have stood in the way. I daresay that Norris would be scolding some in this building for their blatant attempts to circumvent-- circumvent the initiative process. Just one second. It's time for the second house to have their say. This is simply a last-gasp effort to again deny the will of the people. One hundred and ninety-six thousand Nebraskans signed the last petition during a pandemic. That number will most assuredly be higher come July 7. I implore you to vote no on LB1275. It's time for the people to finally have their say at the ballot box. Thank you.



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**LATHROP:** OK, thank you, Mr. Gillen. I see no questions today. Thanks for being here.

**PANSING BROOKS:** I have-- I do have a-- I'm sorry.

**LATHROP:** Oh, I'm sorry. [INAUDIBLE]

**PANSING BROOKS:** I'm just get--

**DOMINIC GILLEN:** Yes, Senator.

**LATHROP:** Did you have your hand up and I missed it?

**PANSING BROOKS:** No, I just--

**LATHROP:** OK. No, I just want to make--

**PANSING BROOKS:** --thought of it as you were-- as he was-- I just want to thank you for coming all these years, and really the passion with which so many of you with your children have brought to this issue has really fashioned my opinion on this and really spoken to my heart, and I thank you very much for that information. And many blessings to you and your families and all the kids that are here that are having these troubles, and I do believe there's some political football being played, so--

**DOMINIC GILLEN:** Thank you, Senator.

**PANSING BROOKS:** --thank you so much.

**DOMINIC GILLEN:** Um-hum.

**LATHROP:** Thanks for being here.

**DOMINIC GILLEN:** Thank you.

**LATHROP:** Next proponent-- or, pardon me, opponent.

**JOHN BOLDOC:** Good afternoon, Chairman Lathrop and members of the Judiciary Committee. My name is John Bolduc, J-o-h-n B-o-l-d-u-c, superintendent of the Nebraska State Patrol. On behalf of the Nebraska State Patrol, I'm here today in opposition to LB1275, which would legalize the use of cannabis for medicinal purposes. Despite state efforts to regulate the marijuana industry, legalizing the sale and use of marijuana for medical and recreational purposes has resulted in both an increase in violent crimes and traffic deaths. This occurs because of the diversion of products to the black market

and an increase in drugged driving. A 2021 study conducted by Midwest High Intensity Drug Trafficking Area found that the legalization of both medical and recreational marijuana did not eradicate the underground market; in fact, the study found that 74 percent of the marijuana seizures originated from states with recreational or medical marijuana programs. In addition, between 2017 and 2019, the number of incidents where marijuana was recovered from a crime scene-- crime scene increased by 13 percent nationwide. As a police chief in California, which was a medical marijuana state until 2018, I routinely saw the diversion of marijuana products to the black market. The demand for high-grade marijuana edibles and vape cartridges is exceptionally high. Because of this demand and the potential profit, I fear that 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. Troopers have removed numerous loads of marijuana and marijuana products traveling through Nebraska that were packaged and labeled as a legal product in their state of origin. From 2017 to 2021, the weight of THC products seized increased by 65 percent, and 70 percent of all drugs seized in Nebraska came from two states: California and Colorado. In summation, the diversion of legal marijuana to the black market will negatively affect our state and likely result in an increase in drugged driving and motor vehicle fatalities. In addition, we expect the legalization of marijuana for even limited purposes will increase the burden, the testing burden on the Nebraska State Patrol Crime Lab. They will be required to differentiate the quantitation of THC from that of hemp, which is legal in this state. Moreover, this bill creates a new division within the Nebraska State Patrol, the Cannabis Enforcement Department. Based on the requirements of this proposal, the Patrol is not ideally suited to take on this regulatory role. This particular bill would require the Patrol to hire physicians or pharmacists and require us to hire regulatory compliance personnel to carry out the medical provisions of this bill. As a law enforcement agency prohibited from utilizing the registry that would be created, it is virtually impossible for the Cannabis Enforcement Department to be a division of the State Patrol. I'd like to thank you for the opportunity to provide this testimony today. Be happy to answer any questions you might have.

**LATHROP:** OK, thank you, Colonel. Senator Pansing Brooks.

**PANSING BROOKS:** Thank you for coming, Colonel Bolduc.

**JOHN BOLDUC:** Thank you.

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**PANSING BROOKS:** We always enjoy your testimony. So I guess I'm just interested because I presume you have-- because of opioids, there's an increase of drugged driving as well.

**JOHN BOLDUC:** Oh, certainly. And don't forget meth. We have quite a bit of that going on as well.

**PANSING BROOKS:** Yes. But the opioids are legal for doctors to use, correct?

**JOHN BOLDUC:** That is correct.

**PANSING BROOKS:** And so if-- I mean, my question is, do you feel that some of those-- those drugs that do cause problems and drugged driving should be-- should become illegal because they're-- they're to be-- I mean, the goal is this is to allow these-- these treatments to be able to be used by a doctor--

**JOHN BOLDUC:** Sure.

**PANSING BROOKS:** --under a prescription.

**JOHN BOLDUC:** Well, I see the parallel that you're-- you're trying to make, and it's a logical one. But opioids and other drugs of abuse, not-- not including meth, of course, because that's not legal, though any drug can be abused, OK? But opioids regrettably have gone through the FDA process and-- and have been legalized essentially. We haven't seen that same rigor with THC. And, you know, I've been very consistent. I've been here, I think, for four years--

**PANSING BROOKS:** Yes, you have.

**JOHN BOLDUC:** --saying, without the FDA, law enforcement is not going to get behind marijuana or THC as medicine. I just don't see that happening.

**PANSING BROOKS:** OK, that-- that helps me. Thank you very much. Thanks for coming today.

**LATHROP:** Senator McKinney.

**McKINNEY:** Thank you. And thank you for your testimony. I was curious. Would the State Patrol, if a bill was introduced next year, would you also be in favor of a prohibition of alcohol?

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**JOHN BOLDUC:** Well, that's quite the hypothetical. We've been there once before. That didn't work out so well. So I-- I can't speak to that without seeing a specific proposal. But on its face, no, I think that would be--

**McKINNEY:** So you wouldn't--

**JOHN BOLDUC:** --not likely.

**McKINNEY:** So you wouldn't support a prohibition of alcohol--

**JOHN BOLDUC:** I wouldn't.

**McKINNEY:** --which causes many deaths on the road year after year, but you're testifying against marijuana because you are arguing that there will be potential fatal deaths on the road.

**JOHN BOLDUC:** Yeah. Well, it's a very common argument, Senator, that the-- the two things are equitable. They're not. Marijuana is not the same as alcohol. Alcohol has plenty of challenges. But what you're asking is that we would put just another substance of abuse out there as a legal product, and in my opinion, that's layering on another problem on top of a big problem that we already have.

**McKINNEY:** But if it is a big problem, why don't-- why wouldn't you support the prohibition of it?

**JOHN BOLDUC:** Well, again, Senator, we tried that once and it was a miserable failure. So I-- unless you were to come up with a brilliant new strategy for that prohibition, I wouldn't be in favor of it.

**McKINNEY:** Also-- and the issue with the black market in states like California is because of the taxation. There's many individuals that argue that because marijuana has been overtaxed in California, and maybe in Colorado as well, it leads to the black market. If the taxation structure was different, it would decrease the need for, you know, the distribution on the black market.

**JOHN BOLDUC:** Senator, that's actually a logical argument. But overall, the black market can undercut production. It's not just the taxes. If you look at states like Colorado, California, and some others, there are appropriately strict regulations. Those obviously are recreational states. There are regulations that dictate how you can grow it, what you can put it in terms of chemicals, fertilizers and things like that. Unfortunately, the folks who are making billions of dollars on the black market aren't concerned with things

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like people's health and the quality of the product that they're bringing to market. So they're undercutting all of those regulations in addition to the taxes. Your--

**McKINNEY:** When-- I don't--

**JOHN BOLDUC:** Your point isn't invalid. But there are other factors that go into the final price of marijuana in the legal market, which are always going to be undercut by the criminal elements who are going to try to make money off of it.

**McKINNEY:** Do you have any information at-- on-- so when we ended Prohibition of alcohol, did the black market undercut the legal market as well? Did that happen initially?

**JOHN BOLDUC:** I'm certain that did happen, Senator. I'm no-- I'm certainly no expert on Prohibition.

**McKINNEY:** But it worked itself out, right?

**JOHN BOLDUC:** I'm sorry?

**McKINNEY:** Did it work itself out?

**JOHN BOLDUC:** in terms of?

**McKINNEY:** The-- is the black market in alcohol undercutting--

**JOHN BOLDUC:** Oh--

**McKINNEY:** --the-- the legal market, is what--

**JOHN BOLDUC:** Certainly. There-- there is still a black market for alcohol, but legitimately capitalism took over and filled that void and it's not as huge an issue as it was at the time.

**McKINNEY:** So would it be logical or possible to think that over time the legal market of marijuana would overtake the black market?

**JOHN BOLDUC:** Well, it's certainly possible.

**McKINNEY:** OK. All right. Thank you.

**JOHN BOLDUC:** Thank you, Senator.

**LATHROP:** Senator Brandt.

**BRANDT:** Thank you. Thank you, Colonel, for testifying today. And Senator McKinney just sort of jogged a question I got. I don't know if you'll be able to answer this, but you do a lot of drug interdiction. When you interdict marijuana, can you tell if it was a-- a black market product? Or let's say it was a legal product from a state like Colorado. Do you have a breakdown that it's-- what percent is what that you interdict?

**JOHN BOLDUC:** So thank you for the question, Senator. I don't have a-- a percentage breakdown, but I can tell you that most of the marijuana that we're seizing is black market marijuana that was grown for the purpose of flooding the market. We do see diversion of legal products. Most of those diversions are the edibles, the vape cartridges, those things that are produced for consumption in states where it's legal, and we know that by the packaging that we are seizing it in. But most of the bulk marijuana is being produced in Mexico, in California, in Colorado, and in some other states. Whether it be sufficient for outdoor grow operations or indoor grow operations in places like Nebraska, where we have weather like we have today, we're seeing quite a bit of those indoor operations. And those are all bypassing all of those things that I talked about, the quality control. Whether it's mold, whether it's pesticides, whether it's those things, those people don't care about that. They're caring about and making money for their bosses, which inevitably are international drug cartels, billion-dollar industry. They're going to fill that void where there's a demand. If I can go off on my soapbox for a minute, I think what we really need in this country is demand reduction. If we don't have the demand, the black market won't be there to fill that.

**BRANDT:** All right. Thank you.

**JOHN BOLDUC:** Yeah.

**LATHROP:** Senator Geist.

**GEIST:** Do you have a thought about how to get demand reduction?

**JOHN BOLDUC:** Probably the same way that we have demand reduction for opioids and meth, and it is about holding people accountable who are breaking the law by providing those illegal products to unwitting customers who may be interested in trying it out and ultimately become addicted. Because we learned from Big Tobacco in the '90s, if you all remember that, a great way to ensure continuous profits is to get people addicted to your commodity.

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**GEIST:** There was also a big public push that made tobacco a little less popular, less cool, I guess.

**JOHN BOLDUC:** Certainly, if we could just make drugs a little less cool, that'd be great with me.

**GEIST:** Yeah. OK. Thank you.

**JOHN BOLDUC:** Thank you.

**LATHROP:** OK. I don't see any more questions. Thanks, Colonel.

**JOHN BOLDUC:** Thank you.

**LATHROP:** Appreciate hearing from you. Any other opponent testimony? Good afternoon and welcome.

**CRISTA EGGERS:** Hello. Thank you. My name is Crista Eggers, C-r-i-s-t-a, Eggers, E-g-g-e-r-s. Good afternoon, committee members, Chairman Lathrop. I've been an outspoken advocate for passing a compassionate and effective medical cannabis law in our state. Please hear me when I tell you that I desperately wish I could be here today supporting a bill. However, this just is not the case. LB1275 is merely a poison pill bill drafted to give Nebraskans the impression that there's some hope that the Legislature and the Governor will approve medical cannabis. This bill before us today is a medical cannabis bill without the cannabis. It does absolutely nothing to provide access to the patients who so desperately need it. I have my seven-year-old son Colton with me here today. Colton experiences seizures despite all treatment options available to him. His most recent EEG showed that he experienced 27 seizures in a mere 45-minute time that he was hooked up. That means that here today, since I've been in this room, Colton has most likely seized over 50 times. I have to be honest that a medical cannabis bill like this is truly a slap in the face. Dangling a glimmer of hope in front of patients who are suffering is not only wrong, but it's cruel and disgusting. Section 29 outlines the requirements for a patient under the age of 18; and as a caregiver to a child needing access, I would first need to find three doctors to establish care, consult, and then review years of medical records, diagnose, and then make a recommendation for medical cannabis. Let me give you an idea of how downright impossible this would be. Currently, there are only three providers in the state trained to treat children like Colton, and as of this morning, all have waiting lists more than six months out that all require a referral from a doctor just to make an appointment. To make

things even more absurd, this bill would require that the three recommendations happen within a 90-day period. Then, these three doctors can each only make grant recommendation for cannabis treatment for 25 patients in a 90-day period or 100 in a year. Let's just pretend that my child was one of those 25 patients who was given a recommendation for cannabis treatment. How does one go about accessing that medication? Oh, wait, there is nothing in this bill that covers that. However, one-- how does have-- how do you have a medical cannabis system without the medical cannabis? This bill would not help one single patient here in this state, including my little boy who's sitting here today. But at the end of the day, Senators, I believe you all know this. You know this bill is nothing but a distraction from what's happening outside of this Capitol Building. There is currently a campaign going on leading the effort to collect signatures to place this issue on the ballot before voters in November. As I speak today, right now, they are out collecting. Tens of thousands of signatures have already been collected, individuals offering their support and saying that they want this issue on the ballot. This body has had far too many chances to act on this issue. Year after year, we've pleaded with you, poured our hearts out, begged you to listen. We have watched her children grow older, grow sicker. I truly thank those of you who have listened, who have seen or heard and vowed to help us in this fight. And to those of you who have not, shame on you. Shame on you for Nebraska-- not working together to provide Nebraskans a bill. It's too little, far too late. To the Nebraskans out there I say, hold tight, keep fighting, because in November the people of this state will once and for all have the chance to make their voices heard on this issue when we go to the ballot and pass a safe and effective medical cannabis law in our state.

**LATHROP:** OK, thank you, Ms. Eggers. Senator Pansing Brooks.

**PANSING BROOKS:** Thank you. I just want to thank you, Ms. Eggers, for coming in and advocating year after year, for educating us and-- and telling these stories that are so heartrending. And-- and this isn't about just sitting on the corner smoking a joint. This is about healthcare and it's about your child. And I-- I-- I appreciate the efforts that you've made for all the years I've been in the Legislature. We promised you after the first year that you would no longer be late because we had you here till about 6:30 or 7:30, I think, that first year. So at least that's not happening today, but it's-- I just can't thank you enough. And-- and because of your reasonableness, you know, you've provided an opportunity to work together and to figure out a solution, and instead we're just-- the



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state of Nebraska just keeps closing the door and we know what's going to happen in November.

**CRISTA EGGERS:** Thank you.

**PANSING BROOKS:** Thank you.

**LATHROP:** Senator Brandt.

**BRANDT:** Thank you, Chairman Lathrop. Thank you, Ms. Eggers, for bringing Colton in. For the record, how would marijuana-- or medical cannabis help Colton?

**CRISTA EGGERS:** Yeah, so many children like Colton, many individuals with intractable epilepsy in other states and in other countries, doctors are using it as another treatment option, right, in addition to the other medications, other surgical options that are available that, unfortunately, in his case, have failed and we have run out of other options. So it's truly just another option to talk with his doctor, for a patient to talk with their doctor about, and many children experience a reduction in seizures, better quality of life, less side effects from medications. You know, really, you could sum it up as it can save someone's life who are experiencing seizures, like my son does and many others.

**BRANDT:** All right. Thank you.

**LATHROP:** I see no other questions. Thanks for being here. Good afternoon and welcome.

**LIA POST:** Thank you. My name is Lia, L-i-a, Post, Po-s-- P-o-s-t. Are you sick and tired of me coming up here and talking about medical cannabis? Because I'm sick and I'm tired, tired of seeing my friends suffer, seven years. And I'm proud I'm not an opioid addict, for wherever that police officer is, and I didn't get made one on the streets. I was made one because my illness was misdiagnosed. I will try to adequately describe how abusive LB1275 feels to me personally. Been advocating for seven years in this house, representing the second house by petitioning, protesting, speaking, educating, and begging for personal freedom to use a plant. I do this because I was a victim of a polypharmaceutical approach to pain management during the opioid epidemic. Let me make it clear. I don't want anybody else to go through what I went through. As I sat on my bed last night trying to scratch together some tangible thoughts on a bill, which doesn't even recognize me or so many other patients suffering in this state, I remember my personal interaction with Senator Groene on the

subject of medical cannabis. He told me he was tired of the long-hairs and the tattoos hiding behind children with medical seizures, and I certainly jumped up and showed him I got short hair and I have tattoos, but I'm very proud of the fact that I use medical cannabis instead of 15 pre-- prescription drugs that were once prescribed to me while dealing with my disabling illness when it was misdiagnosed. So I wish I could say I was surprised Senator Groene's poison-pill bill doesn't even have allowances for the small number of patients deemed worthy to have access to medical cannabis, but I'm not. Senator Groene recognized himself-- recognized how ridiculous this bill was and said he was going to scrap it Friday morning, then we all know he became ex-Senator Groene. So if you support this bill, know you are aligning yourself and your thinking with ex-Senator Groene. The ex-senator has made it very clear the only reason he introduced this bill was to try and derail the efforts of patients and caregivers like myself volunteering with the medical cannabis petition drive so we and those we love will be recognized as patients and not criminals in Nebraska. So please kill this bill.

**LATHROP:** OK, any questions for Ms. Post? I see none. Thank you for being here again.

**LIA POST:** Thank you for making me an amazing medical cannabis activist. But more importantly, thank you for your abuse so I became a patient advocate.

**LATHROP:** OK, next opponent.

**MARY HILTON:** Good afternoon.

**LATHROP:** Good afternoon.

**MARY HILTON:** Good afternoon, Senators. My name is Mary Hilton, M-a-r-y H-i-l-t-o-n. Like many who have spoken before, I have been back year after year opposing legalization of marijuana. I have in the past given you a lot of facts and figures from my study, but today I just want to hone [SIC] in on one area, and that's children and marijuana use. I have a daughter who has seizures. They are not controlled with all the different legal medications that we've tried. We have put in great effort to try to find results that will help control her seizures and we've not been greatly successful, and that does cause a lot of pain and heartache to our family and to our daughter, who's now 22, unable to drive. But as I have studied this over the years, I do appreciate the motivation behind trying to give help to those who have the pain and suffering, like my daughter and

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some much worse. However, I believe that it has been cruel, and in some cases wicked, to legitimize legalizing marijuana by calling it medical in order to pull on your heartstrings and to give false hope to families with sick kids, because I know that vulnerable families have been used for nearly a decade, being brought to these hearings, and we have all heard many times from these families that my kid will die if marijuana is not legalized. But I say, if that were true, wouldn't parents already be giving marijuana to their kids to save their lives? Wouldn't they be doing what they need to save their lives? I believe it's irresponsible, if not criminal, for parents to give their kids illicit drugs, to dope their kids. It's wrong. I believe it's abusive to give kids marijuana because marijuana is not a cure. It is, at best, a coping mechanism with harmful side effects, and it's wrong for the state of Nebraska to give a green light to parents to drug their sick kids with a substance that's known-- known to cause addiction and abuse, depression, and increase suicide attempts sevenfold and suicide-- suicide ideation. It impairs motor skills, memory, motivation. It causes hallucinations, paranoia, violence and-- and schizophrenia and psychosis, and most significantly, it-- in adolescence, it causes brain damage that can never be reversed.

**LATHROP:** OK.

**MARY HILTON:** And I--

**LATHROP:** Let's--

**MARY HILTON:** [INAUDIBLE]

**LATHROP:** Let's see if there's any questions for you--

**MARY HILTON:** You bet.

**LATHROP:** --Ms. Hilton. Any questions from the panel? I see none. We know you've been here each time this bill or a version of it's come up. We appreciate your testimony today.

**MARY HILTON:** Thank you for your time.

**LATHROP:** Thank you. Good afternoon. Welcome.

**CONCETTA DIRUSSO:** Good afternoon, and I thank all of the senators here on this committee for the service they give Nebraska and for allowing us to give testimony today on this bill. So I'm appearing to-- in front of you today as a scientist concerned with safety and

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efficacy of the cannabis products that will be required to serve as a medicinals.

**LATHROP:** Yeah, can you give us your name?

**CONCETTA DiRUSSO:** Oh, I'm so sorry. I apologize. Concetta DiRusso, C-o-n-c-e-t-t-a D-i-R-u-s-s-o. So I'm here to talk about the safety and efficacy and what is required to provide that. So my current position is as president and CEO of Kennebec Analytical Services, and it's here in Lincoln, Nebraska. We are a commercial laboratory that tests hemp cannabis for compliance under the Nebraska Hemp Farming Act. I'm also the emerita George Holmes, University professor of biochemistry at the University of Nebraska-Lincoln through the Institute of Ag and Natural Resources. I also serve on a committee that is-- been organized, called the National Laboratory Council, to provide information on testing requirements for cannabis to the federal government. So Kennebec Analytical Services, which we also call KAS, has had the honor of serving the Nebraska Department of Agriculture in pre-harvest hemp compliance testing for Delta 9 THC in 2021, and we have the-- currently have the contract for 2022 as well. The-- we are registered with the Drug Enforcement Agency for testing controlled substances and with the USDA as a hemp testing laboratory. We're accredited to ISO 17025 as a commercial cannabis-testing laboratory, and I serve as an expert reviewer for two A-- two international organizations, AOAC and ASTM, that serve to set the standards for chemical testing to certify accuracy of methods employed. So why do we need testing when we discuss this present bill? So the testing gives you the actual validated potency of Delta 9 THC, and our-- our State Patrolman has indicated why that is necessary. But not only do we need it for pre-harvest testing, as-- which is the only requirement for hemp in the state of Nebraska. It's also really required for processing and marketing of products made from these-- from cannabis. So by federal and Nebraskan law, levels of THC below 0.3 percent by weight defines legal hemp versus illegal marijuana, cannabis. It is the same plant: Cannabis sativa L. It has only been cultivated differently by humans for different purposes. So what testing labs do is they measure the other natural cannabinoids in addition to THC, like CBD. We can measure relatively illegal. Is it-- it is a gray zone in here of other semi-synthetic cannabinoids that are made from CBD and THC, and a couple of these are THC-O or THC acetate, and hexahydrocannabinol, which is HHC, and these are currently being sold in the-- some of the CBD stores around the state.

**LATHROP:** Doctor?

**CONCETTA DiRUSSO:** Yes [INAUDIBLE]

**LATHROP:** You got the red light.

**CONCETTA DiRUSSO:** OK.

**LATHROP:** I know you came here to give us your point of view, so I will ask you, because you ran out of time--

**CONCETTA DiRUSSO:** Yes.

**LATHROP:** --to briefly just share your perspective on or your opposition to the bill, in a nutshell.

**CONCETTA DiRUSSO:** So my opposition, my opposition is basically that it doesn't really address some of the very important considerations. So how is this going to be grown? And I know that in the state of Nebraska, we have hemp farmers that are really positioning themselves to grow cannabis that has higher than 0.3 percent THC and to do it in a very rational and safe way. I know that we-- we have to be able to produce these products, so the products have to be processed in some way. We also-- it-- the current bill only covers oils and pills. This is not sufficient. There's many reasons why you'd want other forms of administration, and particularly edibles, which would be great for people who are-- have-- want to stimulate their appetite, for example. We have to have safety at every level of processing, we have to have control if the products are sold, and we have to have education so that they're not abused.

**LATHROP:** OK, so is it fair to say your opposition is the bill doesn't address all the things that need to be addressed--

**CONCETTA DiRUSSO:** Yes.

**LATHROP:** --for it to properly be a medical-- medical-grade cannabis?

**CONCETTA DiRUSSO:** Absolutely. And we also require education.

**LATHROP:** OK. I just wanted to-- I know you came with prepared testimony and I sometimes say, take a look at your prepared testimony and pare it down, but I wanted to give you an opportunity to express--

**CONCETTA DiRUSSO:** OK.

**LATHROP:** --your position. Senator Brandt.

**CONCETTA DiRUSSO:** Yes.

**BRANDT:** Thank you, Chairman Lathrop. Thank you, Doctor, for testifying today. In other states, and let's use Colorado because they're a leader in this, when they-- they manufacture a multitude of-- of cannabis products. Do they list-- are those tested for potency by labs similar to yours? I mean, when they say this is 15 percent or 20 percent--

**CONCETTA DiRUSSO:** Yes.

**BRANDT:** --do you have an indication on there?

**CONCETTA DiRUSSO:** In the state of Colorado, there are approximately 11 labs that are licensed by the state for medical marijuana. They are supervised by the Hemp-- the Cannabis Medical Board, and they are inspected. They must all be ISO 17025 accredited, which we are. In the-- in-- by comparison, in the state of Iowa, it is controlled by the state and there's actually only one grower and manufacturer.

**BRANDT:** So there is a method out there to list potency of these products for the consumers then.

**CONCETTA DiRUSSO:** Absolutely.

**BRANDT:** OK.

**CONCETTA DiRUSSO:** And actually, there should be-- with any of these products, including hemp products, there should be a certificate of analysis that's associated with every batch and lot.

**BRANDT:** All right.

**CONCETTA DiRUSSO:** And that should be available to the public.

**BRANDT:** Thank you.

**LATHROP:** Senator Geist.

**GEIST:** Yes, I have a question. Is any state putting a-- any kind of warning or information out for young people using marijuana repeatedly over a long period of time?

**CONCETTA DiRUSSO:** So I'm a little bit confused by your question, but--

**GEIST:** Well, it's--

**CONCETTA DIRUSSO:** --for example [INAUDIBLE]

**GEIST:** I think it's been-- I've read a lot about the dangers of repeated marijuana use in adolescents, and I'm wondering if they're required to have some kind of warning for youth. And I know it's not going to be typically prescribed-- prescribed because-- for youth, though that's a misuse of that word, but-- but we know that that happens. And so I'm curious, like there's a warning for pregnant women taking alcohol products, is any kind of--

**CONCETTA DIRUSSO:** So I've seen, in some states when they write their legislation, they actually write in an education page which-- which addresses this specifically, so that there comes to be programs within schools, for example, or within after-school programs that address the safety issue. For example, the state of Alabama has that kind of legislation. They have a very good program. Missouri has some of that written into theirs as well.

**GEIST:** I think that's very important for an education so that the public understands that.

**CONCETTA DIRUSSO:** Yes.

**LATHROP:** OK. I don't see any other questions. Thanks for being here--

**CONCETTA DIRUSSO:** Thank you.

**LATHROP:** --and for your testimony today. Good afternoon.

**ADAM BREWER:** Good afternoon. My name is Adam Brewer, A-d-a-m B-r-e-w-e-r. I'm the founder and one of the three owners of a company here in Lincoln called CBD Remedies. We've been in business for nearly five years. And before I get started with just a few minutes of a few things I wanted to point out with the bill, I just want to add a few things to the officer who was in here a little while ago. When taking the black market into consideration, has anyone ever considered that states like Nebraska are allowing that black market to thrive? If you close that gaping hole that helps the black market thrive and live, then that will take significant chunks out of the black market that states like Colorado, California, Oregon, Washington are using states like Nebraska as a customer to sell products on the black market to states who simply don't have any legal options to get these products. And the other thing I wanted to point out, some of the stats that we heard a few testimonies ago, I would really like to know where some of these statistics are coming from because, to me, some of them sound really ridiculous. So just

because you read it online, doesn't mean that it's true. That's just one other thing I wanted to say. And similar to what Concetta said a bit ago, there are many synthesized forms of THC from hemp that are being sold in Nebraska right now, and I would like to see one shred of ev-- shred of evidence that shows that any numbers of anything, traffic accidents, overdoses, suicides, can be associated to any of this because I'm really willing to bet that there's not. So anyway, moving on to a few things that I wanted to talk about, obviously, we've heard a lot of testimonies about the patients and the medical need for medical cannabis in the state. I want to talk about a few things as far as the business aspect goes in Nebraska and how Nebraska would be completely missing out on tens, if not hundreds of millions of dollars, you know, revenue that the state could be making with a legit medical program. So I just want to clarify that obviously I'm here opposing LB1275 for a handful of reasons. The-- the biggest reason is you can't grow or process any cannabis in the state, and it's also a federal crime to transport any cannabis products across state lines. So if you can't grow it, make it here, you can't get it from Colorado, where does that leave our state? There is no industry. It is-- just like other people have said, it's a poison pill. It's, you know, just a bill to make, you know, the state and the citizens, you know, think that we have a medical program, but there really is no legitimate medical program and it's going to leave, you know, patients that need it stranded and still no options. And it's going to leave Ne-- the state of Nebraska missing out on a lot of opportunity to make a good, you know, income for the state on the taxable income from-- generated by local businesses. The amount of red tape that practitioners-- health practitioners have to go through is incredibly lengthy, so it really, you know, restricts them from actually wanting to participate in it. I see I have a red light here, so if you'll allow me to go for just like 20 more seconds, I'd appreciate that. Tinctures and capsules are the only products in this bill that are said to be allowable. In the science of creating a tincture, you have to use an extract, it's just a fact, so you can't take just raw cannabis and make a tincture, which wouldn't make sense anyway because you can't grow raw cannabis. So in two different ways, the bill makes no sense. But to properly formulate a product, you have to use what they're calling a resin or an extract to get an accurate milligram dosage on a product. We formulate products in our stores. I know how this works. I know how it goes. And to get a 1,000-milligram bottle, you can't do that without extracting it into a concentrate and using those numbers to formulate your product, so no-- nothing in this bill makes sense at all.



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**LATHROP:** OK, let's see if there's any questions, Mr. Brewer. I see none. Thank you for being here and for your testimony.

**ADAM BREWER:** I appreciate it. Thank you.

**LATHROP:** Good afternoon.

**ANDREA HOLMES:** Hello. My name is Dr. Andrea Holmes. A-n-d-r-e-a H-o-l-m-e-s, and I am pro-cannabis and-- but I am opposing this particular bill, and I'm here in the capacity of multiple facets. First of all, I am the director of cannabis studies at Doane University. I'm also a professor of chemistry there. I've built cannabis programs for multiple institutions across the country. I built a company, a cannabis company in Denver, Colorado. I have one here in Nebraska, and I'm also chief science officer at CBD Remedies, and Adam just spoke to that effect, and in that capacity I would like to express my opposition to this bill and I would like to explain to you why. I find it quite restrictive. While I do appreciate that there's some verbiage in there of some type of medical cannabis program, it is just simply too restrictive in various ways. The first way is the economic and the commercial restriction. I personally would not really want to jump into Nebraska and invest a bunch of money, business money, and, you know, with a bill like this, I find it very limiting and restrictive and for-- for opening a cannabis company. Second of all, I also believe it's restrictive with regards to the products that are allowed in there. Cannabis products have all kinds of different delivery mechanisms, and everybody has a different way of wanting to consume cannabis. Some people prefer smoking, some people prefer eating, some people prefer inhaling by vaporization, and not everybody's the same and everybody has a different way of consuming cannabis, and that has to be respected and acknowledged. Also, what's restrictive is who has access to marijuana. My partner, Dr. Amanda McKinney, who testified two years ago for-- for the medical bill, and I, we run a program called Ask the Doctors at CBD Remedies, and we have people come in from all walks of life, all ages, different genders, different conditions. They have all kinds of conditions they suffer of pain, stress, mood disorders, and these people are not served by this bill. And finally, the dosing is also an issue. It's too restricted in terms of dosing because, once again, all of you guys are different, everybody needs different dosing, and that as-- has to be based on a very informed decision and not just on the percentage that's being proposed in this bill. Finally, I'd like to say that the people in Nebraska, they are ready for a flourishing, modern, progressive, reasonably regulated and safe cannabis program. My cannabis studies program at Doane University has over 20,000

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students registered. Many of them come from Nebraska. That shows you how hungry people are to enter into this industry, to get jobs, and to find knowledge in medical cannabis. Thank you.

**LATHROP:** OK, thank you, Doctor. I do not see any questions for you today, but thanks for being here.

**PATRICIA PETERSEN:** Good afternoon.

**LATHROP:** Good afternoon.

**PATRICIA PETERSEN:** Thank you for listening to us today. My name is Patricia Petersen, P-a-t-r-i-c-i-a P-e-t-e-r-s-e-n. I am here in opposition of LB1275, which is so ironic because I am in support-- in support of medical use of cannabis. I agonized over writing this testimony, and I'm going to change it a little bit after listening to some of the testimony today because much of it's been covered. I do want to say that I find it disturbing that those opposed to legalizing medical cannabis in Nebraska, who have for years been extremely vocal in their opposition, did an immediate turnaround over this bill. Governor Pete Ricketts, who for years has stated there is no such thing as medical marijuana, has this to say about this bill: While I continue to have concerns about marijuana for use for any reason, I am open to learning more about this bill. This was stated just weeks after appearing in television advertisements denouncing it. John Kuehn, co-chair of SAM Nebraska, a very vocal opponent to medical use of cannabis, also expressed a willingness to consider this bill, as has Senator Julie Slama, who on the day this bill was introduced wrote the following on her Facebook page: Republican Senator Mike Groene introduced LB1275 today, which would legalize medical cannabis for a clear, narrow set of ailments, including terminal illness and uncontrolled seizures. I support this bill. It's a very thoughtful compromise. What I do want to address for the families is a question that Mary Hilton asked: Why aren't the parents just using cannabis for their children? Well, the answer to that is they would lose their children the moment they passed a blood test that was positive for THC; they would lose their children and they would go to jail. So the second question is, why don't you move to a state that allows it? If it's working there, just go. Many of our Nebraska families have already done that. Many families don't want to do that. Their doctors are here, their families are here, their schools are here, their support systems are here. What a slap in the face to them to say move. They don't want to move. Secondly, I understand that long-term use in a child can cause brain damage. Long-term, unrelenting seizures can cause much more brain damage in

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these children, as these parents will attest to. You have a normal, beautiful child that is born, has its first seizure, 19 years go by, and what have those seizures led up to? So I ask you for these families. I agree there is no such thing as medical marijuana. There is the cannabis plant, which can be used for medical reasons. You walk in any facility that is growing cannabis, they're not going to say of two exact plants, this plant is a medical plant, this plant is a recreational plant. What they will say is this plant can be used for medical purposes. That's all we want is to use this for medical purposes. Thank you.

**LATHROP:** OK. I do not see any questions, but thanks for your testimony.

**PATRICIA PETERSEN:** Thank you.

**LATHROP:** We appreciate hearing from you.

**PATRICIA PETERSEN:** Appreciate it.

**LATHROP:** Welcome.

**GARY ANTHONE:** Good afternoon. Chairman Lathrop, members of the Judiciary Committee, my name is Dr. Gary G-a-r-y A-n-t-h-o-n-e. I am the Chief Medical Officer and the director of Division of Public Health within the Department of Health and Human Services. I'm here to testify in opposition to LB1275, which proposes to adopt the Medicinal Cannabis Act and permit certain patients to engage in the medicinal use of cannabis. As DHHS has previously testified, legalizing marijuana for any purpose, including medicinal use, poses risk to the health and safety of Nebraska residents. At this time, marijuana is not approved by the Food and Drug Administration for any medical uses and is classified by the Federal Drug Enforcement Administration as a Schedule I controlled substance. Substances in Schedule I are listed as highly addictive and have no currently accepted medical use. The FDA has approved four cannabis-derived or cannabis-related drug products. They are Epidiolex, which is a cannabis-derived material, and Marin-- Mar-- Marinol, Snydros and Cesamet, which are cannabis- related synthetic compounds. Each of these drugs have gone through the investigational new drug process through the FDA Center for Drug Evaluation and Research. Included with these drugs are the active ingredients and the amount in each dose, the purpose of the product, the uses of the product, and specific warnings, dosage instructions, and product's inactive ingredients. This level of information is lacking for other marijuana

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products due to the lack of conclusive research and information on approved usages. More scientific-based research is needed to better understand the medicinal uses and the risk associated with marijuana use and all the can-- cannabinoids contained therein. In December of 2016, the FDA updated its guidance for industry botanical drug development and, as recently as July of 2020, has also published a draft guidance titled Cannabis and Cannabis-Derived Compounds: Quality Considerations for Clinical Research Guidance for Industry. These documents provide the framework for the study of marijuana for medicinal purposes. If studies find valid medicinal uses for marijuana, the FDA processes for investigational new drugs would help to ensure the safety and efficacy of those products. In summary, other than the affirmation of four products approved by the FDA, marijuana is still scheduled-- or listed as a Schedule I controlled substance with no approved uses. Without proper vetting for safety and efficacy of marijuana products, the health and safety of Nebraskans would be at risk. We respectfully request that the Judiciary Committee not advance this legislation. Thank you for the opportunity to testify. I'd be happy to answer any questions.

**LATHROP:** Senator McKinney.

**McKINNEY:** Thank you, Senator Lathrop. Thank you for your testimony. Does the Department of Health and Human Services support the prohibition of alcohol?

**GARY ANTHONE:** No, we do not.

**McKINNEY:** Do-- do you support the use of alcohol?

**GARY ANTHONE:** For-- when used in proper quantities, yes.

**McKINNEY:** Have you found studies that found it's beneficial for Nebraskans to use alcohol?

**GARY ANTHONE:** I have not seen any studies to say that.

**McKINNEY:** Have you looked into it?

**GARY ANTHONE:** No, I have not.

**McKINNEY:** Why not?

**GARY ANTHONE:** Because I think it's been a-- like Colonel Bolduc said before, this is-- we've been through this before, and I don't think we need to really rehash that issue.

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**McKINNEY:** So we don't need to study the risk that alcohol could have on Nebraskans, but we should oppose bills that would allow Nebraskans to use medical marijuana.

**GARY ANTHONE:** To my knowledge, alcohol is not considered a Schedule I substance by the Drug Enforcement Agency.

**McKINNEY:** But is it harmful?

**GARY ANTHONE:** It could be in improper dosages.

**McKINNEY:** Is it addictive?

**GARY ANTHONE:** It could be in improper dosages.

**McKINNEY:** OK, thank you.

**LATHROP:** Doctor, I see no other questions. Thank you for your testimony. Afternoon.

**SCHUYLER WINDHAM:** Good afternoon, Chairman Lathrop, committee members. My name is Schuyler Windham, S-c-h-u-y-l-e-r W-i-n-d-h-a-m. I'm the executive director of the Libertarian Party of Nebraska. We are the third-largest political party in Nebraska, and we believe the answer to America's political problems is the same commitment to freedom that earned America its greatness, a free-market economy and the abundance and prosperity it brings, a dedication to civil liberties and personal freedom, and a foreign policy of nonintervention, peace, and free trade as prescribed by America's founders. Nebraskans should have the right to cannabis in all its forms without regulation or taxation. We should also be free from government intervention to experiment with right to try in the healthcare space. The Libertarian Party of Nebraska opposes LB1275. While legalizing marijuana is greatly desired by many, this bill is a step in the wrong direction to achieve those ends. LB1275 allows only the smallest number of individuals to theoretically be able to receive marijuana as a medical aid. It discriminates against those suffering from PTSD, anxiety and depression, those with cancer other than Stage IV, and a great deal of other conditions that have been described here today. It also imposes barriers such as a registry program, which would make it difficult or, as we've seen today, impossible to receive the treatment at all or in a timely manner, which is often of the essence when diagnosed with cancer or other severe, life-threatening conditions. Approving this bill would be detrimental to the long-term care and treatment of Nebraskans who are resistant to other forms of medication. And this is really personal

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for me, as well, because I have family members and loved ones who have MS, fibromyalgia, depression, anxiety. So we ask the committee to vote against the proposal, as there are currently better initiatives that Nebraskans can vote directly on in the upcoming general election. Thank you for your consideration and I'll take any questions at this time.

**LATHROP:** OK. I don't see any questions, but thanks for being here.

**SCHUYLER WINDHAM:** Thank you.

**LATHROP:** Good afternoon, welcome.

**RICHARD J. WALL, JR.:** Mr. Chairman and other distinguished members of this committee, good afternoon. My name is Richard J. Wall, Jr., R-i-c-h-a-r-d, middle initial "J," W-a-l-l, W-a-l-l, Junior, J-r, period. Although I am an estate-planning attorney here in Lincoln, I have a background in FDA and vaccine law from a previous part of my professional life. Because of this, I wanted to share my thoughts with you on the so-called medical marijuana bill presently before this committee, but also on medical marijuana in general. I am opposed to this bill for the following four reasons. First, as a former U.S. Surgeon General has said, there is no such thing as marijuana that is, quote, medical. A drug or other substance becomes medical only after it has been through a thorough testing process overseen by the FDA. This testing process first involves animals. If no major problems crop up during animal testing, then a small human trial commences. If no major problems develop during the first human phase of testing, then the process moves to a larger human trial. This is a well-thought-out and time-tested serial process that typically takes years to complete because it involves the gold standard of clinical trials: randomized, double-blind, placebo-controlled studies. The reason for this is that the FDA wants to confirm that every drug is both efficacious-- that is, it does what the drug is intended to do-- but also that it is safe both in the short term and also over a long period of time. We have heard today heart-wrenching testimony by proponents of medical marijuana, and my own heart truly goes out to them. But their testimony is wholly anecdotal, and mere anecdotal evidence has never been sufficient to an FDA approval. In addition, we have a saying in American jurisprudence: Hard cases make bad law. By this we mean that rare and tragic situations, as we have heard about here today, should not be the basis for creating a law of general applicability, but that is what you are proposing to do here this afternoon. Third, marijuana is a very complex plant, and the fact that it is a plant

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that is flora, and not a tablet or pill, makes things like strength, purity, and dosing to be very difficult, certainly beyond the capabilities of an individual consumer of the marijuana to determine and achieve. Until such-- such-- until such time as these considerations have been fully addressed through the FDA process, it is very premature for a bill such as this to be passed by our Legislature. Fourth, a young lady who grew up in Colorado told me recently that she moved to Nebraska for college and professional school, an eight-year process for her. She did so, she told me, because so-called medical marijuana had been passed in Colorado while she was in high school. Shortly after becoming law, she said, the smell of marijuana suddenly became very noticeable in the halls of her high school, and this happened because any legalization of medical marijuana virtually guarantees that it will ultimately become available to underage students for their recreational use. I don't want to see this happen in Nebraska. Our young people are simply too precious to be exposed to such risk of harm. For these reasons, I respectfully ask you to reject this bill. If the Chairman or other distinguished members of the committee have any questions, I will do my best to answer them. Thank you.

**LATHROP:** Very good. Mr. Wall, I don't see any questions today, but thanks for being here.

**RICHARD J. WALL, JR.:** Well, thank you so much for listening to me.

**LATHROP:** No, that's fine. Next opponent. Good afternoon and welcome.

**SHERI DAWSON:** Hi. Good afternoon, Senator Lathrop, Chairman, and Judiciary Committee. My name is Sheri Dawson, S-h-e-r-i D-a-w-s-o-n, and I service as the Department of Health and Human Services' director of the Division of Behavioral Health. I'm here to testify in opposition to LB1275, which adopts the Medic-- Medicinal Cannabis Act and permits certain patients to engage in medicinal use of cannabis. As DHHS has previously previously-- previously testified, legalizing marijuana for any purpose, including medicinal use, poses risks to the health and safety of Nebraska residents. The National Academy of Medicine, the nonprofit group that advises the federal government on health and medicine, released a report in 2017 entitled The Health Effects of Cannabis and Cannabinoids. The report states there's a significant evidence of statistical association between cannabis use and increased risk of motor vehicle crashes, low birth weights, and the development of schizophrenia or other psychoses, with the highest risk among the most frequent users. The division, in partnership with behavioral health regions and community coalitions, is actively

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implementing strategies to prevent and reduce marijuana use. The 2020 Nebraska State's Epidemiological Profile reported that a 5.6 percent of Nebraska young adults in the past year reported driving while under the influence of marijuana, and other surveys suggest that adolescents and young adults overestimate the prevalence and acceptance of substance use among peers and make assumptions that adults endorse illicit drug use when, in fact, they do not. With legalization, the perceived risk is lowered, and there's evidence that initiating cannabis use as a risk factor for the development of problematic cannabis use and other poly-substance use disorders. So we respectfully request that the committee not advance the legislation, and I thank you for the opportunity today and happy to answer questions.

**LATHROP:** OK. Senator McKinney.

**McKINNEY:** Thank you, Senator Lathrop. Thank you, Ms. Dawson, for your testimony. I was curious, does the Department of Health and Human Services support the use of alcohol?

**SHERI DAWSON:** Alcohol, I don't support the use of alcohol outside of legal limits.

**McKINNEY:** Does alcohol pose a health and safe-- and safety risk to Nebraskans?

**SHERI DAWSON:** Alcohol, when misused, can pose harm and safety.

**McKINNEY:** So I'm curious, so are you guys also in favor of legislation that would prohibit or limit the use of alcohol in the state?

**SHERI DAWSON:** Senator, I can't say I would take a position without seeing the bill.

**McKINNEY:** OK. Thank you.

**SHERI DAWSON:** Um-hum.

**LATHROP:** Senator Geist.

**GEIST:** Thank you for your testimony, and I just wanted to ask-- you did highlight the development of schizophrenia and other psychoses. Is that consistent with adults as well? I've read a lot about that with youth. Have you seen that in your study with adults?



**SHERI DAWSON:** The studies that I'm familiar with and that were in this particular referenced article are primarily focused on young people as they enter adulthood.

**GEIST:** Is that because that's when schizophrenia is typically found or are they finding a causal connection?

**SHERI DAWSON:** Yeah, no, actually, schizophrenia and some of the other psychosis disorders actually start kind of middle teens; between 14 and 26 years of age is when you really see the first episodes.

**GEIST:** OK. So that would be consistent with-- with what you're referencing here? OK, thank you.

**SHERI DAWSON:** Sure.

**LATHROP:** Do we know whether these are people who have developed these disorders that self-medicate with marijuana or whether marijuana actually causes these conditions?

**SHERI DAWSON:** It depends on the study that you read, Senator.

**LATHROP:** OK. I don't see any other questions for you. Thank you for your testimony and for being here today.

**SHERI DAWSON:** Thank you.

**LATHROP:** Any other opposition testimony? Good afternoon and welcome.

**SHIVA KUMAR:** Good-- good afternoon, my name is Shiva, last name Kumar; it's S-h-i-v-a, and last name, Kumar, K-u-m-a-r. Good afternoon, Chairman of the Judiciary Committee and all the senators here. I represent the small business CBD Remedies here, and I speak on behalf of all the customers, and as well as my expression, on LB1275, specifically referring to the qualifying conditions, the four limited qualifying conditions for this bill. If the-- and to address that, I would like to first address the few numbers here when we look at the opioid deaths in the United States. Annually, it's surpassed the hundred-- about 100,000 annual deaths, and this is in 2021. I would also look at all the other states, neighboring states like Illinois, Colorado, Michigan, and the point I would like to make request is I think we are limiting the scope of what defines this bill truly as an expression of the people, the state, as well as the doctors and medical fraternity. When we look at the conditions, a majority of the chronic pain people are suffering from various conditions, which spans across PTSD, acute injury, trauma, arthritis.

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And I truly believe that, if we do not increase the qualifying conditions, it impacts so many other larger population or the people who otherwise would be dependent on opioids. And if we look at the long-term [INAUDIBLE] I think if we increase the qualifying conditions, the dependance on opioids, the withdrawal, people who are depending on opioids, the withdrawal effect and the black market products, as well as people who are otherwise probably traveling and giving business to states like Colorado, will be less. And with this, I would say that in Minnesota, for example, this year's pro-- projection is about \$80-100 million. Illinois is about \$1.-- \$1.4 billion in sales; Colorado, a staggering \$2.2 billion in sales. I feel that when we look at the conditions, if you're just going to restrict it to four chronic conditions, we're not looking at empathizing with people who are actually suffering from severe anxiety, PTSD, and other serious conditions. So if medical is not available to these people as well, then we are not providing a pathway to actually even reduce the dependance of opioids on-- with this. So I'm just trying to make a point here that maybe we need to look at it from a macro-vision because right now we are just limiting the scope and also not understanding how it would actually benefit, because one of the reasons why all the other states which have already introduced medical is because their qualifying conditions, if we look at Illinois, it has 41 qualifying conditions; Colorado has 10 conditions; Michigan has 13; Minnesota, 17; and North Dakota, 30 conditions.

**LATHROP:** Thank you.

**SHIVA KUMAR:** Thank you. If there's any questions--

**LATHROP:** Let's see if there's-- see if there's any questions, Mr. Kumar.

**SHIVA KUMAR:** Yeah, any questions.

**LATHROP:** I'm seeing none today.

**SHIVA KUMAR:** All right.

**LATHROP:** But thanks for your testimony.

**SHIVA KUMAR:** Thank you. Thank you for giving me the opportunity.

**LATHROP:** No, thanks for being here. Good afternoon.

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**JOHN KUEHN:** Good afternoon, Senator Lathrop and members of the Judiciary Committee. I am John Kuehn, J-o-h-n K-u-e-h-n, and I'm here today representing Smart Approaches to Marijuana in Nebraska. Officially, we're in the position today of opposition to LB1275 as it stands right now. I do want to be clear, up until just a few days ago, we were working in a good-faith effort with the bill's introducer to attempt to find a path forward, to identify if there were options and opportunities legally to-- to come to a compromise and identify a series of conditions in a restricted fashion which might provide some degree of access to the sickest of sick Nebraskans to medical marijuana. That said, at this point in time, without the bill, just introduced copy, as well as uncertainty about the status of a number of the discussions we've had with the bill's introducers, we do formally oppose LB1275 and ask that you not advance it. A couple of things that I do think need to be clarified because they continue to-- to crop up and they're-- they're technical terms and they're words that have meaning, and that is, again, it is important to remind the legislators, policymakers, that the term "prescription" does not apply when dealing with marijuana for medical use. There is no valid prescription. It's a certifying condition. Prescriptions have dosage, frequency, route, mechanism, and generally are time limited. And so understanding the marijuana system as one and utilizing words like "prescription" misrepresent a legal term which has legal meaning within the healthcare profession. The other that-- issue which has come up a couple of times in today's hearing and also is referenced inadvertently or-- or inaccurately in even the fiscal note for this bill is the concept that somehow there's a very special prohibition against the interstate sale and shipment of marijuana at the federal level. We must be clear. Marijuana is still at the federal level illegal to grow, process, distribute, sell, dispense, possess. It is not merely a question of interstate shipment at which federal prohibition exists. Regardless of what the state of Nebraska may or may not do regarding legalization of marijuana within the state, it still remains federally illegal to grow, to produce and to distribute. And-- and that's an important distinction as we look at this very interesting gray area that marijuana exists on, whether it's states legalizing it in-- in accordance with its federal status, as well as its status as a Schedule I drug. With that, again, I was hoping we would be able to have something more positive and affirmative to discuss as a path forward for patients in Nebraska. At this time, we don't see that but, again, are-- are always open to continuing to work forward and see if there's an opportunity to do so. With that, I'm happy to answer any questions that you may have.

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**LATHROP:** OK. Senator Geist.

**GEIST:** Do you foresee the federal government taking that pathway of legalization?

**JOHN KUEHN:** I-- I'm-- I'm not in a position to be able to say what the federal government may or may not do. I think things, when some of us took office eight years ago together, thought the federal government were going to do, still don't seem to happen. So I guess I'm not in a position to see. So I do believe that-- that there will be some changes at the federal level. I think momentum is going. And I think for a state like Nebraska, I know there's been a lot of criticism about the grow, about the distribute-- distribution factors of this bill, but I think-- do think it recognizes something that the marijuana industry is a multistate industry. Many of the businesses, and you even heard some today where you have businesses involved in various aspects of commercial marijuana, whether it be production, testing or others, these are-- are multistate industries and in some cases are actually international with business interests in-- in Canada and throughout North America, as well as the United States. I think the reflection of that multistate nature of-- of commercialization of marijuana, and in some cases the international status, will continue to prompt changes at the federal level. But again, that's-- that's a federal issue. And to some degree, we-- we can't just pick and choose which federal laws are-- we're going to look at preemption and which ones we aren't. It's what's kind of created this interesting swirly of policy that's put states in the position that they're in now and uncertainty with-- with a different patchwork of state regulations and rules and laws without clear, consistent federal guidance on the-- on the issue.

**GEIST:** Thank you.

**LATHROP:** Senator McKinney.

**McKINNEY:** Thank you. So to be clear, you had a role in writing this bill?

**JOHN KUEHN:** I'd spoken with a number of senators concerning things that were points of compromise, just as I had issues with points of compromise with senators when LB474 was heard on the floor last year, so, you know, contributing concepts, ideas, language has been something that, since my participation in SAM Nebraska, has always been a part of what we've done.

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**McKINNEY:** OK. And also, I-- I kind of want to be clear. Well, I kind of want to get some clarity from you. Your organization is Smart Approaches to Marijuana, but a part of your testimony was to say that it's illegal on the federal level. So how can we have smart approaches if your-- if your opposition is that it's illegal?

**JOHN KUEHN:** [LAUGH] OK, that's an interesting one. I didn't come up with the name, so we'll go with that. As far as, I think, looking at realistic policy approaches, there's an ideology, and I think what we've heard today from individuals is there are people with very strong feelings on both sides of the marijuana issue, whether that is strong emotion and perspective towards legalization to the point of-- of full legalization and a lack of any government regulation or control; on the other hand, you've heard testimony from individuals who feel equally as-- as passionate about full prohibition. I think we all recognize that-- that policy is-- is rarely that black or white, and that when we're dealing with something as broad as the state of Nebraska and a policy as complex as-- as legalization of marijuana, that there is going to be a need for thoughtful and reasonable approaches to how we implement that policy. And although I'm here today in opposition to LB1275, I think you've heard something that maybe hasn't come up in the last eight or nine years of hearings on this topic, and that is, is that nobody likes it, which some people will say is the sign of a good compromise, right? Not that this is-- is perfect or is ready for-- for a good policy at this point in time. But what I think you're hearing today is that there are individuals, groups, representatives of both sides of this, what can be fairly divisive issue, saying there's things in here we like and there's things in here we don't like, and that's ultimately where good policy and good public policy comes out. So in the face of-- of not looking at-- and legalization, SAM looks at what is the best approach forward that protects the public health and safety of the people, which are a part of our organization.

**McKINNEY:** All right. Thank you.

**JOHN KUEHN:** You bet.

**LATHROP:** What's SAM stand for?

**JOHN KUEHN:** Smart Approaches to Marijuana.

**LATHROP:** OK.

**JOHN KUEHN:** Um-hum.

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**LATHROP:** That's the only question I had.

**JOHN KUEHN:** All right. That's an easy one.

**LATHROP:** Just--

**JOHN KUEHN:** I can handle that one.

**LATHROP:** Yeah, I do that sometimes.

**JOHN KUEHN:** Thank you all for your time.

**LATHROP:** Thanks for being here.

**JOHN KUEHN:** You bet.

**LATHROP:** Any other opposition testimony today? Seeing none, is anyone here to-- oh, I'm sorry. You're here in opposition?

**MARGARET WALL:** [INAUDIBLE]

**LATHROP:** Oh, no. He may be in neutral.

**MARGARET WALL:** OK, sorry. Good afternoon. Thank you, Mr. Chairman.

**LATHROP:** OK. Well, good afternoon and welcome.

**MARGARET WALL:** Thank you. I'm Margaret Wall, M-a-r-g-a-r-e-t W-a-l-l, and I'm here in opposition to the bill because I don't think it is medical marijuana, there is such a thing, and I think everybody's already talked about that, so I'll skip that part of my-- my comments. But when I-- what I-- what I fear is happening here is we are basically legalizing addiction in the state of Nebraska, and I moved here nine years ago with my husband. I grew up in California. My family is still there. They live on a daily basis in an area where marijuana is legal and it's very unpleasant and even unsafe in certain areas of our-- of our-- of our state where we once enjoyed all kinds of activities outdoors. We can't even go in certain parts of our national park without worrying about cartels back there, and this is where marijuana is legal. My husband and I lived in Wyoming. We thought we'd move to Denver until on a picnic a young man came to me and said, excuse me, ma'am. And I said, yes? And he said, do you have any pot? And I said, really, you should be ashamed, I'm old enough to be your grandmother. And I told my husband when I went home, you know, I really don't want to live in a state where kids are-- are emboldened like this, and these poor kids, no direction.

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And so we came down I-80 and we came to Nebraska and we landed here and I loved it. I was so happy. I lived under a cloud of addiction my whole life, and I got here and I felt safe and I felt that there was something so wonderful about this place and innocent, almost. I couldn't figure it out. And then this marijuana movement for hemp started up and I realized what it was. There was an addiction here. There is addiction here, but it's not legal. It's not so prevalent and I could sense it. And like Tom Osborne said when they were talking about-- the Board of Regents was saying that alcohol would be OK at sports events, he said, well, it's really sad, you know, whether you agree with alcohol or not, it's really sad because it's changing Nebraska, it's changing something that's really precious to us, it's changing the way we feel when we go to these events. And similarly, when I live here, I don't want to live in a state with addiction, and I'm hoping that this bill will not be released because there's a lot of collateral damage this bill doesn't even deal with. What about the homelessness, mental illness, suffering families? Where is it in this bill? Like gambling, you know, there's certain provisions that the state made to protect against the collateral damage of gambling to families and young people and all the addiction it brings. I don't see that in this bill. So finally, a drug like marijuana is like a wild animal and it can't be tamed or controlled. There is no compromise. You can cage it, you can chain it, you can lock it up, but eventually it gets out; eventually someone gets-- you know, doesn't pay attention and it wreaks havoc in a community. So please do not release this wild animal, LB1275, on our state, on my state now. And as our former First Lady Nancy Reagan used to say, and this is about demand reduction-- she was excellent at demand reduction. We were way down in use of drugs when she was doing her Just Say No campaign. And so I respectfully and-- I appeal to you to just say no to this bill and to legalizing addiction in this beautiful state that I'm growing to love so much.

**LATHROP:** OK.

**MARGARET WALL:** Thank you.

**LATHROP:** Well, we're glad you're here. I don't see any questions, but thanks for being here.

**MARGARET WALL:** Thank you.

**LATHROP:** Any other opposition testimony? Anyone here to speak in the neutral capacity? Good afternoon.

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**BILL HAWKINS:** Senator Lathrop, members of the Judiciary Committee, my name is Bill Hawkins, B-i-l-l H-a-w-k-i-n-s. I'm with the Nebraska Hemp Company. It's a nonprofit that has been advocating for the reform of unjust cannabis laws for years, have been setting up educational displays in the center of the Rotunda here in the Nebraska State Capitol, and going door to door educating people on the issue of cannabis. We did make a mistake. I'm a lifelong herbalist, organic farmer here, and we made a mistake calling it, quote, medical cannabis, because then we got into the battle with the pharmaceutical companies and FDA approval, which if you do any statistical look at FDA-approved drugs, you will see the list of side effects, the overdose deaths, the children who get prescription drugs and die from real overdoses. I got into this cannabis issue after taking care of both my parents dying of cancer, my mother of lung cancer, my father of liver and lung cancer, contributed by legal alcohol and legal tobacco. Five-- 50 years ago, the Surgeon General came out and said tobacco will kill you. It still kills people every day. There is a lethal dose of alcohol and tobacco, yet not one overdose death-- I've said this repeatedly here- not one overdose death from cannabis in the thousands of years, every governmental agency looking for that overdose death. We had a medical officer two years ago state that there was an overdose death, but thankfully to Pat-- Senator Patty Pansing Brooks, he was called out on that. I'm in neutral because we are ground-breaking with Senator Kuehn and the SAM Nebraska, the great Governor Ricketts, who made international news stating that cannabis will kill our kids in the streets if we legalize it, and here we are still denying these kids this safe medical cannabis. We are still here. This bill isn't going anywhere because it isn't prioritized, but it's groundbreaking that Senator Groene came out and stated that he had changed his mind. Governor Ricketts, this gentleman over here, have all of a sudden said, oh, maybe it does work, maybe we need to restrict it. I have Lyme disease. I suffer from intense pain all the time. I use cannabis every day. I have 50 years of practical, real-life experience with the cannabis plant. And so if I didn't have that, I would be an opiate addict, I would be on pharmaceutical drugs, but I choose not to. So there is a lot more I'd love to say on this issue, but I respect the committee.

**LATHROP:** I have no doubt-- I have no doubt about that. [LAUGHTER]

**BILL HAWKINS:** And so--

**LATHROP:** We appreciate-- we appreciate your testimony and your perspective--



**BILL HAWKINS:** Yes.

**LATHROP:** --when you're here on these bills.

**BILL HAWKINS:** Certainly take any questions.

**LATHROP:** I don't see any today.

**BILL HAWKINS:** All right.

**LATHROP:** Thanks for being here though.

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

**LATHROP:** Yeah, take care. Anyone else here in a neutral capacity? We do not have the legislative assistants close on a bill, so there will be no close today, but the-- before we close the hearing, we do have position letters. Two are proponent letters, 12 are in opposition, and none of them are in the neutral capacity. And with that, we'll close our hearing on LB1275 and our hearings for today. Thank you all for being here today and sharing your thoughts.