STATE OF KANSAS
HOUSE OF REPRESENTATIVES

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JOHN WILSON
10TH DISTRICT

Chairman O'Donnell and Members of the Committee:

On behalf of my constituents and hundreds of Kansans seeking care for their friends and loved ones living with debilitating seizures, **I stand in strong support of SB 147—also known as Otis' Law**. Today you will hear stories from families whose lives have been forever changed by debilitating conditions, and whose lives could be improved with the passage of SB 147.

Otis' Law is a limited high-CBD, low-THC medical hemp bill designed to allow regulated access to products which contain the active ingredient cannabidiol, or CBD. CBD is one of over 60 compounds found in the plant *Cannabis Sativa L*. It belongs to a class of molecules called cannabinoids. **CBD has no intoxicating effects.** THC, or tetrahydrocannabinol, is the chemical responsible for most of marijuana's psychological effects. CBD and THC levels tend to vary among different plants. Marijuana grown for recreational purposes often contains more THC than CBD. **However, by using selective breeding techniques, growers have created varieties with high levels of CBD and almost no THC.**

I've attached a summary of SB 147, as well helpful background information about federal and state marijuana policy.

The carefully crafted components of Otis' law balance the need for positive health outcomes with the need to protect public and patient safety. Furthermore, Otis' Law provides a regulatory framework for any forthcoming changes that may occur as a result of changes at the federal level. Until that time, I think we should be doing all we can for Kansans searching for help.

If the families testifying today were the only ones to benefit from the passage of HB 2282, I wholeheartedly believe that it is still worth our time, effort, and political reputation to consider it. I hope you will join me in supporting the passage of SB 147 and sharing the stories you heard today with the rest of our colleagues in the Senate.

Sincerely,

John Wilson
State Representative, District 10

Memorandum

SB 147 (Otis' Law)

What Does This Bill Do?

SB 147 differs significantly from the "medical marijuana" bills that have been introduced over the past few years. It represents a Kansas solution—a solution that is designed for very specific medical conditions and with very limited forms of consumption and access. With that in mind, I think it's important and helpful to understand what this bill doesn't do.

SB 147...

- Does not allow the growing or consumption of marijuana with any intoxicating or psychoactive effects
- Does not allow for recreational use of marijuana
- Does not allow people to grow marijuana at home
- Does not allow all (or even most) medical conditions to be treated with marijuana
- Does not legalize "industrial" hemp
- Does not decriminalize marijuana possession
- Does not allow for shipping or sending marijuana by mail or other shipping service

So if that's what the bill doesn't do, what does it do?

Under SB 147...

- A patient with a qualifying condition would have legal access to hemp products with no more than 3% THC (not enough for impairment).
- A patient must have doctor-issued certification in order to be eligible.
- A patient could have one designated caregiver, who must register with the Kansas Department of Health & Environment (KDHE).
- Licensed producers would cultivate state-compliant varieties of hemp, perform extraction processes, and meet packaging and labeling requirements established by KDHE.
- KDHE would register, regulate and inspect private producers of medical hemp and hemp products.
- KDHE would license and regulate independent testing labs.

Similar Laws in the United States

Fifteen states have passed some form of high-CBD, low-THC laws:

- Utah
- Wyoming
- Oklahoma
- Missouri
- Iowa
- Wisconsin
- Kentucky
- Tennessee
- Mississippi
- Alabama
- Georgia (5% THC)
- Florida
- South Carolina
- North Carolina
- Virginia

We both grew up in Kansas, and Kansas will always be our home.

After college, we met and moved to New York City. A few years later, after becoming engaged, we made a decision to start our lives together as a married couple, and to begin our own family, in Kansas.

Upon moving back to Kansas in 2007, Ryan began teaching at a rural high school near Topeka, and Kathy worked at the University of Kansas. We are both hard working, community-minded citizens.

In June of 2011 we had the absolute joy of welcoming our son and only child, Otis, into the world.

In September of 2011 Otis had his first seizure, and Otis received the diagnosis of Infantile Spasms, a catastrophic form of infantile epilepsy. Since that day, the seizures have only progressed, and our own lives have become geared toward stopping those relentless seizures.

Otis has hundreds of seizures a day. These seizures have left him developmentally disabled and completely dependent on us in every way, even in the most basic activities of daily living. The constant seizure activity has prevented Otis from being able to learn, develop, and reach milestones like most typically-developing kids. He can't walk, talk, or sit up on his own...but we're working on it.

Otis has been seen by neurologists and epileptologists in Kansas City, St. Louis, the Cleveland Clinic, and Denver. He has tried over a dozen different medications in order to stop his seizures. None of them have provided any seizure relief. In fact, most of these pharmaceuticals have caused negative side effects, from sleeplessness, anorexia, impaired cognition, zombie-like "stoned" states, and severe agitation and rage, to a life threatening cardiomyopathy. In 2013 he had surgery to implant a device, a vagal nerve stimulator (VNS) that would give him shock therapy around the clock. He has also suffered through a very strict diet for 2.5 years that, in combination with the mineral-leaching anticonvulsant pharmaceuticals, left his bones weak, leading to a fractured femur at 2.5 years of age.

Nothing worked to control Otis' seizures, or give him a better quality of life. In fact, it began to seem as though these treatments were working against him.

Our day to day was living seizure to seizure. Days were peppered with seizures and frustration, and nights seemed to be never-ending. Otis did not have a bedtime, and not for our lack of trying. Due to the frequency of his seizure activity, he would fall asleep at 7pm one night and 2am the next night, and naps were few and far between. Most of his seizures came in clusters at night. He would be asleep for 2-3 hours and wake up with a cluster of seizures that usually lasted about an hour, then go back to sleep for an hour or so only to be up again for another hour of seizures. This continued throughout most of the night, every night. There is nothing we have experienced more heartbreaking than helplessly holding our child night after night as he seizes uncontrollably.

Our team of neurologists told us that, having been failed by all else, our last option was to remove or disconnect half of Otis' brain. Because EEGs, MRIs, and a PET scan have not been able to identify a focal point in Otis' brain where the seizures are originating, his seizures are considered to be generalized, meaning that they appear to come from all over his brain. Because of this, the hemispherectomy surgery is seen as a last resort. Surgery is not only a risky and permanent last resort, but the chances of success are not good—30-50% chance of any seizure improvement at all and as time goes on the chances of seizures coming back increase. We are looking long term quality of life. We agreed with our doctors, brain surgery is the last resort.

In the fall of 2013 we began to hear about how medical cannabis has helped children with severe, drug-resistant forms of epilepsy like Otis. At first we were skeptical, but after talking to some of these parents we knew that we had to try medical cannabis before removing half of Otis' brain.

Our options at this point were: 1. Permanently cut out half of our child's brain with no guarantee of success, short or long term, or 2. Try a medicinal plant that has worked well for other children like Otis.

We decided to try medical cannabis.

The decision was easy; however, the act of providing this medicine to our son was far from easy. In order to give our son a chance at a better quality of life we gave up our home, our jobs, our support system, and being close to those we love.

Because of current laws in Kansas--our home--we had to uproot our lives and move to another state, Colorado, on the hope that medical cannabis would help Otis. It was difficult and continues to be difficult to be so far from our home and the ones we love, but we would do it again in a heartbeat to provide a better life for our son.

Since beginning high CBD, low THC medical cannabis treatment, Otis' quality of life has greatly improved. He now has a regular bedtime of 8pm and sleeps anywhere from 4 to 9 hours *in a row* for the first time in his life, which has helped us all. Since he has been on the CBD treatment, we have been able to wean him over half way off of his remaining anti-epileptic drug, a benzodiazepine called ONFI (or Clobazam), known to be more addictive than even heroin. He has improved cognitively and developmentally. He has learned to drink from a straw, assist in sitting up and standing, assist in feeding himself, army crawl to a desired object, and use his previously unused right hand...just to name a few. He has become clearer and more alert, making more eye contact, interacting more with us, his therapists, and his peers at preschool. He continues to become stronger and stronger, weight-bearing on his legs and hands. And the best thing of all...he smiles and laughs each and every day now! He even reacts to being tickled by giving us giggles! All of this without the negative, and many times dangerous, side effects he suffered from the 12 FDA-approved "safe" anticonvulsant medications, steroid therapies, and ketogenic diet that had been prescribed to him—and failed him--previously.

Unfortunately, despite the many and growing cognitive and developmental gains we have seen over the course of the past several months, Otis has not yet experienced the seizure control that many of his new friends out here in Colorado have experienced. Fortunately, there are still many

more medical cannabis options available for us to try, and in this, we have been given a renewed sense of hope for Otis' future. Otis is experiencing a better quality life than he has ever experienced, and it is thanks to medical cannabis.

We are dealing with a difficult diagnosis for which there is no known cure. Our day to day is hard, but we are managing...and managing well, we think, despite the many obstacles with which we are faced. But to add to the mix a move away from our home, our families, and our support system...it's not right. As parents of a child with severe special and medical needs, we've got enough work cut out without also having to start our lives over in a new place. We love Kansas, but there is no justice in this. We should be allowed to live in our home and be around the people that we need most during the most difficult trial of our lives.

We ask for compassion. We invite you come spend time with us. We welcome you to sit with us as we hold our child as he seizes, or do a google video search for "seizure"...and see why anyone in our situation would do the same.

Imagine the fear and absolute desperation you would feel in that situation. Imagine what it is like to sit up with your child, at midnight, 2 a.m., 4 a.m., holding him close to you, helpless as he seizes over and over and over again. Crying, praying, cursing, whispering, hushing, and singing to your child, absolutely helpless, between your own barely contained sobs.

Please ask yourself what you would do, having exhausted all available medical options. Who would you turn to for help? Would you just throw your hands up, toss in the towel and give up on your child? No, you wouldn't. Of course you wouldn't.

You would continue to fight for your child, endlessly, relentlessly, through fear and anger and sorrow and exhaustion, doing everything and anything possible, pursuing anything that offers the slightest possibility of relief for your child. We truly believe that if put in our shoes, any other parent would do the same for their child.

It is our hope and plea that the individuals with the most power and the most influence within our state will have the courage to stand up and do something to help our son and other children in Kansas like him, because we are far from being the only ones—to hear our stories, to have empathy and compassion for these medically fragile children, to give us another option when all else have failed us.

As native Kansans and parents of a child who suffers from progressive, drug-resistant epilepsy, we ask that our Kansas legislators have compassion for our family, for our sweet son Otis, and for other Kansas children like him. It is our hope that Kansas legislators will develop a well-regulated medical cannabis program that allows for research, local cultivation and testing of this promising, plant-based medicine, direct access for patients in need. If nothing else, we ask simply for reciprocity for families like ours, so that we may legally cross the state line into Kansas, with our son's medicine, to visit our families without fear of being prosecuted.

We thank you for hearing our story.

We would be happy to answer any questions you may have about Otis our experience.

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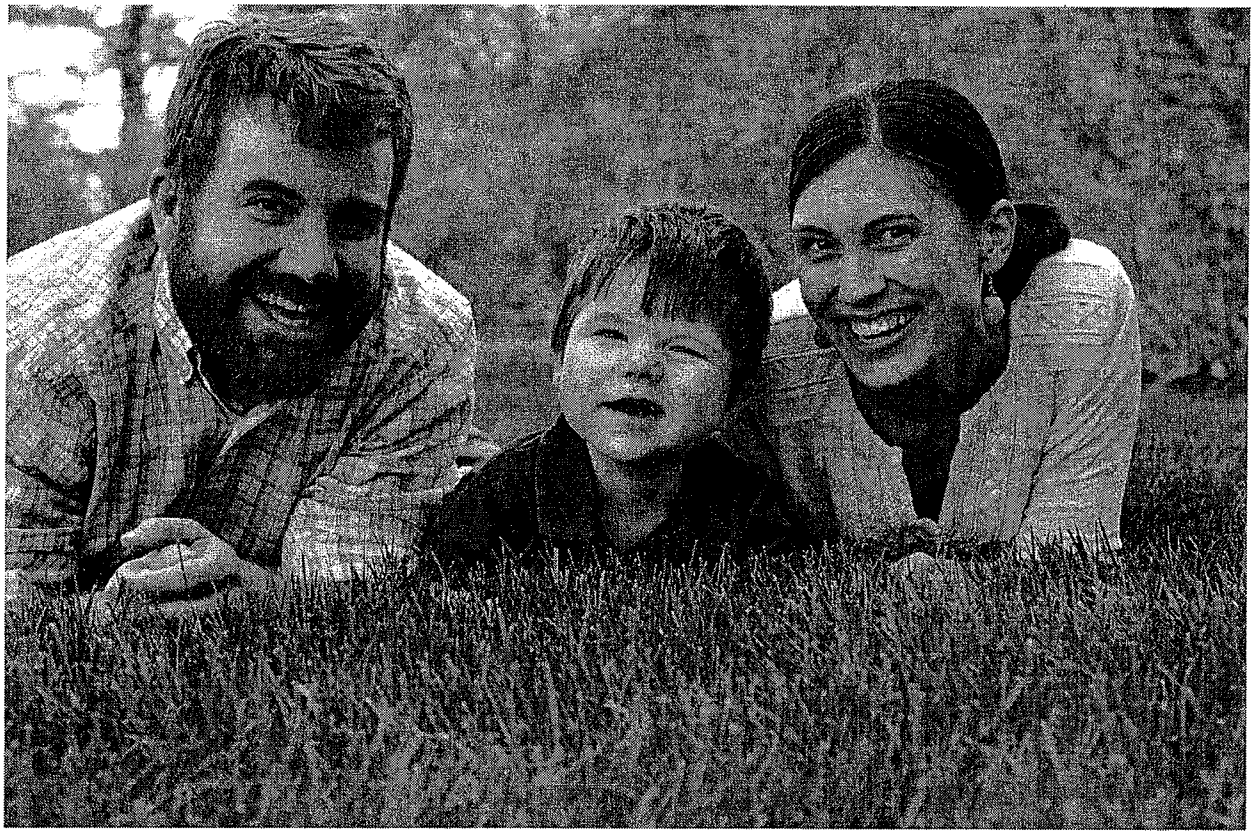
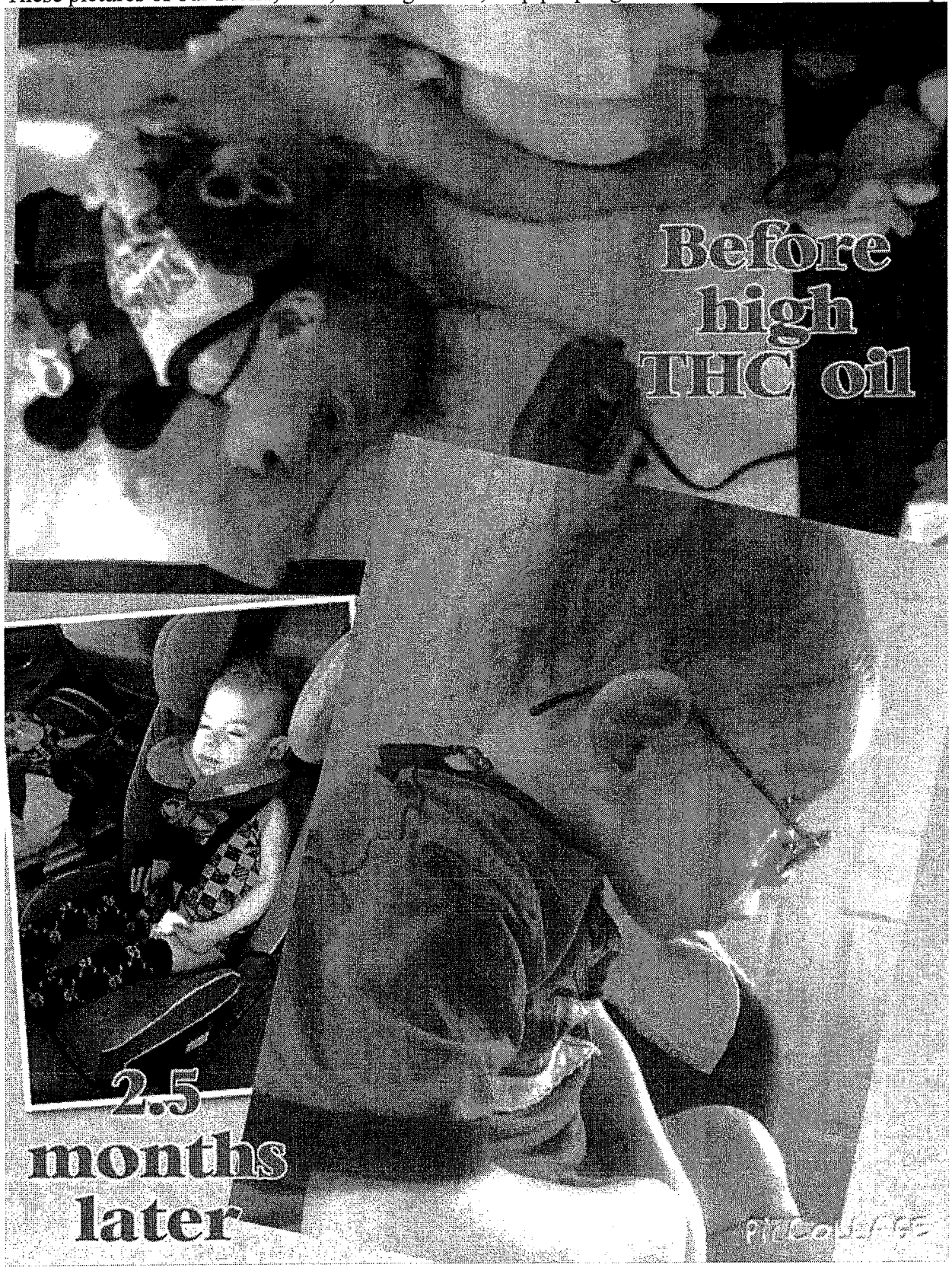


These pictures of our friend, Ezra, although THC, help people get a visual of how MMJ can help.



School of Medicine

After Visit Summary
9/30/2014 Office Visit

Ezra
MRI

Patient Information
Patient Name
Ezra

Sex
Male

Patient Instructions
Assessment
Resolved dystonia with THC Indica blend

Recommendations:
Continue weaning plan for other tone medications
Continue THC blend
If develops wearing off, then consider rotating formulations to take advantage of the honeymoon effect

Follow-up with me as needed

Abigail Collins, MD
Assistant Professor of Pediatrics and Neurology
Director of Pediatric Movement Disorders
Children's Hospital Colorado
University of Colorado, Denver School of Medicine

Cherise and Justin Smith
2518 S. Westgate St., Wichita KS, 67215
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Hi my name is Cherise and I am submitting testimony as a proponent of SB147. My husband Justin and I reside in Wichita and have a ten-year-old daughter named Arianna. She was formally diagnosed at the age of 5 with autism and intractable epilepsy, even though we started seeing staring spells at age 3. Arianna had her first grand mal seizure at the age of 5 as well. Arianna's doctors have prescribed a number of anti-epileptic medications. They include: depakote, which caused Arianna to act dangerously aggressive; clonazepam, which did absolutely nothing but cause lethargy; and lamictal, which caused Stevens Johnson syndrome. Upon contracting this illness, we were forced to give up on any other medications in this family. Arianna is currently taking trileptal, zonisamide, and onfi. Unfortunately, these medications have done nothing to control her epilepsy. Arianna is currently having at least 10-15 seizures a day. Some are absence seizures and some are drop seizures. She has many bruises and cuts from her drop seizures. She uses a walker to help her walk due to her lack of balance caused from seizures. In addition to pharmaceutical medications, we also had a VNS device placed last summer, only to have it removed due to an infection.

If this bill passes and my daughter is able to use the hemp oil her quality of life could change drastically! She could gain her balance back so she can run and play. The possibilities are endless, and we as parents are desperate to give our daughter the best life she can live.

March 9, 2016

Marc Bertolino, AIA, LEED AP
4708 West 70th Street
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My wife Sarah and I have lived in Prairie Village for the past 17 years. I am a practicing architect with Populous in Kansas City and have been working in the area for the past 21 years. Sarah and I have three wonderful children, Eli (13), Mira (10), and Jonah (7). We live in quaint 1950's ranch, right next to McCrum Park in Prairie Village. We love this community and want to avoid having to move out of the state to help my daughter.

My daughter Mira has a debilitating form of epilepsy called Lennox-Gastaut Syndrome, which causes her to have consistent, daily seizures. Because of the complexity and severity of her disorder, she also has been diagnosed with West Syndrome, atypical Rett Syndrome, and a host of other variations revolving around catastrophic epilepsies. No one can understand the implications of raising a child with a fragile, complex neurological condition and the impact it has on us as a family, unless you live it every day.

Mira has been having daily seizures since she was 11 weeks old. We have never been able to gain full seizure control since that time. She has relentless tonic-clonic and myoclonic seizures every single day; seizures that have limited her development to that of a 3 month old infant. She is non-ambulatory, non-verbal, and non-communicative. On an average day, she will have hundreds of myoclonic seizures, along with 1-2 involved, tonic-clonic seizures. Lately, her seizures have increased to the point where we have had to administer rescue medications more time in the last 12 months, than we have in the last 9 years combined. Mira has episodes where she has multiple tonic-clonics, sometimes 7-8 massive seizures within 30-45 minutes, which requires us to intervene with rescue medications, in an attempt to stop these clustering seizures.

Unfortunately, Mira has exhausted nearly every acceptable pharmaceutical option, diet, and therapy in an effort to halt her seizures. She is currently taking Lyrica, which is the 23rd medication or dietary trial she has tried. We have tried some of these medications twice. Just to give you an idea of what pharmaceutical and diet options she has tried, chronologically they are:

Phenobarbital
ACTH (Adrenocorticotropic Hormone injections)
Pyridoxine/P5P
Depakene (Valproic Acid)
Zonegran (Zonisamide – tried twice)
Clonazepam (Klonopin)
Keppra (Levetiracetam – tried twice)
Topamax (Topiramate)

Sabil (Vigabatrin)
Trileptal (Oxcarbazepine)
Diamox (Acetazolamide)
Felbatol (Felbamate)
Lamictal (Lamotrigine)
Ketogenic Diet
Modified Atkins Diet
Lyrica (Pregabalin – tried twice)
Zarontin (Ethosuximide)
Banzel (Rufinamide)
Tranxene (Clorazepate)
Onfi (Clobazam)
Vimpat (Lacosamide)
Prozac (Fluoxetine)

If you have ever venture to read some of the horrific side effects of these medications, you would be mortified about giving them to your child. Yet, these are routinely prescribed by neurologists and doctors, most of the time without fully understanding the ramifications of the toxic byproducts that are being introduced to your child's delicate systems. Most of manufacturers of these medications also have yet to conduct a single pediatric trial, which is frightening, when they are so easily prescribed. The efficacy of all of these medications in Mira's case, has been 0%.

Please understand that I am not anti-pharmaceuticals. Many of these medications have helped thousands of children with catastrophic epilepsies, but unfortunately, none of them have helped my daughter. In fact, many of them have exacerbated her symptoms, causing increased seizure activity, severe lethargy, and irritability, among other things, in addition to having no impact on her daily seizure activity.

I am a well-educated and very informed parent. I research all of the time. In the last 10 years, I have read thousands of abstracts, articles, and studies – anything that could potentially help my daughter. In terms of remaining options, I only recognized the potential of medical cannabis as a viable treatment back in 2009. Since that time, I have watched my child suffer thousands upon thousands of seizures, while legislation in the State of Kansas has been at a complete standstill.

I am urging you to not only recognize Senate Bill 147 (SB147), but to also pass this critical legislation. My daughter continues to suffer, with no viable treatment options remaining.

Mira's blog can be seen at missmiras.blogspot.com.

Sincerely,

Marc Bertolino, AIA, LEED AP

Ashley Bergman
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aaczarniecki@gmail.com

March 9, 2016
Proponent of SB147

515 W. 19th Street
Hays, KS 67601

I am the mother of Charlie, a cute little 2.5 year old boy who lives in Hays and who would benefit from you bringing the SB147 bill to the floor to be heard—again. I am attaching a picture for you, so that you can see that from the outside, Charlie looks like any other child. He's ornery, loving and handsome.

However, I also see a little boy who has to give up minutes of his life every week due to seizures. You see Charlie has Dravet Syndrome, an intractable epilepsy syndrome that is resistant to current pharmaceuticals. And one day those minutes are going to turn into hours—they have before. Because, that's what Dravet Syndrome does. He has tried and failed multiple pharmaceuticals and the current medications he is on now are starting to become less effective as well and we are at our limit for any increases in his current drugs or for trying anything new. Not only are the medications he's on now starting to fail him but they're causing horrible side effects: *trouble sleeping, muscle spasms, agitation, aggressiveness, restlessness, hyperactivity, irritability, reduced attention, loss of appetite, poor coordination, unsteadiness, mood and behavior changes, addiction...*and these are just the ones we've seen.

We have also tried other methods for controlling his seizures. Other treatments and therapies that have shown positive results in the overall care and management of Dravet syndrome in some patients, include VNS (Vagus Nerve Stimulation) Therapy, Charlie is too young for that–age 9 is the soonest his doctor would agree to it, and even then it only works 50% of the time. The ketogenic diet works for 2/3 of those who try it; we are sadly part of the 1/3 it doesn't help. Families also have reported that the use of CBD (cannabidol) has been beneficial with both seizure management and cognition. And this is where we are at now.

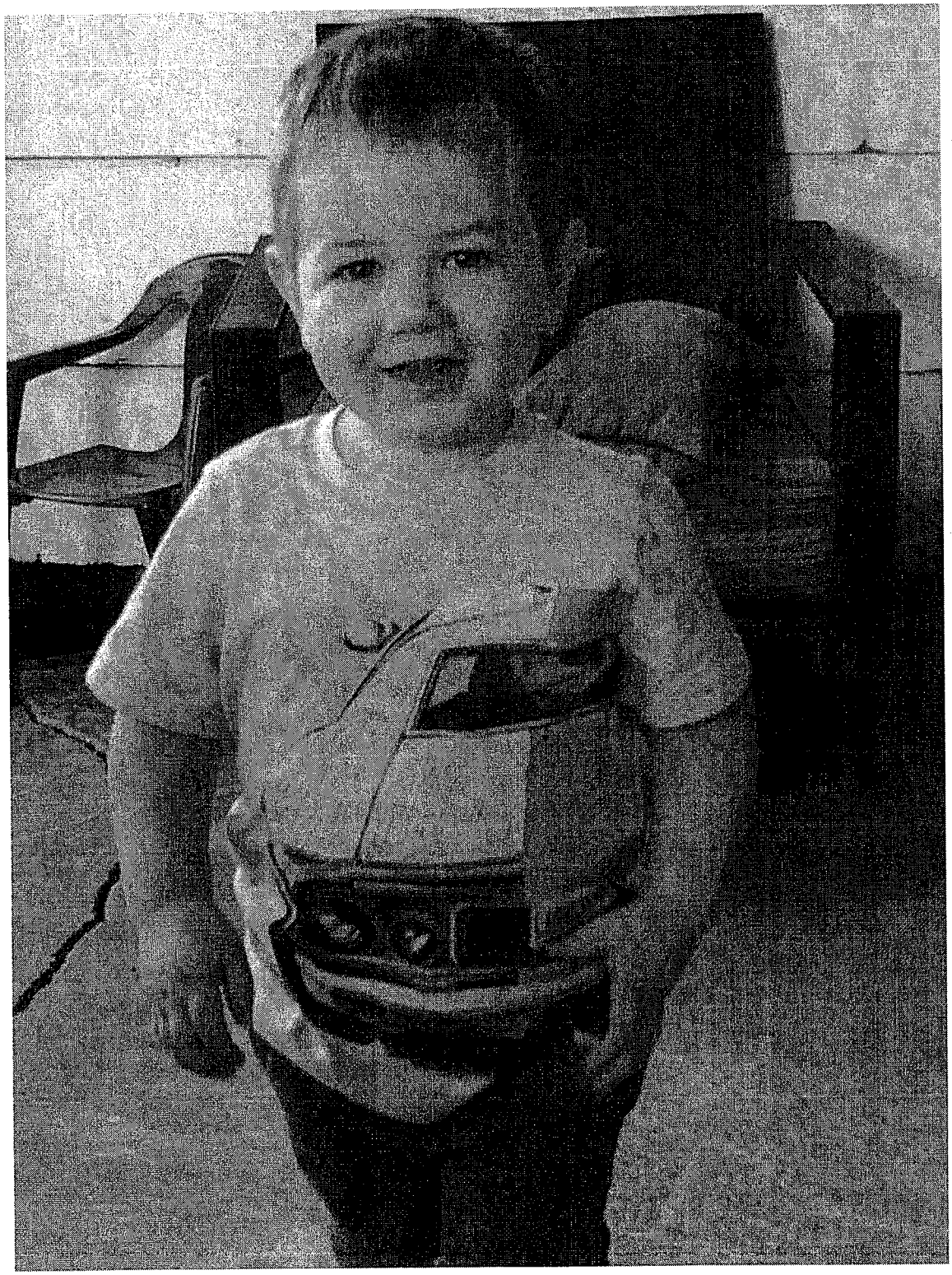
We have added hemp oil to his diet and can tell that it has helped his cognitive development. It has taken him from 18 words to 40 in just a two week period and that isn't coincidence. However, with everything Dravet I know that the current hemp oil we use will become ineffective and we will need access to a higher level that may also help control his seizures and hopefully even one day let us wean him off his current medications and relieve him of their horrible side effects. I know a big argument against CBD oil is that we don't want to be getting children high. Sorry to tell you but I get my son high every time I have given him his rescue medication to stop his seizures, which was twice in the past week. I would rather have access to a drug that doesn't have as many nor as horrible side effects as his current medications. As a mother I plead with you to take a moment to try and step into my shoes and ask yourself what would you do?

I hope and pray that you took the time to read this. Let it all sink in. Think about my little boy and think about how someday he may not be able to run around like he can right now, how he may lose the 40 words he's able to say now, how he may lose his life completely in the middle of the night without warning. Just because he looks fine on the outside, doesn't mean he isn't fighting a horrible monster on the inside. Think about him this Easter and pray that it is not like last year when we had to leave the Easter egg hunt we were at because he starting seizing in the middle of trying to pick up an egg. Please think about us and the other families in Kansas that are dealing with this same exact syndrome, and all those with other conditions that could be fixed by simply bring this bill to the floor and being voted yes on.

Thank you for your time. If you have any questions I am more than happy to discuss more with you. Have a wonderful weekend.

Sincerely,

Ashley Bergman



Kimberly Stroup
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Proponent of SB147

Hello my name is Kimberly Stroup and I am the mother to an eight-year-old little girl named Sydney. Sydney was born May 25, 2007, 6lbs. 8 oz. seemingly normal and healthy. In January of 2008, at the age of eight months, we noticed a single right eye twitch. Having no previous experience or history with seizures we made note, but dismissed the occurrence. The next day we noticed two such incidences, and felt compelled to head to the Children's Mercy South Emergency Room. Numerous tests were run, but there was nothing conclusive found. Sydney was prescribed Phenobarbital, and we were sent home having 3-5 seizures a day. A month later Sydney started having drop attacks, seizures with no warning, collapsing her to the ground. Another medication was added, and within the month a third was added. Sydney's condition continued to deteriorate, and as an additional note her heart rate started plummeting with each seizure. You can imagine the fear that goes through your mind as your child's lips start turning purple due to lack of oxygen. Seizures started numbering in the 40+ per day range and she was once again admitted to the Children's Hospital.

Within two days of being admitted, Sydney's seizures doubled and were totaling roughly 80 per day. Medications were added, and taken away, and then added again. At this point Sydney was intubated. And as a "last resort" they added a medication called Felbatol to her "cocktail", A drug that the food and drug administration required that we sign off on before the doctors would administer her first dose. The reason this was required by law was due to the potential result of organ failures and toxicity associated with the medication.

Fast forward to today, Sydney has had two substantial brain surgeries performed at the Cleveland Clinic in Cleveland Ohio, she's tried... and failed the ketogenic diet, she's had a vagal nerve stimulator implanted into her chest in hopes of disrupting seizure effectivity...no gained benefit, she's tried ...and failed 15 medications. Her daily existence is maintained by two toxic drugs. One of which is so highly addictive that to wean her will take just shy of 2 1/2 years, and the other is the above-mentioned that required a signature for the FDA. Her levels are monitored closely with the realization that her body could become toxic at any given time. Her seizures persist daily, 2 to 3. They steal from her life, and our family. Most closely associated with a word like terrorism, random, without warning, without regret or remorse. But the seizures are only an accomplice to this theft. The other half of the dynamic is Sydney's medication,

and the inflicting side effects . Are there pharmaceuticals to help offset the side effects...of course. But my daughter's fragile system can take no more. At at this point there's nothing left to try...except hemp oil. Sydney has a diagnosis for her condition, she is cortically dysplastic. And all around the country I am hearing miraculous accounts of how hemp oil played such a favorable role in the lives of children of cortical dysplasia. I read the research, I follow the parent accounts, and I accept the responsibility! I'm asking for consideration, I'm asking for a chance to uncover my daughter, and I am asking for a chance at life.

With Gratitude,
Kimberly Stroup

Beth Hartenstein Tolentino
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Senate Public Health and Welfare Committee
SB 147 Hearing
Thursday, March 10, 2016

My name is Beth Hartenstein Tolentino. I am testifying on behalf of our family as proponents of SB147. My husband, Elias, and I live in Manhattan. We have three adult children: Nicolas, age 26, and Sophia, age 21, who are with me today. Our middle child, 23-year-old Claire, is unable to be here, as is my husband.

Nicolas was born on Thanksgiving Day in 1989. I had a co-worker who also gave birth to a son just a few weeks earlier on Halloween Day. We loved sharing stories about what our boys were doing and how they were growing. But her son kept changing and learning, and mine didn't. I thought "Nick is just a week or so behind Jake." Then it became a month behind. And then three months behind. I finally threw away my copy of "What To Expect The First Year," a popular book for parents. It was too hard to read.

At 11 months of age, Nick began therapy for his "pervasive developmental delay of unknown etiology." We had no answers for why Nick was the way he was. Nick eventually learned to walk just before he turned three. He also learned a few signs and would occasionally imitate us. When his little sister, Claire, was born, we marveled at the mind-blowing speed at which even a very young "typical" child developed. When Claire was just a few months old, Nick's first seizure hit. Then one after another after another. For years and years.

Nick has been on every anti-epileptic drug there is. Literally. Once a patient has failed three AEDs, nothing is going to work. Doctors just keep throwing meds at them to see if something sticks. We toyed with trying the Ketogenic Diet when Nick was a child, but gave up the idea quickly. Nick was one of the first patients his surgeon placed a vagal nerve stimulator in. VNS never worked well. We've had countless trips to the ED for status epilepticus. We've given Nick Valium rectally and Versed intranasally to stop seizures. We've wanted to give *ourselves* valium and versed to stop our anxiety. There aren't enough rivers to hold the tears we've shed. We and all of our extended family and friends have pounded on the doors of heaven with our prayers. My husband -- trained as a minister -- has even anointed Nick with oil many times.

But the oil that has worked best for Nick is a hemp oil dietary supplement produced by CW Botanicals. This supplement was developed under the U.S. Agricultural Act of 2014, which includes a section on the legitimacy of industrial hemp research. We have given Nick Charlotte's Web hemp oil as a dietary supplement since April 2015. It has cut his seizures in half. We know the numbers because every month we submit data to the Interactive Network to Advance Scientific Knowledge: Web-based Longitudinal Observational Study of CBD use in Epilepsy.

Because the use of hemp oil still falls into a legally gray area in Kansas, we keep the hemp oil at our home and go to Nick's group home once a day to administer 3mL through his peg tube. We do not ask his group home staff to keep it onsite there nor does anyone other than our family administer it.

In addition to reducing the frequency and characteristics of Nick's seizures, we believe hemp oil's benefits played a part in protecting him on the worst day of our family's life. Early last summer Nick

sustained a fall and developed a massive subdural hemorrhage in his brain. May no one listening today ever look up at the bottom of a LifeStar helicopter flying overhead and know it is racing your dying child to the nearest neurosurgeon.

Nick survived the brain surgery to remove the clot from his brain. The surgeon said he would have only lived one more hour without surgical intervention. The next day, Nick was breathing on his own. In two days he was moved from neuro ICU to the floor. He ate and walked and within a week after his injury he was sent home.

He had no seizures during this time. He'd been on cannabidiol oil exactly one month.

Several studies have shown that cannabidiol has neuroprotective characteristics as well as anti-seizure characteristics. One study even describes them as providing "robust neuroprotection." Did CBD help Nick in this instance? Maybe. But we know for a fact it ***does*** help his seizures.

Please recommend this bill be passed.

Kansas Senate Bill 147 Authorizing hemp treatments for seizure disorders

Proponent Testimony

Thursday, March 10, 2016

Tiffanie Krentz
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takrentz@gmail.com

I am here today in support SB147 on behalf of my husband, Kevin and for our son JJ. Kevin and I live in Topeka and we have two amazing sons, JJ, age 11 and Jude, at 8.

Like most couples we were over the moon when we brought our first born home. We excited to start our life with our first child. On December 29, 2004 our lives changed forever. JJ suffered his first seizure, lasting 45 minutes, his O2 stats dropped to 39%. When we arrived at the ER we were escorted into the family waiting room and were not permitted to go back with. A Chaplin sat with us and tried to give us comfort, but no one knew what was happening. When we were finally allowed to see our son, there were still 8 people in the room working on him. That afternoon as we sat in the ER with him, wasn't responsive and we thought we would lose him. After all the tests were complete the only thing they could find was JJ had an ear infection. Doctors thought the seizure must have been brought on by a fever and told us they didn't think it would happen again. Unfortunately that was not the case. A month later, I took JJ out of the bath and he started seizing, it did not stop. After calling 911, JJ was transported 'Code Red' to the ER again. This time he was sent to Kansas City and admitted to a pediatric Intensive Care Unit. JJ had another ear infection but this time the fever caused uncontrollable seizures. By 9 months of age, JJ was no longer meeting his developmental milestones. The seizures became a daily event. JJ started suffering 3-5 tonic clonic seizures a day, anytime of day or night with no warning. On top of the 'big' seizures JJ suffered 100's of 'smaller' seizures. In fact after being admitted for a 48 hr EEG, JJ was released after only 18 hours because brain activity was showing so much seizure activity.

Medications were not working for JJ, he had no diagnosis. We saw 5 pediatric neurologist, from those at KU Med and Children's Mercy. We even traveled to St. Louis and the Mayo Clinic seeking direction, help and a diagnosis. We started JJ on the Ketogenic Diet at age 2. He failed it in addition to all the meds he had been given. We were using Diastat (an emergency medication) 2-3 times a week. Countless ambulance rides, ER visits, hospital admissions which almost always started in the PICU, more doctors' appointments and medical tests than any one child should have to endure.

Through my research and begging Doctors to test our son we finally received a Diagnosis, Severe Myoclonic Epilepsy of Infancy, now known as Dravet Syndrome. Dravet Syndrome is considered a catastrophic epilepsy syndrome. It is genetic and affects the SCN1A gene. In addition to severe epilepsy, which is extremely difficult to control and can be fatal through status epilepticus or SUDEP, JJ is severely cognitively delayed, he has Autism and is considered medically fragile. JJ is no longer able to eat orally and is fed through a GTube.

There are approximately 26 classes of anti-epileptic medications. Of those, JJ has been on 16 medications in 13 of these class Seizures associated with Dravet are very difficult to control and there are only a few medications known to control the seizures the best, often used in combination: Topamax, Depakote, Onfi and one-which is not FDA approved and therefore not an option for us.

Currently, is on Topamax, Onfi and takes Clonazepam. JJ also has a VNS and is on the Ketogenic Diet again. In 2012, JJ's seizure medication regimen included Depakote as well. Although JJ had been on Depakote for 3 years he suddenly became very ill. We were admitted to the hospital in Topeka, the doctors were unable to find why JJ had become so ill, his Kidneys were not working properly and he was vomiting profusely. We were transferred to Kansas City again. After a week the doctors finally came up with a diagnosis: Fanconi Syndrome. Fanconi is a VERY rare side effect of Depakote. The result? JJ was discharged from hospital after 3 weeks, unable to walk, and barely talking. It took 9 months of continued treatment with IV medications to get his body and kidneys functioning again. However, the long term consequences have resulted in significant bone density loss and we are left with no medical options for JJ to help control his seizures.

Puberty is right around the corner and while we have finally accepted we have the best seizure control possible given the medical options we have we fear the worst. Puberty is often difficult for anyone with Epilepsy however with Dravet, puberty can be devastating. Often seizure control is lost, SUDEP (Sudden Unexplained Death of Epilepsy) becomes an even bigger fear for us. With the loss of seizure control JJ will lose cognitive skills we have fought so hard for him to gain.

We have done everything in our power to ensure JJ has the best quality of life possible, we have taken him multiple doctors; we have ensured he has received OT, PT and Speech Therapy. JJ has been the center focus of our entire family. There isn't anything we haven't tried. In 2013, his neurologist suggested out of home placement due to the number of behavioral challenges and seizures we were dealing with. I was absolutely opposed, I am his mother. His doctor told me we should look at a short term placement. On June 3, 2014 JJ was admitted to Parsons State Hospital. That short term placement has become permanent for the foreseeable future. I did not see how challenging our life was, in fact until his first home visit I was still under the delusion I could care for him. I was so wrong. Without significant help we can no longer safely care for a child who is unable to express himself, not toilet trained, can push me around physically and has no concept of safety. One of my least favorite tasks is putting his Gtube back after he has pulled it out because he is angry/sad/hurting/frustrated or just being plan ornery.

I know Therapeutic Hemp Oil is an option for many to try but we haven't had that opportunity due to the current laws in place in Kansas. I have met parents who are using CBD with their children and seeing amazing results. I am realistic. It may not help JJ but like any other AED it is the same. In fact anytime a new AED is introduced we are told, it will significantly help 1/3, it will help a 1/3 some and the other 1/3 will see no change. So for me it is a no brainer to have that option to try. If it doesn't work I know it won't kill him like some of the medications we give him can.

Nothing can cure our son but SB147 may be JJ's last option for him when his current AED regimen fails. I cannot just stay on the sidelines and wait for another pharmaceutical drug. I know for a fact that my son could have died from the side effects of a prescribe medication

when he developed Fanconi Syndrome. JJ's body is also addicted to benzos and weaning him off of clonazepam is not safe for him and can be deadly. The weaning process can cause seizures and I am not willing to risk losing him because his body needs a prescribed medication. Due to the number of benzos JJ has taken over the years stopping his seizures is more and more difficult as his body has developed a tolerance for them. A very real fear for us is JJ will end up in Status Epilepticus (prolonged seizure) that the doctors cannot stop and he will end up in coma or worse. This fear was brought to the forefront just last month when the American Epilepsy Society released guidelines for Status Treatment. After 40 minutes there is no known protocol to stop a seizure. It is imperative every action is taken to stop the seizure before the 30 minute mark.

JJ takes more medication to counter act the side effects of the seizure medications than the seizure meds themselves-he has taken 16 different seizure medications in his short life. I have gone back and reviewed the number of medications JJ has been prescribed over the years. JJ has ingested over 100,000 pills or oral medications since we began this journey with him at the age of 6 months old. How can we not expect that those drugs have caused long term harm for him? CBD oil with low THC may even give JJ the opportunity to wean off clonazepam.

We have done everything possible, everything every doctor has told us to try, including placing our child outside the home. There is nothing short of death more devastating than not being able to care for your own child. Every medical decision affects the life or death of my child. We have signed a DNR for JJ and have a cemetery plot and funeral plans made. We have been forced to acknowledge we may have to bury our son someday. If that day comes, we want his life celebrated as we know and love him. JJ is a gift to all of us. We need to protect our gifts. It is time for Kansas to be part of protecting him and give him access to CBD oil.

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Senate Public Health and Welfare Committee
SB147 Hearing
Thursday, March 10, 2016 at 1:30 pm

My name is Kiley Klug. I am testifying as a proponent of SB147. I live in rural central Kansas with my husband Gavin and our three sons. Gavin works two jobs, and though I am an educator by trade, I currently stay home to care for our three boys, two of which have chronic illnesses that require constant, efficient care. We are active Catholics. We are conservative. We are educated. But most importantly, we are parents. These boys are our cause, our reason for waking up in the morning, our happy place,....it is our privilege to love them and loyally stand up for them whatever the cost. Owen, who sits beside me, unfortunately needs my husband and I to be his voice as well. He has had an extremely rough go, despite what his happy, laid-back persona might present.

Most of you know Owen and are familiar with his journey. Just to remind you, though, Owen was born full-term following a normal pregnancy. Out of nowhere at 6 months of age, Owen began having seizures. And they haven't stopped since. At his worst, Owen had over 200 seizures in an 18-hour period (during an overnight video EEG) regardless of the four potentially fatal, fatigue-inducing medications he was taking at the time. On his best day, Owen still suffers from on average 10-20 seizures a day. I don't remember the last time this child went a day without a seizure. And unfortunately for him, seizures walk hand-in-hand with his development. Owen's development has--for the most part--digressed over the course of his lifetime. When Owen was a young toddler, he could hold his own cup, babble "mama" and "dada," smile appropriately, sit independently, and walk around clumsily in a walker. He currently cannot do any of these tasks independently; however, we will see glimpses of progress here and there depending on the seizure frequency at the time. Epilepsy is a prison Owen cannot escape. We look him in the eyes, we interact with him, and we invite you to do the same...come talk to him. Introduce yourself. Look him in the eyes. I know you would agree with me when I say he's in there. He's present, he knows what's going on. He is just trapped, and desperate to get out. Not being able to free your child of daily suffering is a desperate, torturous place to be as a parent. We research, pray, hope, and constantly communicate with other professionals to find the safest, most effective treatments available to free our child from this debilitating illness.

Gavin and I have followed doctors' orders diligently. We have tried 8 different pharmaceutical medications, some more than once. Owen is on his second attempt of the ketogenic diet, and he also just had his second vagal nerve stimulator surgery. What did we gain from all of these previously mentioned therapies? Mild seizure reduction at best, vomiting, constant liver, heart, bone and kidney testing, lethargy, edema, frequent blood draws, loss of skills, and multiple hospital stays...and the long-term damage to his vital organs has yet to be determined. Because we have no other choice, it's time we move on to alternative remedies.

Children like Owen who suffer from Dravet Syndrome have seen great success on hemp oil. According to a statement from the American Epilepsy Society regarding a recent Epidiolex clinical trial administered by GW Pharmaceuticals, "DS patients had a 62 percent reduction in seizures and 13 percent were seizure-free." As a parent, these are encouraging statistics. Gavin and I are realists. We know hemp oil will not cause our son to start running marathons and saying his ABCs. We understand that every treatment has risks and rewards, and work for some and not all. Chances are this will not be the miracle cure we have been hoping for since Owen was diagnosed. However, we respectfully need you to understand our desperation to give our son the chance to try this supplement. A 62% AVERAGE REDUCTION IN SEIZURES. With NO chance of overdose. Without the lethargy and serious side effects. With not just the possibility of seizure reduction but also the possibility of improved development and daily skills.

I know many are concerned about the lack of FDA approval thus far. FDA approval is irrelevant, and I'll tell you why. The FDA does not require the approval of dietary supplements; they test for safety but do not require approval for efficacy. According to FDA.gov, "The law defines dietary supplements in part as products taken by mouth that contain a "dietary ingredient." Dietary ingredients include vitamins, minerals, amino acids, and herbs or botanicals, as well as other substances that can be used to supplement the diet. Dietary supplements come in many forms, including tablets, capsules, powders, energy bars, and liquids. These products are available in stores throughout the United States, as well as on the Internet. They are labeled as dietary supplements and may include plant materials....people use dietary supplements for a wide assortment of reasons. Some seek to compensate for diets, medical conditions, or eating habits that limit the intake of essential vitamins and nutrients." Committee members, hemp oil, by every form of the legal definition, is a supplement. Furthermore, many pharmaceutical medications that have caused tremendous harm and horrific side effects on Owen and many other children who suffer from intractable epilepsy have not always been, in fact, FDA approved. Examples of these include stiripentol and onfi, two of the most common AEDs prescribed by doctors for severe epilepsy. Owen was four years old when he was prescribed onfi. It wasn't at the time FDA approved. That didn't matter. His doctor proceeded to prescribe and increase his onfi dose to a dose that exceeded a maximum dose for an adult. The risk of overdose and death was present. Owen was a zombie who slept through half the day. So what's the difference? I'll tell you the difference. Hemp oil is safe. No one has ever overdosed on any form of cannabis, let alone non-psychoactive cannabis. Hemp oil can work when all pharmaceuticals have failed. Hemp oil allows children like Owen to be present.

We are well aware of the reservations. We are well aware of the supposed risks. And as parents who have fought to free our children from this pharmaceutical, epileptic fog, we are in all honesty tired of the reservations and risks. To us, the real risk is not providing an opportunity to help these children. The real risk is suppressing, denying, or stalling this bill and allowing these children to continue to suffer. Passing SB147 would open a whole new world of possible strains, varying chemistries, and potential remedies for these children. Be the person who helps these kids. We are pleading for you to help us help them. Thank you.

Senate Public Health and Welfare

Written Proponent Testimony on SB489

Nicholas L. Reinecker Kansas Citizen

March 10, 2016

Chairman O'donnell and Committee Members

Thank you for letting me speak today in support of SB489. The current language of Otis's law is a cannabis bill not exclusive to hemp due to the percentage of THC allowed and it is exciting to watch the politics behind the cannabis bills that are currently being considered in both chambers of the Kansas Legislature. Whether it is industrial hemp, "medical hemp preparations", fiber, fuel or non-FDA evaluated uses such as food and/or therapeutic uses, the train of cannabis legislation reform has left the station. Yes this is a camel's foot under the tent. Yes, whole cannabis legalization is, at least, my goal. Yes, you are talking about it and yes actions are being taken, even if they are full of political theatre.

Thank you

State Industrial Hemp Statutes

3/4/2016

PLEASE NOTE: NCSL cannot provide advice or assistance to private citizens or businesses regarding industrial hemp laws or other related matters. Please consult your state department of agriculture or a private attorney.

In recent years, legislatures in several states have moved to promote the development of industrial hemp production. Industrial hemp can be used to make food, fuel, fabric, plastics, construction materials, textiles and paper, to name a few uses.

Federal Action

President Obama signed the Agricultural Act of 2014, or the 2014 Farm Bill, which featured Section 7606 allowing for universities and state departments of agriculture to begin cultivating industrial hemp for limited purposes. Specifically, the law allows universities and state departments of agriculture to grow or cultivate industrial hemp if:

"(1) the industrial hemp is grown or cultivated for purposes of research conducted under an agricultural pilot program or other agricultural or academic research; and

(2) the growing or cultivating of industrial hemp is allowed under the laws of the State in which such institution of higher education or State department of agriculture is located and such research occurs."

The law also requires that the grow sites be certified by—and registered with—their state.

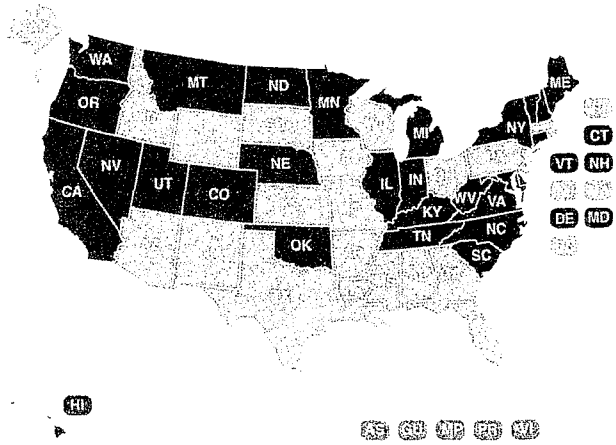
In 2015, a bipartisan group of U.S. Senators introduced the Industrial Hemp Farming Act of 2015 which would allow American farmers to produce and cultivate industrial hemp. The bill would remove hemp from the controlled substances list as long as it contained no more than 0.3 percent THC.

State Action

At least 28 states have laws in place related to industrial hemp. Generally, states have taken three approaches: (1) establish commercial industrial hemp programs, (2) establish industrial hemp research programs or (3) authorize studies of industrial hemp or the industrial hemp industry. Some states establishing these programs require a change in federal laws or a waiver from the U.S. Drug Enforcement Agency prior to implementation. Please click on the states in the map below for more information or see the complete list of state statutes.

State Laws Related to Industrial Hemp

Allows cultivation of hemp for commercial, research or pilot programs Does not allow cultivation of hemp.



Elements of state industrial hemp laws can include:

- Defines industrial hemp. Most state laws require hemp to have THC concentrations of not more than 0.3 percent by weight, but at least one state (West Virginia) requires the crop have less than 1 percent THC concentrations.
- Provides that industrial hemp is an agricultural crop in the state.
- Establishes licensing or registration programs for growers. Such programs often require registrants to provide information on the type of industrial hemp that will be grown, the grow area, and how the harvested crop will be used. Programs often also require growers to submit to criminal background checks.
- Provides for inspections and establish testing standards for seeds and crops.
- Authorizes fees to support the program. Some states have authorized specific industrial hemp funds. Some states also specifically authorize the state to collect funding from foundations and private sources to support the industrial hemp program.
- Establishes an affirmative defense for registered industrial hemp growers from prosecution under state controlled substances laws.
- Sets penalties for violations of the industrial hemp law.
- Creates of an advisory board to advise regulators on the development of regulations, enforcement, and budgetary matters.
- Defines industrial hemp based on the percentage of tetrahydrocannabinol it contains.
- Authorizes the growing and possessing of industrial hemp.
- Requires state licensing of industrial hemp growers.
- Promotes research and development of markets for industrial hemp.
- Excludes industrial hemp from the definition of controlled substances under state law.
- Establishes a defense to criminal prosecution under drug possession or cultivation

Note that some states laws establishing commercial industrial hemp programs require a change in federal law or waivers from the U.S. Drug Enforcement Agency before those programs can be implemented by the state.

2015 State Legislation

In 2015, at least 31 states and the territory Puerto Rico considered legislation related to industrial hemp.

State Statutes

California

CA FOOD & AG §81000-81010

- Requires industrial hemp growers to be registered with the state.
- Prohibits the possession of resin, flowering tops or leaves removed from the hemp plant.
- Establishes registration and renewal fees for commercial growers of industrial hemp.
- Organizes a five year review of industrial hemp's economic impact.

While legislation adding this section was enacted in 2013, the law specifies that its provisions do not become operative unless authorized by federal law.

Colorado

C.R.S.A. § 35-61-101 to 35-61-109

- Permits growing and possessing industrial hemp by registered persons for commercial or research and development purposes.
- Establishes an industrial hemp committee to work with the Department of Agriculture to to establish an industrial hemp registration program and a seed certification program.
- Establishes an industrial hemp grant research program for state institutions of higher education to conduct research to develop or recreate strains of industrial hemp best suited for industrial applications.

Connecticut

Public Act No.14-191
(Enacted June 12, 2014; Effective on Oct. 1, 2014)

- Requires the Commissioners of Agriculture, Consumer Protection and Economic and Community Development to study the feasibility of legalizing the production, possession, and sale of industrial hemp, respectively.
- By Jan. 1, 2015, a report will be made to the legislature regarding "[...]said commissioners' recommendations on (1) establishing a statutory definition of "industrial hemp", based on the percentage of proposed tetrahydrocannabinol in such industrial hemp, as distinguished from marijuana, (2) amending the general statutes to exclude industrial hemp from the definition of "controlled substance" in section 21a-240 of the general statutes, and (3) establishing a licensing system for industrial hemp growers and sellers."

Charlotte's Web, red tape: Medical marijuana in limbo

Joe Reedy, Associated Press 5:13 p.m. EST January 16, 2016

TALLAHASSEE - In the two years since the Florida Legislature passed a law allowing highly restricted use of medical marijuana to help people with seizures, the measure remains in regulatory limbo with more questions than answers.

The low-potency marijuana allowed under the Compassionate Cannabis Act of 2014 is not getting to patients and that has key supporters in the Legislature frustrated.

"We passed a law to respond to concerns from suffering families and we look up here a couple years later and we still do not have the relief promised to those families," Sen. Rob Bradley said during a recent hearing of the Regulated Industries Committee. "I find that particularly frustrating and I am sorry to those families that we are not there yet."

The Charlotte's Web strain can't be smoked. It is low in tetrhydrocannabinol (THC), which produces the euphoria-like state for users, but is high in cannabidiol (CBD) which has been effective in preventing seizures.

Getting low-THC marijuana to families covered is just one of many medical marijuana issues before the Legislature in its ongoing session, which runs through March 11. There is an expansion of the Right to Try bill, which would allow patients with terminal illnesses to use high-potency strains of marijuana, and an ongoing push for a medical marijuana constitutional amendment.

Lawmakers expected medical marijuana to be available to families by early 2015. In hindsight, that timetable was not feasible because Florida was trying to create and set up rules to regulate a new industry. Many have lauded the Department of Health and Office of Compassionate Use for dealing with a set of difficult circumstances.

"It wasn't made easier that the Department of Health was given a long laundry list of things to accomplish and to craft something out of nothing and no budget. It has been a tremendous challenge for a constituency and marketplace," said Richard Blau, an attorney who leads the regulated industries division of the firm GrayRobinson. The division, which is based in Tampa, is one of many groups that have kept a close watch on the process.

Christian Bax, the director of the Office of Compassionate Use, appeared before the Senate's Regulated Industries Committee and called the process of crafting and carrying out the policies "unique."

He said the three judges each had to wade through 30,000 pages of applications from potential marijuana vendors in order to select five and that "the cumulative work load was equivalent of reading War & Peace 21 times."

The state ultimately granted five licenses to cultivate and distribute medical marijuana in Florida. The five regional dispensing organizations were announced Nov. 23. They must request authorization to cultivate by Feb. 7. Cultivation must begin within 210 days of receiving cultivation authorization.

The process of awarding the licenses underwent two legal challenges through the Division of Administrative Hearings. Thirteen challenges have also been issued by organizations that applied for but did not receive a license. While it may seem like another large hurdle, none of those organizations have requested an injunction to halt the entire process.

Alpha-Surterra, which is the dispensing organization for southwest Florida, requested authorization to cultivate in January. Susan Driscoll, who represented Alpha-Surterra at Wednesday's hearing, said she is hopeful that with its timeframe the group can start supplying products to patients by late July.

Alpha-Surterra will make medical marijuana available in gel capsules, tinctures, sprays and tropical creams with the possibility of adding patches later.

Bax, however, said he expects the five dispensing organizations to have products to families by September.

"This is a new industry. You look at the few states that had it before a lot of them have been medical wink-wink recreational," Driscoll said. "This has always been focused on therapeutic. We want to make sure we do it properly and correct."

Kansas Senate Corrections and Juvenile Justice Chr.
Senator Greg Smith Proponent Testimony HB 2049
January 19 2016
Nick Reinecker
Kansas Citizen

Thank you Mr. Chairman and members of the committee for allowing me to speak today regarding HB2049. I present this testimony as a proponent of this bill in its original form for the exclusive purpose of allowing the admission of guilt, in regards to the damaging prohibition, complete or in part, by our state government, of cannabis. Other than that I believe it to be poor cannabis reform legislation that will be tainted by beurocratic red tape for the narrow selection of patients that could benefit from it, the agricultural producers that will be allowed access and the offenders who will still be offenders and subject to the use of force.

Therefore I would like to present an amendment that would essentially gut the present language and insert language that would strike any mention of cannabis from the Kansas controlled substances act and regulate a cannabis economy like alcohol with provisions for personal cultivation and possession free from prosecution for those citizens 21 years or older who are not engaged in commerce. The National Cancer Institute and global hemp producers have declared that cannabis is a useful substance in all forms and it should also be noted that Dr. Allen Frances who was the chair of the DSM-IV Task Force and of the department of psychiatry at Duke University School of Medicine, Durham, NC, testified last week in the Kansas Senate Public Health and Welfare Committee regarding the DSM-V which is the Diagnostics and Statistical Manual for Mental Illness, saying that, in regards to cannabis, Law Enforcement officers are becoming armed social workers involved in a paradoxical environment of undertreatment and overtreatment of those individuals that are contacted in situations involving less harmful illegal substances and more harmful legal substances and that one could not develop a more irrational approach to mental health then what we have in the United States where insurance companies push for diagnosis in a seven minute interface (tele or not) all in the name of reinbursement, where children now have no room for immaturity or cure but rather are subject to invasive marketing, questionable screening practices and free samples fortified by a gluttonous $18 billion antipsychotic and an $11 billion stimulant medication industry feeding the largest mental health centers where both adult and juvenile populations are warehoused, our jails and prisons.

It is bad form to use suffering people as pawns in the theatre of pro-con debate especially in an environment of ram-rod privatization. In the final analysis its all just politics and the future will depend on the vigilance of an informed electorate that is ready for compassionate and sensible cannabis legislation reform. We also need more money for the precious resources of Law Enforcement and Corrections personnel and ironically, cannabis, in whatever strain, is high-yield.

Nick Reinecker