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HOLDCROFT: [MALFUNCTION] representing Legislative District 36, and I serve as Chair of the Committee. Today, we will be hearing the two gubernatorial appointments in a combined hearing. Please complete a green testifier sheet for each person for which you wish to testify, and clearly mark your position on each person on the green sheets. We will not use any usual procedure of asking for proponents, opponents, or neutral. When it is your turn to speak, you will announce in your opening which person or persons you are testifying on, and your positions. This is important for our committee clerk and transcribers in keeping an accurate record, especially if you happen to support one and oppose the other. When you come up to testify, please speak clearly into the microphone. Tell us your name, and spell your first and last name to ensure we get an accurate record. We will be using a three-minute light system for all testifiers. When you begin your testimony, the light on the table will be green. When the yellow light comes on, you have one minute remaining, and the red light indicates your time is finished. Questions from the committee may follow, which do not count against your time. If you do not wish to testify aloud but would like to indicate your position on an appointment, there are also yellow sign-in sheets back on the table for each person; please make sure you sign the appropriate sheet and indicate your position clearly. These sheets will be included as an exhibit in the official hearing record. Testifiers, please take a seat in the front row. As, as front row seats are vacated, those who are seated behind and wish to testify, please move up to the front. When you are finished testifying, please go to a seat in the back rows if you want to stay in the room. Please do this as quietly and efficiently as possible so the mics don't pick up the sounds of movement and obscure testimony. There are no closing remarks for gubernatorial appointments, so when the last testifier has been heard, that will conclude our hearing. A few final items to facilitate today's hearing. If you have handouts or copies of your testimony, please bring up at least 12 copies and give them to the page. Props, charts, or other visual aids cannot be used simply because they cannot be transcribed. Please silence or turn off your cell phones. Verbal outbursts or applause are not permitted in the hearing room; such behavior may be cause for you to be asked to leave the hearing. Finally, committee procedures for all committees state that written position comments on a bill or nominee to be included in the record must be submitted by 8 a.m. the day of the hearing. The only acceptable method of submission is via the

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Legislature's website at nebraskalegislature.gov. Written position letters will be included in the official hearing record, but only those testifying in person before the committee will be included in the committee statement. I now-- I will now have the committee members with us today introduce themselves, starting on my left.

STORM: Good afternoon. I'm Jared Storm, District 23, which is Butler, Saunders, Colfax County.

ROUNTREE: Good afternoon. Victor Roundtree over in District 3, which represents Bellevue and Papillion in Sarpy County.

QUICK: Dan Quick, District 35, Grand Island

CLOUSE: Stan Clouse, District 37, which is Kearney and Shelton and Gibbon in Buffalo County.

J. CAVANAUGH: Is it me? John Cavanaugh, District 9, midtown Omaha.

DeKAY: Barry DeKay, representing District 40. Consists of Holt, Knox, Cedar, Antelope, northern part of Pierce, northern part of Dixon County.

ANDERSEN: Good afternoon. I'm Bob Andersen. I represent District 49, northwest Sarpy County and Omaha.

HOLDCROFT: Also, Senator Cavanaugh is the vice chair of the committee. Also assisting the committee today, to my right is-- to my left is our committee research analyst, Micah Chaffee; to my far right is our committee clerk, Barb Dorn. And we have pages, and I'll ask them to introduce themselves.

TATE SMITH: I'm Tate Smith. I'm a third-year student at UNL studying political science.

THOMAS GUINAN: I'm Thomas Guinan. I'm a second-year student at UNL, also studying political science.

HOLDCROFT: Today's agenda is posted outside the hearing room. With that, we will begin today's hearings, gubernatorial "apportments"-- appointments to the Medical Cannabis Board. And we will start with Lorelle Muetting.

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LORELLE MUETING: Good afternoon, Senator Holdcroft, and members of the General Affairs Committee. My name is Lorelle Mueeting, L-o-r-e-l-l-e; last name M-u-e-t-i-n-g. I'm the prevention director at Heartland Family Service, and been with-- and have been with HFS for 20 years. Our mission at Heartland Family Services is to strengthen individuals and families in our community through education, counseling, and support services. Our programs provide vital services to the most vulnerable individuals and families in our community who ultimately shape the future of our community in the focus areas of child and family well-being, counseling and prevention, and housing and safety and financial stability. As the prevention director, I oversee all the programs we provide in the community related to substance misuse and problem gambling prevention. I've been a prevention specialist for 24 years, and I'm passionate about working with people to help them make choices that protect things they value. My goal in working in prevention is to prevent people from having problems with alcohol and other substances, and prevent them from losing things that are important to them. Over the last 24 years, I've met many people who have lost things that were important to them because of high-risk choices with all substances. I work in schools with students, providing evidence-based programs to prevent young people from having problems with alcohol and other drugs. I work in the community, providing awareness and education around substances to help community members decrease stigma related to addiction, and promote treatment and recovery. I also work with policymakers to help them understand addiction treatment, recovery, and prevention a little bit better so they can make policies that protect public health and safety. I have a tremendous amount of experience in working with Iowa policymakers on both sides of the aisle on issues like this one and others. I've looked at the topic of medical cannabis from a 360-degree view because I think it's important to look at this issue from all sides and take in different perspectives. The Nebraska medical cannabis program is intended for Nebraskans who have debilitating health conditions. Helping to guide the rulemaking process around the needs of the people it's intended to serve is my goal. There's nothing about that goal that says we need to sacrifice public health and safety to attain it. I'm a solution-focused individual who has a long history of collaboration with many different individuals and sectors in the community. Every perspective is important, and by working together with individuals with different perspectives, we can achieve more by collaborating to solve problems and issues than by only working from

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one perspective. I feel I have the experience, knowledge, and collaboration skills necessary to assist the Nebraska Medical Cannabis Commission in its mission, as outlined in the referendums [SIC] 437 and 438. I would like to thank Governor Pillen for his nomination, and you all on the General Affairs Committee for your support in my nomination. And I'd be happy to answer any questions.

HOLDCROFT: Thank you, Ms. Mueting. Any questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Ms. Mueting, and you and I had a nice chat on the phone the other day; I appreciate that. Just thought I'd kind of go through some of that stuff we talked about on the record, and just have some general questions. But the-- I guess the first thing I wanted to jump off with is one of the things you said in your opening, is that the ballot initiative is-- let's see. It was-- you said was for debilitating medical conditions. So, can you talk about that a little bit? What does that mean?

LORELLE MUETING: Well, to me, thinking about other states that have legalized, the things like cancer or glaucoma or chronic pain or epilepsy, or some of the other-- that's what it means to me. Some of the other-- what other states have had in their legislation. And I understand our statute is different than other states, and we don't have a list of those conditions.

J. CAVANAUGH: We tried, but-- so, OK. But you-- and you and I talked about this, that the section of the statute that pertains to the commission doesn't give the commission authority to make a list of ailments, right?

LORELLE MUETING: That's not in the statute, correct

J. CAVANAUGH: And there is a section that's a catch-all. Would you think that that would grant the authority to the commission to, to regulate the ailments?

LORELLE MUETING: I don't know if-- I don't know if I know the answer to that. I mean, I can read the statutes and see what they say, but I'm not an attorney, so I don't know if there's anything that can be different than what's in the statute. You know? I'm just going to be--

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would hope to be one of five people on the commission to have those conversations with.

J. CAVANAUGH: And I guess my other-- the other question on that is, if you thought the commission had authority to create a list, would you advocate for creating a list of ailments?

LORELLE MUETING: Again, I don't know-- would I advocate for it? It's possible. I think perhaps how the statute language is written is very broad. And so, I think it would be an interesting conversation to have with the commission if that was something that the commission had the power to do.

J. CAVANAUGH: OK. If you were to make a list, what would you put on that list?

LORELLE MUETING: I would say that that would be something that we'd have to take a look at a lot of other states, because we're not the first state to do this. So, there's a lot of other states that have lists that we can look at and pull from. And then, I think it would be important to do some research on those things. So, I can't give you a specific answer to that.

J. CAVANAUGH: OK. Well, I have a lot of questions, so if anybody else wanted--

HOLDCROFT: Is there anyone else? Yes, Senator Clouse.

CLOUSE: Thank you, Chairman. A question is, do you believe that there is such thing as medical marijuana?

LORELLE MUETING: I think that we should be looking at this from a research perspective. And so, if there are problems and health conditions that marijuana can help, that cannabis can help, I think we certainly should be looking at that, and making sure that, that it's accessible for that, so-- for Nebraska's program.

CLOUSE: So-- but right now, you-- you're-- you don't believe that there is? Or you do? Do you--

LORELLE MUETING: I think there's things that, that cannabis can be useful for, yes. Certain-- some health conditions, yes

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HOLDCROFT: Senator Rountree.

ROUNTREE: All right. Thank you, madam. Thank you for coming and testifying today. Your experience is extensive, so you've worked quite a bit in prevention. How will you make the transition and balance between prevention and permission?

LORELLE MUETING: Good question. I mean, I think-- you know, the goal of the commission, right, is to put some regulations around-- and, and rules around a substance that people need for certain conditions, certain health conditions. And so, I don't think that's necessarily permission. I think it's like any-- you know, this is medicine, right? And so, we're going to treat it as such. You know, if you have a doctor that has, you know, signed off for you, then they don't-- you know, it's not permission. It's-- you know, that's what the doctor has said will benefit that person. So, I don't, I don't see a conflict, I guess, if that answered your question

ROUNTREE: OK, thank you.

HOLDCROFT: Yes, Senator Andersen.

ANDERSEN: Thank you. Thank you, Mr. Chairman. And Ms. Mueting, thank you for being here today. Appreciate your, your stepping up into this role. You have a very impressive background in substance misuse prevention; extensive, including 24 years of prevention field. I was deeply impressed by a letter we received from a Mr. Dale Woolery [INAUDIBLE] yes, Mr. Woolery. Very impressive, highly recommended you for this position. When they talk about the list of ailments that medical marijuana could be applied to, would it be reasonable to say that you could look at some of the other states to establish a baseline, look at the lessons learned and best practices, and all these things? I mean, I guess my question is, do you see this as not the "Wild, Wild West" or the first time it's ever been done anywhere, but literally just looking at the best practices across the states and adopting those and bring those together? Is that a--

LORELLE MUETING: That's-- yeah, that's definitely how I see this. I feel like, again, there are other states that have done this, and some of them, there are some things they're doing well, and there are other things that maybe aren't going so well.

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ANDERSEN: Sure.

LORELLE MUETING: And so, I think that is really important to look at, as the commission, as one of five people on a commission that's going to set some rules around this. Yes, I absolutely think that's,--

ANDERSEN: Thank you.

LORELLE MUETING: --you know, that would be my approach.

ANDERSEN: Thanks for stepping up.

LORELLE MUETING: Thank you.

HOLDCROFT: Any other-- yes, Senator DeKay.

DeKAY: Thank you. Thank you for being here today. So, going off of what Senator Andersen asked you, would you be considering what forms that medicine would be ingested by, how it would be prescribed to people, and what forms it takes?

LORELLE MUETING: That's a really good question, and I don't-- it doesn't say that in the statute, so I-- I'm not sure that the commission has the ability to do anything about the forms. I don't-- because that's not written into the statute, so.

DeKAY: OK, well, I'm not going to deal with hypotheticals, so that's fine. So, thank you.

HOLDCROFT: Back to you, Senator Cavanaugh.

J. CAVANAUGH: Oh, thank, thank you, Chairman. And, and if I didn't say at the beginning, thank you for your willingness to serve. I know this is probably unpleasant. So-- well, yeah, Senator DeKay was kind of asking one of my questions about the type-- the forms-- if you thought you had the authority to limit the forms of ingestion. I'm looking at previous statements you made where you said a medical marijuana bill would put strict limits on dosing, it would put strict limits on the content of the product, it would put medicine in the form of medicine, not just being able to smoke whatever flower you want. So, is that still your position, that people shouldn't be able to smoke it?

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LORELLE MUETING: I think, again, going back to the research in other states, I think it would be really important first to look at research. If there is a benefit in some states, and they're showing that, then that's something that I think the commission should take a look at. But again, I'm just one of five people that will be having a, a point or a, a perspective on the issue.

J. CAVANAUGH: So-- and, and some of this, I know it's, it's convoluted, and it-- people don't quite have a grasp on this. We talked about this a little bit. The commission is set up for the regulation of the distribution, the sale, the manufacture. So, I guess I'm wondering if the commission would use that authority to, to say that you can't manufacture smokable, or you can't manufacture other types, even though the ballot language in terms of the possessory aspect of it would still permit people to possess those things. So, I'm, I'm just wondering what you view as the role for the commission.

LORELLE MUETING: I view the role of the commission as just what the statute says. So, the possession, manufacture, distribution, delivery, and dispensing. So, if, if, if the commission doesn't have a, a way to change anything about the forms, then-- my goal is not to make this harder for people; my goal is to set a, a-- you know, put some rules around the substance as we were given in statute, so. I see what you're-- I, you know, I see where you're going with that question, and if the-- if it's allowed in the statute and the commission as a whole doesn't want to change what's allowable as far as forms in statute, then I would say that the commission-- you know, I don't know. I don't know these other folks on the commission. But I would say that we would want to stay true to the statute, if we can.

J. CAVANAUGH: Well, and we're not interviewing the other folks. Maybe we will in a minute, but talking to you about what you want to do or think. And so, my-- the question is, if somebody-- say Senator DeKay doesn't want to deal in hypotheticals, but I'm going to give you one. Somebody comes and they want to get a license for a dispensary, and all they want is to sell is smokable. Would you be opposed to issuing that license?

LORELLE MUETING: I, I, I know you want me to answer that, and I don't-- at this point, I really don't know. I haven't thought about that specific situation. I-- I'm not sure I can give you an answer to that question

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J. CAVANAUGH: OK. And when you and I spoke on the phone, I asked about other states you thought we're doing it well. And I've-- correct me if I'm wrong, you said Arkansas, Florida, South Dakota. Can you just pick one thing from those states that you think they're doing well?

LORELLE MUETING: One of the things that I appreciated about Arkansas's program is that they-- it's an Arkansas doctor. You have to be licensed in the state of Arkansas; I think that's important. Iowa, I know you didn't name that list, but I know for Iowa, I think Iowa's done a really good job of, you know, really staying true to the intent of, of medicine. And I am not as familiar with South Dakota and Florida as-- at this point in time.

J. CAVANAUGH: And when you say Iowa has been true to the medicine, what does that mean?

LORELLE MUETING: I think they've-- they, they have tried to stay true to keeping it medical-only, and not letting it get to recreational.

J. CAVANAUGH: What, what-- I guess, what does that mean, though? I-- I'm trying to understand. You know, ours is, is medical-only.

LORELLE MUETING: Mm-hmm.

J. CAVANAUGH: And so, what is Iowa doing specifically to keep it medical-only?

LORELLE MUETING: They're-- they limit-- they, they, they don't allow smoking, for one thing. I think, you know, when we're talking about recreational, keeping it medical-only, that's important.

J. CAVANAUGH: OK. I, I appreciate that answer. I don't want to keep you for too long, and you and I had a nice chat on the phone, so I appreciate that. My other question is just how did you come to apply? How did you know about it? Did somebody ask you to?

LORELLE MUETING: No. I don't, I don't know how-- I don't know exactly how the governor got my name. But I-- when they started a medical CBD board in Iowa, I always thought it would be important to have a prevention perspective on the board, a prevention and treatment perspective on the board. But I don't live in Iowa, so I could never apply.

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J. CAVANAUGH: So, just so I'm clear on what you said, the governor reached out to you and asked you to apply?

LORELLE MUETING: I was thinking about it, and then-- no, not specifically. I, I applied.

J. CAVANAUGH: Did somebody from the governor's office reach out to you--

LORELLE MUETING: No.

J. CAVANAUGH: --and ask you to apply?

LORELLE MUETING: No.

J. CAVANAUGH: So, what, what did you just say there about the governor-- you don't know how the governor got your name.

LORELLE MUETING: I, I applied to be on the board.

J. CAVANAUGH: OK. All right. Oh, the other question-- I did want to talk about what we talked about. So, Iowa's got five and Oklahoma has 1,300. What's the number? And-- not the number but, you know, what we talked about. So, that's too many. 1,300 is too many, right?

LORELLE MUETING: 1,300 is too many, yes.

J. CAVANAUGH: And five is too few. Is that right? That's what-- sort of what you said to me when we talked on the phone?

LORELLE MUETING: I, I think it dep-- you know, for each state. If five works for Iowa, five works for Iowa; that may not work for Nebraska. I think we need to really take into consideration how Nebraska is different and how our state's set up. And again, this really is about, you, know, providing access to people that need it, so.

J. CAVANAUGH: So, you wouldn't put an artificial limit on the number.

LORELLE MUETING: No, I think that's something that we'll have to take a look at population-wise and geographically, and, and what makes the most sense. And I think that's something that's a commission discussion.

J. CAVANAUGH: OK. Thank you.

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HOLDCROFT: Senator Andersen.

ANDERSEN: Thank you, Mr. Chairman. I'll have to apologize for my colleague Senator Cavanaugh. He is the consummate questioner. He asks all the questions at all the hearings, so this is, this is not surprising. I guess my, my question for you-- [INAUDIBLE] good questions, really. My question for you would be, you know, what we had a battle with is it recreational versus medicinal. With medicinal being the focus, is it, is it true that there's really kind of more things that need to be defined than really are defined? As the commission stands up, it seems like there's, there's a thousand questions that you could ask about any different part of whether-- what decisions and questions the, the commission will be handling, that most of that is undefined at this point. And until you get a consensus of the commissioners, then you can actually start to put, you know, some guardrails on these things and define some things [INAUDIBLE]. Is that, is that an accurate--

LORELLE MUETING: Yeah, I-- yes, I believe so. I mean, there's a lot of-- there's a lot of things to do--

ANDERSEN: Sure.

LORELLE MUETING: --and not a lot of time to do it. And so, yes, there is a lot of questions that are not answered right now, and I-- and so, I think it needs to be-- there's a lot of discussion that has to happen.

ANDERSEN: Thank you.

HOLDCROFT: Yes, Senator Clouse.

CLOUSE: Thank you, Mr. Chairman. One question, we talk about the makeup of the commission again. You know, say it goes from five to 1,300 or whatever. What type of skill sets do you think we ought to be [INAUDIBLE] and, in other words, in the ballot initiative, it said the Liquor Control Commission, and then the governor can appoint two. This has been one of my issues of contention. It should have some various skill sets and professionalism. What, what do you think the makeup ought to look like?

LORELLE MUETING: I, I think that it would be nice to have more physicians on the commission, possibly a law enforcement. I think

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those are-- those have worked well in Iowa, having physicians with different specialties, and a pharmacist and pediatric person, oncology, things like that, that have different specialties. So, that would be my-- that would be my thought on that.

CLOUSE: OK. Thank you.

HOLDCROFT: Any other questions? Yes, Senator Cavanaugh.

ANDERSEN: I, I told you.

J. CAVANAUGH: Senator Andersen always has to tweak me a little bit, so I have to keep going. I-- one question I did want to give you a chance to answer was one we talked about. You know, there's a lot of folks here who are not particularly happy about your-- you being put forward. What-- how do you answer the "fox guarding the hen house" question?

LORELLE MUETING: Well, the voters have spoken, right? The people have spoken, and medical marijuana, medical cannabis is what, you know, people in Nebraska voted for. And so, I don't view my role on this to try and squash it because I don't have the power to do that. My, my goal and my-- you know, the reason that I applied for this is really to help provide a perspective that I think a lot of people don't understand with prevention and treatment, as well as just some experience with collaborating. And again, providing access to a substance that people, that people need. But yet, how do we-- how do we prevent people from getting the substance? Prev-- putting rules on it, right, that don't need it. And so, how do prevent some of those unintended consequences that other states have, have had?

J. CAVANAUGH: Well, so I have, I guess, a couple follow-up questions to that. One, I would just point to one of your-- you said when you testified in front of the Judiciary Committee: I've heard legislators in this committee say that this is what the people want; to that, I'd say that not all Nebraskans want medical marijuana. So, is it still your position that not everybody wants that?

LORELLE MUETING: Yeah, I know lots of people that don't want medical marijuana.

J. CAVANAUGH: Are you one of them?

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LORELLE MUETING: That's not, that's not the role of the commission right now. The role of commission is to put rules and regulations in place.

J. CAVANAUGH: Right. But you, the person who's sitting here, have an opinion.

LORELLE MUETING: I do not believe that we should legalize medicine by popular vote or by legislator vote. But again, that's a moot point because that's not, that's not my role at this point.

J. CAVANAUGH: Well, I guess I would, I would take issue with it being a moot point because you're asking to be in a position of authority over it. So, I guess I'm asking you if you think it should be-- if medical marijuana should be legal.

LORELLE MUETING: If this is what we're doing, then I would be happy to be in a position where I can provide input to make this the best program for all Nebraskans.

J. CAVANAUGH: But do you think it should be legal?

LORELLE MUETING: I think the FDA needs to weigh in on this perspective before-- I think research and science need to, need to help us out with that.

J. CAVANAUGH: So, the answer is no, you don't think so. Was that-- am I putting words in your mouth to say "no?"

LORELLE MUETING: I think that until the FDA approves it as medicine-- which they have with some of it. Epidiolex, there's Sativex, there's some other things-- then I think, I think it's important for the FDA to weigh in on that process before it's medicine.

J. CAVANAUGH: OK.

HOLDCROFT: Senator, Senator Andersen.

ANDERSEN: Thank you, Chairman. I'm kind of following up on Senator Cavanaugh's question. It seems to me that asking the question of what your personal view is, even though you said that you separate your personal views from your professional conduct, is kind of like asking a public defender whether they think that their client's guilty or

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not. I mean, they're not there to determine whether-- say whether they're guilty or not; they're there to do a job and defend a person. So, I kind of would equate the things. Does that seem similar or analogous to you?

LORELLE MUETING: Yeah, thank you. That's a really good analogy.

ANDERSEN: Thank you.

HOLDCROFT: Any other questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: I, I-- Senator Andersen just always gets me wound up. So--

ANDERSEN: I'm just asking [INAUDIBLE]

J. CAVANAUGH: He knows that I love public defenders, obviously, and I always-- I would defend public defenders to the end, but. Well, one thing I did want to ask-- Senator Storm is here, and he's one-- listed as one of your references. Do you, you know, you-- I guess you thought that he should be your reference for coming in front of this committee. Is that-- for this appointment?

LORELLE MUETING: I honestly didn't know I was going to come in front of this committee.

J. CAVANAUGH: Oh. Why not?

LORELLE MUETING: I just-- I, I wasn't aware of the-- I, I didn't-- I wasn't aware of the confirmation process had to go before a committee. I knew it had to go on the floor. I've heard those things before, so.

J. CAVANAUGH: OK. And I'm, I'm sorry if I'm misremembering this. Did you come and testify in favor of Senator Storm's bill?

LORELLE MUETING: In a neutral capacity.

J. CAVANAUGH: In a neutral capacity. Did you testify on any of the other bills that came in front of this committee?

LORELLE MUETING: I testified in opposition to LB677.

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J. CAVANAUGH: OK. And that was Senator Hansen's bill that had the regulations in, in place. OK. I don't think-- I don't think I have any other questions, if you guys want to stop me.

DeKAY: It stops?

HOLDCROFT: Any other questions from the committee? Senator Rountree?

ROUNTREE: Yes, ma'am. And again, thank you for coming before the committee, even though it was unexpected. In the application process, you say you applied and no one reached out. Was there, like, a job announcement on Glassdoor, or something of that nature? How did you become aware, and how did you enter into the application process?

LORELLE MUETING: Well, once, you know, all the bills were being heard, and they were talking a lot about the commission. So, that just-- that's how I knew that there was going to be a commission because all the bills were being heard; they're talking about the-- it's-- I mean, it's in LB677 the same way the statute is written, so I knew there was going to be-- there was going to be a commission.

ROUNTREE: Thank you.

HOLDCROFT: Any other questions?

J. CAVANAUGH: Of course I have one more, sorry.

HOLDCROFT: Senator Cavanaugh.

J. CAVANAUGH: I apologize. So, we did-- I just mentioned LB677. Do you think the Legislature should have passed some more regulation? Do you think we should have passed LB677, or something like it?

LORELLE MUETING: I think LB677 was not exactly what the voters passed, so I think if we're, if we're going by what the voters passed, then LB677 wasn't it. It had other regulations and restrictions in it, changed-- the latest amendment changed the flower, the ounces from 5 to 2; that's not what the voters passed. So, I think if we-- if we're trying to abide by what voters passed, then we should be-- we should be looking at the statute.

J. CAVANAUGH: So, you didn't like that it walked back what the voter-- the voters passed?

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LORELLE MUETING: I'm saying it was different than what the voters passed.

J. CAVANAUGH: Well, I mean, you can ingratiate yourself to me by saying you didn't like that part of it. All right, I'll stop. Thank you.

HOLDCROFT: All right. Any other questions from the committee? Well, thank you, Ms. Muetting. Appreciate your testimony.

LORELLE MUETING: Thank you.

HOLDCROFT: OK, our next nominee is Monica Oldenburg. Welcome to the General Affairs Committee.

MONICA OLDENBURG: Thank you. Good afternoon. I'm Dr. Monica Oldenburg, M-o-n-i-c-a O-l-d-e-n-b-u-r-g. I'm an anesthesiologist practicing here in Nebraska. I've provided clinical anesthesia care and pain management to patients for over 18 years. I've cared for patients for eight years in Nebraska, and before that, I practiced in Colorado. I seek to serve on the commission because I care about the health, safety, and well-being of all Nebraskans. I understand my role will be to follow the law and to grant, deny, revoke, and suspend registration based upon reasonable criteria and procedures established by the commission. Having practiced medicine in Colorado for almost 10 years, I am convinced that Nebraska stands in a position to learn from other states and develop medical cannabis licensing policies and practices that make sense. I'm not a prohibitionist; I'm pro-research, and there are new studies coming out every day. I'm acutely aware that medical research and emerging studies are the driving force behind the changes in the way we practice medicine. A perfect example of change is the opioid crisis. In residency, I was taught to never be afraid of prescribing opioids for a patient's pain. We were told to write a long-acting opioid, a short-acting opioid, and something for constipation, which was seen as the only detrimental effect to opioids. And we all know how that turned out. We are-- as a society have spent the last decade dealing with the consequences of that approach to pain management. There is a place in pain management for cannabis, with-- for certain ailments that cause suffering. I know many senators worked very hard on LB677 and collaborated with multiple groups to name various medical conditions that may benefit from cannabis. Nebraska needs to seize the opportunity to be slow and

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deliberate in the manner in which we determine how best to designate appropriate conditions for medical cannabis and regulate those entities that will dispense medical cannabis in our state. I look forward to working with various parties to ensure that we of the state of Nebraska get this right.

HOLDCROFT: Thank you, Ms. Oldenburg. Any questions from the committee? Senator Clouse, we'll start with you.

CLOUSE: Yes, thank you, Chairman Holdcroft. Can-- tell about your experience in Colorado.

MONICA OLDENBURG: Do you know, it was-- I, I was there, actually, through the evolution of marijuana laws from medical to commercialized to recreational, and I saw a lot of the harms. There wasn't a lot regulations for the medical, so-- like, one of my good friends was an OB-GYN, and she got asked to prescribe it for asthma. And smoking anything, be it wildfire, wildfire smoke, cigar smoke, cigarette smoke-- none of that is going to help with your pulmonary system and asthma, and the pathophysiology of asthma. So, there was a lot of things that they didn't have a good regulations or good tracking of what would actually help with. And I think they were learning. It was one of the, you know, first states, one of-- and they were learning, and we have that opportunity now, to look and say well, maybe we shouldn't just open up to everything, and we should-- because we don't do that in medicine of any kind. We, we look and we say this is your medical problem, and this is the best way to treat it. We don't just say, yep, everybody gets this; it's the best thing for you. It's not a shotgun approach. We take things slowly, and we say this works for this, these are the side effects, these are interactions with other medications. So, we, we take it slowly and make sure that we're doing things safely.

CLOUSE: So, do you think that there was-- that they were on the right track and they should have stopped before it got, it got too crazy?

MONICA OLDENBURG: I don't think they actually had a lot of things to begin with.

CLOUSE: OK.

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MONICA OLDENBURG: I think it was just kind of-- if someone said you can get a medical card, people could get a medical card. There wasn't a specific-- because I've looked at some of the other states, and even what we had in LB677, it was a very set conditions. A lot of neurodegenerative stuff, epilepsy, end of life care, wasting. So, it was very set-- and those are reasonable. When you just say for anything, any kind of pain, for any reason, that's not necessarily reasonable, and the research doesn't back that up.

CLOUSE: OK, so you believe that there is an appropriate use for it, if done properly?

MONICA OLDENBURG: I think there's an appropriate use, but I think we also have to look at research. And one of the problems with cannabis research is it's changing, and so you'll find something today, and then, in a month, it'll contradict itself both for and against it. So, sometimes they'll say, no, this doesn't help; then, they'll say, oh wait, it does. Or they'll say, this is the greatest thing ever, and then, two years later, they say, ooh, oops. So, we want to try and avoid some of the "oopses."

CLOUSE: OK. Thank you.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you. What part of Colorado did you live in?

MONICA OLDENBURG: I grew up in Fort Collins, and then kind of went everywhere for medical training and college.

DeKAY: OK.

MONICA OLDENBURG: Then I was in Pueblo, Colorado.

DeKAY: Have you seen-- since medical marijuana and the advent of it in Colorado, have you seen how the landscape has changed in a different community? And I'm-- specifically will ask about Colorado Springs, how Old Town Colorado Springs has changed over the last 10, 15 years?

MONICA OLDENBURG: I think one of the hard parts is that it was the first with recreational, so a lot of people moved there, so we had kind of a population shift. It's a hard-- it's a hard one to answer. There's definitely places-- our public library, there was a lot of

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people who would just sit using all sorts of substances. And so, to get into our public library with our kids, we kind of have to run. So, there's a lot of public consumption of all sorts of substances.

DeKAY: OK. Well, I mean Colorado Springs is a beautiful area of the state. [INAUDIBLE] But from my perspective, the downtown area has changed dramatically over the years, and I just wondered if that was from the advent of medical marijuana evolving into the recreational use of it, and how that's changed the--

MONICA OLDENBURG: Yeah.

DeKAY: --caf-- sidewalk cafes and stuff, compared to what the businesses are now, so. You don't have to answer that. I'm not going to deal with hypotheticals. I-- we'll deal with the facts going forward, not behind us.

HOLDCROFT: Senator Andersen.

ANDERSEN: Thank you, Chairman. One comment for Senator DeKay. I think there are studies on Pueblo, Colorado are pretty descriptive on the change, with the-- and the advent of legalization of marijuana. Ms. Oldenburg, thank you very much for your willingness to step up and be part of the commission. It is a, I would say, tumultuous time, just because of the, the emotions that are involved on a full spectrum for everybody. So, thanks for being willing to step up and come forward. I appreciate your experience; 17 years as an anesthesiologist and as a medical doctor as well. It's a-- it's very impressive. I think it's interesting between the two, two nominees that Ms. Mueting said that she thought that it would be great to have a physician or more physicians on part of the commission, and guess what? You're a physician. So, I think that's fantastic. And I appreciate your comment about learning from other states. I'm a retired Air Force guy, and what we always try to do is, is learn from-- model after the good practices and learn from other people's mistakes, so. I think it's fantastic that you guys take that kind of approach and, and look and see what people did right and what states did wrong, and, and try to sidestep those landmines. So, thank you very much for being here today.

HOLDCROFT: Senator Clouse.

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CLOUSE: Thank you, Senator Holdcroft. Just a question. In your profession, how long have you been practicing in Nebraska?

MONICA OLDENBURG: Eight years.

CLOUSE: Eight years. So, what's the trend that you've seen with marijuana use? Is it significant? Is it-- what type of incline have you seen?

MONICA OLDENBURG: It's hard, because I think sometimes patients aren't always honest with us because they think we're going to judge them. And instead, we just want to know for the interaction reasons. Because you do treat people differently based on their other medical conditions-- be it marijuana use, we have to slightly adjust our doses, and sometimes our pain stuff, we have to adjust a little, too. Be it diabetes, be it they're a smoker-- we, we change everything based on that person. So, I think people are being more honest recently, so we may say there's more of an uptick of it, but I think it's becoming more widely-accepted so people are honest.

CLOUSE: So, so it's an uptick; it's not a dramatic shift.

MONICA OLDENBURG: I haven't seen a-- I think sometimes it depends on which hospital you're at, what your patient population is. Traumas tend to have a higher drug toxicology profile than other specialties.

CLOUSE: OK. Thank you.

HOLDCROFT: Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Dr. Oldenburg, and you and I had a nice chat a couple days ago, too, and I appreciate you taking the time to talk to me ahead of time. I'm-- I have a lot of questions, and I'm going to try and keep them just to this topic because there's a lot of-- a lot of stuff I'd like to know, but I'm gonna be respectful of everybody's time. First one I'll ask is just how did you come to apply?

MONICA OLDENBURG: Do you know, actually, I've always had an interest in this, coming from Colorado. It's been an interest. And then, Senator Storm had called me and said, have you thought about this? And so, I sat with my husband and we debated did I really want to do this

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or not, and came to that decision that I would just apply and see what happened, and so that's how I came to it.

J. CAVANAUGH: It's always good to talk with your family before you put yourself and your family through public torture.

MONICA OLDENBURG: Yes. They suffer, too.

J. CAVANAUGH: Well, I, I, I appreciate your willingness to serve, and I just want to talk a little bit about just what you think the commission should do, if you do end up being appointed. So, you know, the regulations, as we talked about with Ms. Muetting, is about sale, distribution, and manufacture. So, it's not really-- the authority doesn't extend to which ailments are covered, right?

MONICA OLDENBURG: Yes.

J. CAVANAUGH: So-- and then, talking about-- it doesn't specifically empower the commission to limit which delivery mechanisms, right? So, I guess I'm wondering what you think the role for the commission would be as it pertains to a lot of things we're just been talking about.

MONICA OLDENBURG: I, I don't know that it specifically states that. I would hope that somehow, between-- if I'm appointed-- five of us would be able to come together and say, you know, this is reasonable. Let's-- we've look at the research, I think this is a reasonable condition for this. And again, we have other states to look at--

J. CAVANAUGH: Mm-hmm.

MONICA OLDENBURG: --where we can say this has worked well, this hasn't, and go around and look and just see. And I, I would hope that we would be able to come to some sort of consensus within the statute. I'm not a lawyer, so it would be with the guidance of hopefully some lawyer to help us make sure we're staying within the statute, because that's our job.

J. CAVANAUGH: Well, good luck getting a lawyer for \$30,000, but--

ANDERSEN: Well, you work for \$12,000 a year, so.

J. CAVANAUGH: I do work for-- [LAUGHTER] yeah, I guess I'm available. So, you, you don't like how Colorado did it.

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MONICA OLDENBURG: Do you know, I think they were learning, and I think they didn't specify things enough. And, and again, it was-- sometimes, you would look, and you're on, you're on this for what? And so, there was a lot of times people would come, and they're just like, well, it's medical marijuana. I was like, for, for what? You're a 22-year-old healthy male. And they're like, well I have asthma, or I have something that I'd go, oh, OK. So, there was lot of things that are different than "I am going to be dead from cancer in six months," "I have a neurodegenerative disease"-- those are different things than a healthy 22-year-old.

J. CAVANAUGH: So, I mean, your complaint about Colorado that you just articulated is that they had too expansive a list of ailments, and we just talked about how the commission doesn't have authority over their list of ailments. So, are there things that Colorado did that you think the commission has authority to do differently?

MONICA OLDENBURG: That's a good question. I'm-- I'll be one of five people trying to figure that out, I think. I, I don't know.

J. CAVANAUGH: So, you said you thought about this for a while and wanted to be on it, so I guess my question is, what is some kind of reasonable constraint that you would propose? You walk into the meeting, there's five of you there. You know, the way it starts, I would assume, is people maybe would make some suggestions. So, what's a suggestion you would make as a reasonable constraint?

MONICA OLDENBURG: For what conditions, you mean? Or-- I'm not sure exactly what you're asking.

J. CAVANAUGH: What, what you would-- what you would propose that you think is under the authority of the commission to do.

MONICA OLDENBURG: That's a good question, because per statute it's to regulate all phases of the control of the possession, manufacture, distribution, delivery, and all dispensing of cannabis for medical purposes. So, I don't know if that would fall under that or not. I'd like to have a lawyer.

J. CAVANAUGH: No, I'm, I'm asking you what you would suggest.

MONICA OLDENBURG: What would I suggest?

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J. CAVANAUGH: Right. As a restraint on any aspect of this industry.

MONICA OLDENBURG: I would think we should come up with some conditions, if we can within the guidelines of the statute. Come up with some-- similar to-- I think LB677 had a pretty reasonable-- I looked over the conditions. It was pretty reasonable.

J. CAVANAUGH: Are there any particular ones you would strike?

MONICA OLDENBURG: Do you know, I think there's a couple that I'd want more research on.

J. CAVANAUGH: Are there any you would add?

MONICA OLDENBURG: Do you know-- I-- again, I'd have to look at research for that, because-- yeah.

J. CAVANAUGH: OK.

MONICA OLDENBURG: And I think it's-- again, research changes, unfortunately, in this field, way too fast.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you. Take a step back just a second. When it comes to prescribing medical marijuana, do you think there are, are different ways of prescribing it? So, lack of better terms, that the patient would get the recommended dosage that they would-- that the doctor would think? So, how would that be construed within the commission?

MONICA OLDENBURG: To how to recommend people to recommend the marijuana?

DeKAY: The, the, the forms that it would be prescribed to a patient, rather it be pill, oil, smoking, a nebulizer, inhaler-- how-- do you think there's a better-- do you think there are preference ways of prescribing the medical marijuana that would handle the dosage recommendations?

MONICA OLDENBURG: I think we want to be always really cautious on the potencies of the different things, too, because they're so varied of a potency. I'm a physician, so I spend every day telling people not to smoke, and I see every day the consequences of smoking cigarettes and

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vaping, everything. And when we pull a breathing tube out, it's never pretty when people have smoked. So, I-- I'm going to have a bias against smoking, just as a physician. Smoking isn't good for your lungs. It just isn't. It doesn't matter what you're smoking. I think we have to, again, stay within the statutes and get consultation from legal counsel about what we can exactly do, and I think watching potencies. Because I know the higher the potency, the more mental health effects can be.

DeKAY: Thank you.

HOLDCROFT: Any other questions? Senator Rountree?

ROUNTREE: Yes, thank you, ma'am, and I appreciate you coming before the-- this committee today. I have to say I have used the services of the anesthesiologist, and I'm still here today, so I appreciate that. Thank you so much for that. But just a couple of things. I, I read the great entries of your testimony from your time out in Colorado where you talked about the money, following the money and so forth. I won't go into that today, but I think I might have misheard as you were saying and how you came to apply for the commission. Was it from Senator Storm? Did someone give you a call on that and then you applied?

MONICA OLDENBURG: Yep.

ROUNTREE: Or can you--

MONICA OLDENBURG: Yep. Senator Storm said, have you considered?

ROUNTREE: Yes, have you considered.

MONICA OLDENBURG: He said we're-- there is people out there, we have to have people on this committee. Would you consider applying? And my initial response was no. But then I thought about it, and again, talked with my husband and said, is this something that we would consider? Because I do have a medical background,--

ROUNTREE: Yes, you do.

MONICA OLDENBURG: --and I, I feel like we have a chance to do it well.

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ROUNTREE: So, how was the application process? That's what I was asking earlier. But could you walk me through that application process-- after you talked to your husband and the decision was made that, yes, this is something that we want to do and we can do. How was, how was that application progress?

MONICA OLDENBURG: So-- gosh, you're going back a couple months. So, you apply online, and then I got a call from the governor's office saying, did I want to interview? And I set up an interview time, I interviewed with him, and a week-and-a-half later maybe, I was told that they had accepted my application and I had been appointed, pending confirmation.

ROUNTREE: OK. I appreciate that. Thank you.

HOLDCROFT: Any other questions? Senator Cavanaugh.

J. CAVANAUGH: Thank you. I know. I can't help myself. Again, I appreciate it. So, you and Senator DeKay were talking a little bit about forms and potency, which I think is, is a good topic. So, if the commission-- the statute is pretty clear that legally, possessory-- somebody can possess basically anything. But the commission has the ability to put regulations in place on what is sold and distributed. So, would you be-- I guess, would you propose regulations that would prevent stores from selling, or dispensaries from selling smokable cannabis?

MONICA OLDENBURG: Again, I'm biased, because every day I see the long-term implications of smoking. It's not good for your vascular health, it's not for your heart, it is not good for your carotids. So, I'm always going to be biased against any kind of smoking as a physician, but that's my personal opinion, too. As a commission member, I have to follow the statute. I'm a law-abiding citizen of the state of Nebraska, and I have to follow the will of the people, and I have to follow the statutes. And, if it's determined from a legal counsel and the five people on the commission that this is what we need to do, that's going to be what we do.

J. CAVANAUGH: OK. So, the answer is, if it's within your authority, you would prevent them from selling smokables?

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MONICA OLDENBURG: As a physician-- smoking anything isn't good for you.

J. CAVANAUGH: But so, the answer is yes, you would ban smoking, or would not permit the sale of smoking-- smokables?

MONICA OLDENBURG: Do you know, if that's part of it. Because I think there's better ways to administer it without the side-effects of smoking. There's, there's a lot. And it's not just your pulmonary system; it's your vascular system, it's multiple issues. And again, I see it every day when we pull breathing tubes. We can tell smokers of anything. It's not good for you.

J. CAVANAUGH: And I'll try, I'll try and wrap up so we can invite the other folks here. I just want to ask you the same question, the opportunity to answer the "fox in the hen house." What do you say to the folks who all are here who are maybe not happy that somebody who came and testified against previous iterations of this bill, advocated against legalization of medical cannabis, is potentially going to be put in charge of the regulation of it? What's the answer to that question?

MONICA OLDENBURG: I think we have to look at research. And there is some research with some of these conditions that show that it helps. And again, that's going to be on-- with the commission, with collaborating with both the public, the Nebraska Medical Society, other physicians, and seeing where is our research going? Is this a good condition to help with it? Will it help? Does the research show that the side-effects are minimal? Does it show-- is this appropriate? Because again, we don't just give medicine-- the same medicine to everybody for every condition. We look and say, well, you have diabetes, you have hypertension; you don't get the same medications.

J. CAVANAUGH: But, again, the, the commission's regulation is to the manufacturer, distribution, sale; it is not to the medical community in making their determinations, right?

MONICA OLDENBURG: OK.

J. CAVANAUGH: Is that your understanding?

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MONICA OLDENBURG: Do you know, I think we're still learning a lot of what we're going to do, and-- just ask your question again one more time.

J. CAVANAUGH: Is it your belief that the commission has authority to regulate the medical community and how they may recommend or prescribe medical cannabis?

MONICA OLDENBURG: Do we have the authority as the commission? I don't know. I think that's going to be an interesting question. I would hope we could, so we could have a good research-based medical marijuana, so it's based on research, not just on anything else. We want to-- if, if you say medical, you have to have research backing it up. You can't just decide.

J. CAVANAUGH: Well, the voters decided, but. Thank you.

HOLDCROFT: Senator Andersen.

ANDERSEN: Thank you, Chairman. And, and thanks for being here, Doc. I don't think Senator Cavanaugh smokes, but he certainly has a fixation about it in his questioning. So, let me ask you a question. Obviously, I'm not a doctor. Are there medical conditions in which applying a medicine to it is best administered through smoking? I mean, as opposed to, like, a nebulizer or something like that for-- I mean, they get the inhaling, but, you know, the question is about smoking. And, and it's, like, do you really prescribe that as a doctor to somebody? Go take this herb, and go smoke it, and it'll make you--

MONICA OLDENBURG: There's-- and every day, I tell people to stop cigarette smoking. That's part of my job every day. "You know the best thing for you is to stop smoking." And they laugh and say yes, and I say I have to say it because I'm a physician, and they'll laugh again. Every day, I say that.

ANDERSEN: So, it's fair to say that there aren't conditions in which you would purposefully tell somebody to go smoke the medicine so that they would feel better, and-- assuming this probably falls back on you as well.

MONICA OLDENBURG: There's so many side-effects to smoking,--

ANDERSEN: Absolutely.

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MONICA OLDENBURG: --and we know those; those are known. This isn't-- smoking-- again, cigars, cigarettes, vaping, marijuana; anything you smoke, you add toxins in your lungs, and it's not good.

ANDERSEN: Thank you.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you. Real quick, are there-- is there any other medication out there that is prescribed in a different form than pill, oil, whatever? Basically, what I'm asking, is there a medicine out there that is prescribed to be ingested through smoking?

MONICA OLDENBURG: I don't know of any that you smoke that we would prescribe. None that I would prescribe.

DeKAY: Thank you.

HOLDCROFT: Senator Storm.

STORM: Better say something here. First of all, I want to thank both of you for coming. This is a tough situation you're in, and I appreciate that. I think the committee does as well. You know, but you're thrown into this, this situation now where we're trying to regulate something that's medicine-- supposed to be medicine. It's a Schedule I drug, right? And the definition of Schedule I drug is highly addictive with no medical proven purpose. That is the definition of what cannabis is. That's the reality of this. So now, we, we, we-- through a voter initiative, the people voted on a Schedule I drug, that now we have to implement into our society. And that's tough. That's real, real tough. And LB677-- I mean, I don't want to debate this with Senator Cavanaugh again-- was written by the recreational cannabis industry. I mean, we know that. So-- and that's why I for following this initiative with the commission of five people and give them a shot at doing that, and I think they'll very much have to come up with a list of ailments that it's-- and what better than to have a doctor-- doctors to do that, to figure out what's better-- best for them. So, you know, with that said, this is going to be a tall task for everybody. And, and I-- at the end of the day, we want to help people. I want to help people. People that don't think I do, but I very much do. I know you want to help people. And if cannabis can help people with ailments, we should, we should do that. Very much

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should do that. But we have an obligation to protect society as well, and we can't let this get out of control like what you saw in Colorado. And you-- I think you said there, there-- very much was out of control, in your opinion, in Colorado? We don't want that in Nebraska. As far as smoking goes, there's no other drug we smoke, and to me, that's the recreational side of marijuana. And that, that seems to be the-- most of the questions that you will get asked by Senator Cavanaugh and others, it's the recreational side of marijuana is smoking. That's the lynchpin in this whole thing, is smoking marijuana. That's what everybody wants to talk about, is smoking marijuana. But I thought we were talking about a medicine, right? That's what's ironic about this. You know, you don't smoke medicine. So, that's, that's what we're going to have to deal with. But I just want to appreciate you coming here, and Lorelle as well, so. Thank you.

HOLDCROFT: Any other questions? Senator Cavanaugh?

J. CAVANAUGH: Thank you, Chair, and thanks again. Just want to touch a little bit on the actual-- the nitty-gritty, and not to get too into the weeds, but-- no pun intended, actually. I know, hard to believe. So, cultivation is part of this regulation. So, there-- I guess, do you have any thoughts on limitations on that, or what, what is the role for the commission in terms of regulating cultivation in the state?

MONICA OLDENBURG: Do you know, again, I would be one of five people trying to figure this out. I think we would again look to other states and see what they've done well with keeping this [INAUDIBLE]. I know a lot of people worked really hard on LB677 to get some of those right.

J. CAVANAUGH: And Senator Hansen had a great seed-to-sale tracking system in there.

MONICA OLDENBURG: Yeah. So, some of that stuff, I think we can look and see what was done well, and we don't need to reinvent everything, I don't think. So, I think what we see is-- what we could use and not have to reinvent.

J. CAVANAUGH: And then, the commission has the ability to impose fines and fees. Do you have a, like, an idea of what a fee for an application maybe should be?

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MONICA OLDENBURG: That, I do not know.

J. CAVANAUGH: Do you have an idea of how many, how many dispensaries there should be?

MONICA OLDENBURG: I think that's a good question. I think you'd want to look at the populations and just see-- again, I think that would be something for the five-- if I get appointed, the five of us to really talk about and see what's reasonable for people to have to drive. I know a lot of people in rural areas drive to get to Target, and so you have to see what's reasonable.

J. CAVANAUGH: Oh, I have-- one question I should have asked you earlier. You and I talked, and at that point, we hadn't taken up LB677. And I don't want to put-- get you in trouble with anybody else here, but I got the impression you thought we should have passed LB677.

MONICA OLDENBURG: Did you? I, I tried to look over it, I'll be honest, and I watched some of the debate. And not being a lawyer, it's a lot. It's a lot. And-- I, I think-- I'm not sure if it would have made our job easier or not. That's a, that's a good question. I am not sure.

J. CAVANAUGH: OK.

MONICA OLDENBURG: Just not sure.

J. CAVANAUGH: All right. Thanks.

HOLDCROFT: Any other questions from the committee?

ROUNTREE: One last [INAUDIBLE]--

HOLDCROFT: Senator Rountree.

ROUNTREE: Thank you so much, Chairman Holdcroft. And the last bit, I'll come back to the testimony that you were giving in our earlier hearing. One of the last lines here is that I hope Nebraska can resist this detrimental influence and continue to be the good sober life. Are you still standing on that?

MONICA OLDENBURG: Again, I think there's different conditions that you're going to look at and say, you know, does a 22-year-old need it

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for their asthma? That's not helping anybody. It's not going to help them thrive, if we're saying this is medicine. But if someone's in end stages of life, let's keep them comfortable. I'm an anesthesiologist.

ROUNTREE: I know. Thank you.

MONICA OLDENBURG: We keep people comfortable.

HOLDCROFT: OK, thank you, Dr. Oldenburg. I appreciate your testimony.

MONICA OLDENBURG: Thank you.

HOLDCROFT: OK, next we're going to move to invited testifiers, and we'll start with Sheriff Greg London.

GREG LONDON: Thank you, Senator. My name is Greg London, G-r-e-g; London, L-o-n-d-o-n, and I'm the sheriff with Sarpy County Sheriff's Office. I'm here today just to talk about Ms. Mueting. I've known her for years through the Gretna city-- or, citizens committee. I am just here to attest to her character. I've known her for a long time, and she is a person of integrity and character, and I think she's perfect for this board because I think she understands the importance of rules and regulations. I'm on a committee called the Police Standard Advisory Council. It's a government appointment; thank God I didn't have to come in front of your board for that appointment. But anyway, that's our whole goal, is to write rules and regulations about police standards, and we go through it all the time. Actually, we just made a change yesterday in Grand Island, and it will have to go up through the governor's office, and hopefully he'll sign it. But it's always a work in progress with rules and regulations; they're not probably going to get it right the first time, but that's OK, we don't either. So, we're constantly looking at our rules and regulations to make sure everything is proper. And things change over time, too. The rule and regulation that we did yesterday had to do with hiring law enforcement officers from other states, and that has completely changed in the last even 10 years. So anyway, I, I-- once again, I'm just here to attest to Ms. Mueting's character and integrity. I've known her for a long time. I think she'll do a very good job. I don't want to see problems like they have in Colorado. I see it differently, maybe, than you guys do because I look at it as a law enforcement aspect, and I know they have problems just talking to other cops up in Colorado. And one thing I'm always concerned about is what they have in Colorado is

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more dependency issues, and you have more mental health issues, and we obviously have a crisis in Nebraska with our mental health issues. So, I-- that's it for my statement. I'd l-- you know, let me make one more statement. I'm going to quote one of your senators, and I don't know him. Rob Dover from Norfolk said this just earlier this week. Why would we as a Legislature start messing with the commission that it hasn't even started doing its work yet? That's a--

HOLDCROFT: [INAUDIBLE]

GREG LONDON: I'm sorry. Oh. And so, I agree with that statement. I think let the commission start working on the rules and regulations, and they'll get it right.

HOLDCROFT: OK, thank you, Sheriff. I appreciate your being here.

GREG LONDON: Thank you, Senator.

HOLDCROFT: Let me see if there are any questions. I--

GREG LONDON: Yes, sir.

HOLDCROFT: Doctor? How about Senator Cavanaugh?

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Sheriff, and-- I appreciate you being here. I'm not going to try and rake you over the coals too much, but--

HOLDCROFT: Too much.

J. CAVANAUGH: Too much.

GREG LONDON: That's what I get paid for.

J. CAVANAUGH: But I, I can't resist the, the opportunity to have the chief law enforcement officer with Sarpy County here to ask you-- the ballot language, including the commission, but there's also the language that legalizes possession. And so, with a doctor's recommendation, an individual in Sarpy County could have up to five ounces of medical cannabis right now. So, I'm, I'm wondering what advisement or education have you given to your patrol officers for if they come into contact with somebody in this situation?

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GREG LONDON: Well, right now we haven't. But that will come with time, right? Because we are going to have to change even how we conduct traffic stops and what we look at on searches. So, law enforcement's going to have change with what the will of-- the people have spoken, and they said they want medical marijuana. So, yes, we are going to have to educate ourselves and, and train our people about what to look for and what's acceptable and what's not. Part of that will be done with the county attorney's office, too.

J. CAVANAUGH: So, I mean, what's the timeline for making that kind of education? Because this has been the law for almost six months now.

GREG LONDON: It's a work-in-progress, Senator.

J. CAVANAUGH: OK. Well, when you-- can you get back to me on it?

GREG LONDON: But-- yeah, absolutely.

J. CAVANAUGH: OK. I'm just genuinely concerned that people are going to have a bad interaction with law enforcement because officers are not up to speed on what the law is.

GREG LONDON: Yeah, actually, I haven't heard of any of our deputies talk about that issue, about having problems yet. I mean, maybe that will come with time, but so far, we haven't really had to address those issues yet.

J. CAVANAUGH: Well, I appreciate it.

GREG LONDON: Yes, I will get back to you.

HOLDCROFT: Senator Andersen.

ANDERSEN: Thank you, Chairman. Sheriff, thank you for being here. Full disclosure, he is the sheriff of the greatest county in Nebraska, Sarpy County.

GREG LONDON: Thank you, sir.

ANDERSEN: I appreciate your dedication, your hard work, and your answer to Senator Cavanaugh is spot-on. What he didn't say was just the other day we had the appointee for NSP, and his answer was almost exactly as yours. So, it's consistent to law enforcement that yes,

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this is a work in progress; yes, we have to figure out. The specific question he had asked the-- Colonel Wag [SIC] was, you know, if you had somebody from South Dakota with the medical card and cannabis, how do you handle it? And his answer was, that's a great question and we're trying to work through all those situations. So, it looks like everybody in law enforcement's in the same situation. I appreciate you taking the time and coming down here-- it's not a short drive-- and spending the time and then coming and giving you your testimony, so. Thanks again; appreciate all the hard work that you and your, your folks do in Sarpy County.

GREG LONDON: Thank you.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you. You should be in Knox County, but we've got a great sheriff up there, too, so.

ANDERSEN: Pretty good.

DeKAY: Pretty good. You can-- you have breathalyzers and blood checks and stuff for people that are impaired on alcohol, and you can arrest people for DWI, driving under the influence. When it comes to prescription medicine and possibly the medical marijuana, is there a citation for impaired driving? What constitutes impaired driving, and-- go ahead.

GREG LONDON: Yeah, that is problematic, because on a-- if someone's under the influence of liquor, we can find out immediately, right? We have breath tests that you take right there on the highway. And then later, if they do get arrested, then they take another test in the jail. It's more complicated when it comes to substance abuse like marijuana because we can test someone for marijuana and it says oh, yeah, they're positive, but maybe that was from three weeks ago, and they're not impaired because of the marijuana; they could be impaired for other reasons. So, that is a difficult issue for law enforcement, and we can cite them for driving under the influence. But then, you have-- it, it-- it's just more complicated because you have to go into court and say OK, why was-- why do you think this person was under the influence? Sometimes, we have drug recognition experts that we could call. Like, Bellevue has the-- probably the premier drug recognition expert; he's a lieutenant down there, and we'd call someone like him

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and he can tell you whether or not he's impaired. Has nothing to do with alcohol, but it's with other substances.

DeKAY: Well, I'm, I'm not referring to substance abuse, but I-- you know, I'm-- where, where I'm going with this-- you can have, say, Sudafed. You could be within the limits of what you could take for Sudafed and be considered an impaired driver. You know, it says it on the label on the boxes. How would that correspond with medical cannabis, as far as referring to-- they don't have to be abusing the prescription that they could still be impaired. And how does that work with-- in that?

GREG LONDON: Well, just on a regular traffic stop, I think that would be the discretion of the deputy, trooper, police officer to say, OK, he may be under the influence of something, but it doesn't necessarily mean he is that impaired that he can't drive. So, that's a lot of situ-- situational awareness that they have to look at right there on the street. I, I don't know if I answered your question.

DeKAY: OK. No, that's good. Thank you.

GREG LONDON: OK. I'm sorry if I didn't know.

HOLDCROFT: Any other questions? I do have one question that kind of goes back to Senator Cavanaugh's point about, you know, finding someone with cannabis up to five ounces. It's, it's still, I think, a federal offense to transport cannabis across state lines, is it not?

GREG LONDON: Yes. And if--

HOLDCROFT: So, if they're in position [SIC] of cannabis in Nebraska, where it's illegal, they may have gotten it legally from, from South Dakota or Missouri. But then, they transfer it across state lines, which would make it illegal. Is that correct?

GREG LONDON: Happens all the time on Interstate 80, especially from-- coming in from Colorado.

HOLDCROFT: OK. Thank you. Any other questions? Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Got to, got to clean that up a little bit. So, the feds-- you may or may not know this, but the feds have a policy of they do not-- the Department of Justice cannot spend

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any money to prosecute anyone that is operating in compliance with a state medical cannabis law. Are you aware of that?

GREG LONDON: No.

J. CAVANAUGH: OK. So, the 52 jurisdictions that are under the jurisdiction of the federal government have medical cannabis; the federal government, the Department of Justice, will not prosecute or pursue any crimes against somebody who is in compliance with a state law. So, if somebody does have a medical license in the state of Nebraska and they go across to Rockport, Missouri, you'll say, and buy some cannabis, and they bring it back across Nebraska, they-- what crime would they be committing under Nebraska law?

GREG LONDON: Can't answer that.

J. CAVANAUGH: I, I would venture to say they did not commit a crime in the state of Nebraska, and the federal government has a policy of not enforcing, as long as they are in compliance with the state law. So, I just want to be clear that we're not scaring anybody and, and providing misinformation. But the whole point of this conversation is to figure out how people can illegally acquire it in the State of Nebraska. But thank you.

GREG LONDON: Yeah, and right now is-- you know no one's got a medical marijuana card.

J. CAVANAUGH: Yes, they do.

GREG LONDON: How many people have it?

J. CAVANAUGH: I've met at least one.

GREG LONDON: Oh. Congratulations.

J. CAVANAUGH: That's why I'm concerned. That's why I'm concerned, and I know that that person has come into contact with law enforcement, and it took a while to figure it out, so that's why I'm concerned about the [INAUDIBLE]

GREG LONDON: I am not aware that any of our deputies have ever stopped anyone with a medical marijuana card.

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J. CAVANAUGH: Yeah, it wasn't in Sarpy County,--

GREG LONDON: OK.

J. CAVANAUGH: --so I can't, I can't deny your statement.

GREG LONDON: All right.

J. CAVANAUGH: Thank you

HOLDCROFT: Any other questions from the committee? Thank you, Sheriff. Appreciate your testimony.

GREG LONDON: Thank you.

HOLDCROFT: Our next invited testifier is Maggie Ballard. Hello, Maggie. It's unusual to see you here. Usually in front of Judiciary Committee.

MAGGIE BALLARD: Right, exactly. All right. Well, my name is Maggie Ballard, M-a-g-g-i-e B-a-l-l-a-r-d. And good afternoon, Chairperson Holdcroft. That's what I wanted to start with. So, I'm here to testify in support of my good friend and colleague Lorelle Mueting being appointed to the Nebraska Medical Cannabis Board. Lorelle shared a little bit about Heartland Family Service, which Senator Cavanaugh can-- maybe correct me if I'm wrong, I believe we're the largest nonprofit organization in District 9. And I've been with the organization for a total of 13 years now, so I often joke I started there when I was 12. Tough crowd. OK. And I have been on our prevention team with Lorelle for 11 of those years. And I think it's important to bring up that with the very important work that this Legislature does, the focus must be on the issues and not the people pushing or pulling them. And I know that's easier said than done coming from someone who doesn't serve in the Legislature but who pays a lot of attention. And the fact that-- I hope it's not there; I know obviously it wasn't needed, but the fact there was supposed to maybe be an overflow room because of so many opponents to Lorelle's confirmation. Honestly, that hurts my heart, and that's one of the reasons it was so important to me to speak to all of you today, because-- not just because I have a lot of similar views and a lot of similar background professionally as Lorelle, and so I know that if people were here to oppose her nomination, there's no doubt they would be here to oppose mine as well, if I were in her shoes, but because it

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just goes to show that people don't know her. Lorelle and I, we do have different backgrounds and upbringings; we certainly don't see eye-to-eye on everything. But she has one of the biggest hearts of anyone I've ever met, and she-- I, I just can't think of anyone better than her to, to serve on this commission because she will do a very good job of balancing public health and public safety against people who need help with their debilitating conditions. I did not know that I was going to be timed. I have a lot more I wanted to say. I wanted to skip to just saying something that she brought up about 9 or 10 years ago when we saw a lot of these medical cannabis bills being introduced across different states. And at that time, we were talking about things like boards or commissions that would exist in states and what that would look like, and I remember she and I were talking about how it would be a really good idea, we thought, to have, like, an alcohol-- a drug and alcohol counselor and/or prevention specialist sitting on those boards and being at the table. And she specifically said-- and this is what's important for people in this room to hear--

HOLDCROFT: That's your time, Ms. Ballard.

MAGGIE BALLARD: Of course it is.

HOLDCROFT: Let's see if there are any questions. Senator DeKay.

DeKAY: Can you wrap up real quick what you're--

MAGGIE BALLARD: I would love to. So, what we said at that time was that in order for us to have a seat at the table, we are not just going to say "no" to everything. There's been a lot of talk about whether she's against it or not. Heartland's position has been what it has been, and Lorelle has done a good job of voicing that and explaining why. But again, we're past that point; the vote has gone through, and now the job is to oversee and try to do things as well as possible, and not to just bang her head against the wall, saying "no, we can't do this here," because that's not practical, and it's not in Lorelle's nature, either. So, I feel like that's important for people to know, you know, who you're really dealing with when you're talking about Lorelle Mueting.

HOLDCROFT: Senator DeKay.

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DeKAY: Thank you. Thank you for being here, and thank you for-- to-- for me for refocusing on what we're supposed to be talking about today is the confirmation of these two people. And we will let further-- to me, we should let further conversations should go after these confirmations do or do not go through. So, thank you.

MAGGIE BALLARD: Thank you.

HOLDCROFT: Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Ms. Ballard. Well, you just said something that struck me, that we should focus on the issues and not people pushing or pulling them. So, how, how do you square that statement with nominating two people for this commission that were both actively opposed to any of the language-- the ballot language or any bills that have been brought previously to try to legalize medical cannabis?

MAGGIE BALLARD: I'm talking more about-- the-- OK. A couple of you have commented that this isn't easy on Lorelle or Monica. Part of that is because of the line of questioning, and part of it is kind of, like, the snarky and snide comments that you hear behind us. And so, what I'm saying is that when people are here because they are wanting one thing, I don't think that that's an excuse to attack someone's character. So, that's what I was getting at with that.

J. CAVANAUGH: OK. So, you do think that we should appoint people to the commission who have an agenda.

MAGGIE BALLARD: I think we should appoint people to the commission who have good research and background, and have looked at the area of medical cannabis from all 360 degrees.

J. CAVANAUGH: OK. All right. Thanks.

HOLDCROFT: Any other questions for the committee? Thank you very much, Ms. Ballard.

MAGGIE BALLARD: Yes.

HOLDCROFT: And our last invited testifier is Mary O'Neill. Go ahead.

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MARY O'NEILL: Go ahead and start? OK. Thank you, Senators, for the opportunity to be here, to be with you today. My name is Mary O'Neill, M-a-r-y O-'-N-e-i-l-l, and I'm the chief operating officer at Heartland Family Service. I'm here to join, join you today to speak to the benefits Lorelle Mueting can bring to this commission as Nebraska voters' will is moved forward. I've worked with Lorelle for over 20 years in the field of substance use prevention and treatment. Over the years, I've been consistently impressed by Lorelle's knowledge, leadership, and dedication to her work in the field of substance use prevention. Both personally and professionally, she demonstrates passion and a caring approach as she supports young people in our schools and communities. Every day, she provides education and support as she strives to assist them in making low-risk choices as it relates to drugs and alcohol. The goal of Lorelle's work is to equip them with knowledge to make the healthiest in their future well-being. In addition, she plays a critical role in safeguarding communities by promoting strategies to prevent various risks related to substance misuse. She has an extensive background of working with students and community members of all backgrounds. Lorelle has often sought out to be a member of coalitions and committees due to her knowledge and passion of promoting policy to prevent high-risk substance use. Community members often tell me how much they appreciate her ability to have constructive conversations, even in times of disagreement. The work of these commit-- the work of these committees has ultimately led to positive outcomes for our communities. Lorelle has a strong understanding of the Nebraska Medical Cannabis Patient Protection Act; although Lorelle has openly shared concerns surrounding past medical cannabis legislation, she understands the role of the commission, and will honor its purpose. As someone who is passionate about substance use prevention, she could bring a strength and view to the discussion that others will not have. At the end of the day, she will work diligently to design rules that meet the intent of the act and the best interest of all Nebraskans. She will be one of many voices on the commission that will bring varying backgrounds and knowledge that, in the end, will lead to a stronger implementation plan. Appointing Lorelle to the Nebraska Medical Cannabis Commission will bring a thoughtful and dedicated voice to the work of the commission, and reflect inclusive input surrounding the best implementation planning that Nebraska voters would expect. Thank you for your time and consideration.

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HOLDCROFT: Thank you, Ms., Ms. O'Neill. Are there any questions from the committee? Seeing none. Hold it. Nope. Seeing none, thank you very much.

MARY O'NEILL: OK. Thank you all.

HOLDCROFT: OK, now we're going to move on to the next phase, which is testifiers. It should be opponents, proponents, or neutral. First come, first serve. When you come up, you should have-- you can speak toward one nominee or both. You need to have a green sheet for, for each, and you need to indicate on the green sheet whether you're a proponent or opponent, or in a neutral capacity. So, who's going to be first?

CLOUSE: A proponent, Chairman?

HOLDCROFT: No, this is-- it can be, can be anybody. Opponent, proponent, or neutral. Go ahead.

CRISTA EGGERS: Hi, my name is Crista Eggers, C-r-i-s-t-a E-g-g-e-r-s, and I'm here today representing Nebraskans for Medical Marijuana. I do want to start off by saying how difficult it is to appear--

HOLDCROFT: Before you get into it, can you say-- are you opponent, proponent, or-- for--

CRISTA EGGERS: Oh, I, I apologize. Yes, our organization is coming opposed to both of the appointees.

HOLDCROFT: OK, thank you.

CRISTA EGGERS: Yes. I want to start by just highlighting how difficult it is to be here today. Just 48 hours ago, I-- even several of you on this committee, I feel, chose to disrespect and misrepresent our efforts. I really ask that moving forward today, you treat this process and those involved honestly and respectfully. We're here in our opposition to both of these appointees. We've spent many years advocating for access to medical cannabis, and I find it insulting that individuals with a long and public history of opposing such access are being considered for the roles that will determine how this policy is implemented. These appointments seem to be-- you know, the governor-- a calculated act to continue the oppositional attempts to block the medical cannabis initiatives at any expense. I've heard

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today we need to take this slow. Well, folks, we've been at this for a decade. I think we're moving pretty slow. I want to use my time to highlight public statements that have been made by these appointees that clearly shows their opposition to the very idea of a medical cannabis program, making them fundamentally unfit to serve on a regulatory board that they're being appointed to. Ms. Muetting testified in 2019 that medical cannabis is a product that's manufactured by a for-profit industry that's based on addiction. In 2021, she stated, I've heard legislators on this committee say that what the people of Nebr-- that it is what the people of Nebraska want. To this, I would say not all Nebraskans want medical marijuana, end quote. And she's correct, not all Nebraskans want medical Marijuana, but 71% of them do. In 2023, she mentioned, I want to offer you a perspective from a Nebraska citizen who is not in favorable-- favor of medical marijuana. Just earlier this year, she testified in opposition to two bills, arguing that they were too restrictive-- or, that they were not restrictive enough, and neutral on a bill that limits something to oils and tinctures. Nebraska passed a comprehensive medical program; we did not pass a CBD low-THC program. So, some of these comments have me extremely concerned. Dr. Oldenburg has been an active and well-known opponent to medical cannabis for years, openly admitting that she moved her family to Nebraska and has vowed to use her voice to help block the legalization here. I heard over 10 times that she is biased, and will always be biased. Concerning. In 2021, she stated, as always, when someone's advocating for something as potentially destructive as marijuana, it is helpful to follow the money trail. The cost to the society is tremendous. Are we willing to sacrifice our teens? Will we put our profits over people? I hope Nebraska can resist this detrimental influence and continue to be the good sober life. It's the ethical resp--

HOLDCROFT: That's your time, Ms. Eggers. Let's see if there are any questions from the committee. Senator Cavanaugh.

J. CAVANAUGH: Would you like to finish your statement?

CRISTA EGGERS: Just one more sentence here. I believe it's the ethical responsibility of the legislatures-- legislators in this room to appoint qualified and competent individuals to a regulatory commission, ensuring that they function with integrity, expertise, and with the public's best interest. I urge you to reject both of these appointments and uphold the intent of this commission, and protect the

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future of medical cannabis in Nebraska by ensuring that these appoint-- appointees are committed to its success, not obstruction. To end, C.S. Lewis said integrity is doing the right thing, even when no one is watching. Well, Senators, I want to be very clear the people are watching, and we expect that you lead with integrity in every decision you make. Your actions will be remembered, and you are going to be held accountable by those you serve.

HOLDCROFT: Thank you. Any other questions? Senator Cavanaugh?

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Ms. Eggers. And thanks for the C.S. Lewis quote. I didn't know that one, so I'll put that in the, you know, the, the, the quote bank to use on the floor at some point. I've got a couple questions for you, but one-- first question is just-- is-- did Ms. Mueting leave?

MORGAN RYAN: I think they both left.

J. CAVANAUGH: OK, I was just checking.

MONICA OLDENBURG: I'm here.

J. CAVANAUGH: Ms. Oldenburg is here. I, I see you. For the record. Official-- Dr. Oldenburg, I apologize. So, OK. You had a lot in there. I think you heard me talk to Ms. Ballard about the, the question of focusing on the issues and not the people who push this. Do you think that we should be appointing somebody like yourself to the commission?

CRISTA EGGERS: Absolutely not. I do not believe that this commission should be made up of anyone that has spent time, energy, in their personal or professional capacity being opposed or supportive to this. That is very concerning to me, just like we would-- I would not want someone who is adamantly against chemotherapy treatment to be on a cancer treatment board. I would not, you know, ask someone that is anti-insulin be on a diabetic, you know, review panel. I don't think the arsonist should be in charge of the fire department. And that goes for myself and, and the individuals behind me that have been supporting this issue adamantly, as well as those on the other side.

J. CAVANAUGH: Thank you.

HOLDCROFT: Any other questions? Senator Clouse.

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CLOUSE: Thank you, Senator Holdcroft. So, you're-- do you know of any others that might have applied?

CRISTA EGGERS: I believe there was four applicants.

CLOUSE: Four total? Four? OK. Thank you.

HOLDCROFT: Any other questions? Senator Andersen.

ANDERSEN: Thank you, Chairman. Mrs. Eggers, thanks for, for being here, and for your testimony. I don't have any comment on, on your quotes and all that because I, I-- I'm not familiar with them. But one of the things you did say is that Dr. Oldenburg was-- you said something-- you claimed she said 10 times that she's biased. But I think really, to be more accurate in, in what she said was that she was biased against smoking; whether that is smoking cigarettes or vaping or anything else, that as a doctor, she is adamantly opposed-- not trying to misquote her-- adamantly opposed to smoking, whether that's marijuana, cigarettes, or anything else, to be clear.

CRISTA EGGERS: Yeah, and I, I appreciate that, and I apologize if I miscounted. I-- it was just multiple times that I heard that, and I-- that brings me--

ANDERSEN: Sure.

CRISTA EGGERS: --great concern on any issue if someone is biased.

HOLDCROFT: Any other questions? Thank you very much. Thank you, Ms. Eggers. Next testifier.

RANDY FAIR: Ready?

HOLDCROFT: Yes.

RANDY FAIR: Thank you for having me here. My name is Randy Fair, R-a-n-d-y F-a-i-r. I think you've probably all gotten a letter from me at some point.

HOLDCROFT: Are you testifying--

RANDY FAIR: Not as the Keith County Attorney. I'm testifying as myself.

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HOLDCROFT: But on which nominees? Both?

RANDY FAIR: Both. Correct.

HOLDCROFT: And as an opponent or proponent? Or--

RANDY FAIR: Opponent.

HOLDCROFT: Opponent. OK.

RANDY FAIR: So I think you have a great burden here, but a great opportunity to do the right thing as it relates to medical cannabis in the state of Nebraska. I heard a number of people asking about people's experience, so to give you an idea, I was a public defender for three years in Colorado Springs. I moved to Nebraska in 2002. I spent another 10 years in private practice doing criminal defense, and I've been the Keith County attorney since 2011. So, I have a lot of experience, both professionally and, and personally with these kind of issues, so. I do think that both of those people chosen by the governor, while they may be very good people, I don't think they're the right people to necessarily be on the commission. I will say that the doctor-- I have much more confidence in her ability to be on there. I will have an issue with one thing she said about not smoking. I would tell you, I have some friends that have Crohn's disease and they smoke cigarettes because it helps with the dilation of their blood vessels and provides a benefit that can't be provided necessarily through other things. I do think the commission needs members who are neutral or open-minded, who can support good regulation, good regulations, not people who have made it known that they are against medical cannabis. Personally, I think you have to have people that have a broad knowledge that will look at this from both sides of the issue, and not necessarily people who are already ha-- to some degree have already their minds made up. I think that the focus on recreational is way, way too concerning, that we're just jumping to that, thinking this is going to happen. I think if you don't adopt some good regulations, and you have good people on the commission, I think that's the fear you should have. You've got an opportunity, and I think the failure of the bill on Tuesday is something that may cause that to happen, and, and I hope it certainly doesn't; not without us having a good framework in place. So, I, I would hope that you're going to look back and realize that if you don't make good appointments to this commission, I think that what's going to end up

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happening is they're going to be very restrictive, you're going have a push, and it's going be a bad thing for our entire state. I'm not necessarily understanding-- there's a lot of talk about DUIDs, there's a lot of talking about what cops are going to do. I think some of the things they-- they're going to do the same thing they've done forever. They're going to pull people over, they are going to smell marijuana, they're going to search the car-- that's probable cause-- and if they have more than five ounces, you're going to get arrested or get a ticket. Understanding that, right now, in the state of Nebraska, less than one ounce of marijuana is a fine. It's very simplistic. One ounce to a pound is a Class I misdemeanor. We don't try to arrest tons of people for that because, quite frankly, it would be a waste of resources. So, I do think that a lot of these concerns are blown over. I've certainly got a significant amount of experience both defending those people, and then [INAUDIBLE]

HOLDCROFT: That's your time, Mr. Fair. We'll see if there are any questions from the committee.

RANDY FAIR: Thank you.

HOLDCROFT: Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Mr. Fair.

RANDY FAIR: Sure.

J. CAVANAUGH: I know you're not here as the Keith County attorney--

RANDY FAIR: Got to make that clear. I guess I'll get in trouble if I say something different.

J. CAVANAUGH: But, I, I-- you know, I can't resist, just like I couldn't resist with Sheriff London. What-- what's going on in Keith County? Are-- is-- are the law enforcement aware that the, the law is that folks, if they have a medical cannabis recommendation, that they can possess?

RANDY FAIR: Sure, sure. I would, I would tell you that back when we first encountered Colorado having medical marijuana cards and people would come through the county and they would get arrested, we would take their card and say hey, you can't do this, this is obviously illegal in our state still. My deputy county attorney has looked at

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it, I've looked at it, and I think if you don't set up certain appropriate regulations, I don't know how you can say that I can charge someone with possession of marijuana less than an ounce. I don't enforce federal law. If you look at the statutes themselves, they have-- they don't say anything about whether or not you've crossed state lines or you're violating some federal law. It's crystal clear that it's-- before LB477 [SIC]-- I could be wrong, but before that, obviously, if you had less than an ounce of marijuana, then it's a crime. And it's still a crime. But the way that I look at that, what's passed is if you have less-- if you have less than five ounces and you fall within those provisions, have a qualified medical provider writing recommendation, I don't know how they get convict-- I don't know how a judge convicts them. And I know we have all these government officials saying this and that. Remember, it's the judges and the juries that are convicting people; it is, it is not the county attorneys, it is not the sheriff's office. And my concerns with that-- I think it will be something we're, we're exploring when we start seeing those recommendations. And if we do, they will do what we do with anyone else with a minor offense like that; you get a citation, you get a court date. We look at it, and as a prosecutor, I have an obligation to follow the law. And if the law says they have that recommendation, they've got less than five ounces, my ethical duty is to not prosecute somebody unless they're actually violating a Nebraska law.

J. CAVANAUGH: Thank you.

HOLDCROFT: Any other questions from the committee? Thank you very much, Mr. Fair. Appreciate it.

RANDY FAIR: Thank you for your time. Good luck.

HOLDCROFT: Thank you. Next testifier. Don't be shy.

SHELLEY GILLEN: Hi, my name is Shelley Gillen, S-h-e-l-l-e-y G-i-l-l-e-n. I am mom to Will Gillen, and I am here in full opposition to the governor's appointments of Lorelle Muetting and Monica Oldenburg to the Nebraska Medical Cannabis Commission. These two individuals have zero business and zero knowledge or experience in making any decisions in regards to medical cannabis for my son and all Nebraska citizens who are suffering and would benefit from this type of treatment. For years, they both have spoke vehemently in opposition to

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medical cannabis, and now, they are being appointed to the Medical Cannabis Commission board. Make this make sense. Lorelle Muetting, at a public hearing on LB588 on February 9, 2023, was quoted saying that the bill, quote, circumvents the FDA process on the safety and efficacy of substances we call medicine, unquote. Lorelle is also quoted in this hearing, quote, marijuana is not only psychologically addictive, but physically addictive as well, unquote. Lorelle, I ask you and those of you in the Unicameral who are so enamored with the FDA and so concerned about addiction, do you know what FDA-approved medicines have done to my son? They have made him into an innocent, unintentional addict. We were told by a neurologist that weaning him off one of his meds would be similar to weaning off someone on heroin. FDA-approved meds landed him in the hospital for two weeks in complete somnolence that made him develop pneumonia due to silent aspiration on his own saliva. And you want to talk about psychological addiction? Another FDA-approved med made Will so completely psychotic in the past that he became unsafe to himself and others. Our family knows all about addiction, and it has nothing to do with medical cannabis; it has everything to do with the FDA. Monica Oldenburg, on January 25, 2019, is quoted in a public hearing on a medical cannabis bill as saying, quote, there's all the stuff that's been said by everybody previously about rapid brain development. It impairs short-term memory and judgment, distorts perspective, unquote. February 8, 2018, Monica is also quoted as saying, quote, there are serious implications for children, unquote. Monica, and those of you in the Unicameral who are so concerned about the well-being of children, teens, and young adults, I ask you this: what about my child? My child, who's completely nonverbal. Do you want to talk about what impairs the brain, a developing brain? I'll tell you what impairs it: thousands and thousands of seizures every year for the last 23 years. Seizures have impaired him in every way possible, not medical cannabis; seizures are what can kill him, not medical cannabis. The commission is to be created to implement a successful medical cannabis system in our state that reflects the will of the people in Nebraska. Lorelle Muetting and Monica Oldenburg will only have intentions of protecting the hypothetical abuser, and won't give thought-- one thought to real-life patients like my son and others who are suffering needlessly. They want to see it fail. There is no doubt in my mind that these individuals will do everything they can to derail, stall, and sabotage access to medical cannabis for as many patients as possible. Thank you.

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HOLDCROFT: Thank you, Ms. Gillen. Let's see if there are any questions from the committee. Seeing none. Thank you for your testimony. And did you fill out two sheets or just one? Just another-- if you're gonna testify about both, you need, you need to do two sheets, OK? And indicate which ones you want to [INAUDIBLE], so. Next testifier. Welcome.

MORGAN RYAN: Hello, gentlemen. My name is Morgan Ryan, M-o-r-g-a-n R-y-a-n. I'm a Nebraskan living with chronic pain, and I strongly oppose the appointment of both Lorelle Mueting and Dr. Monica Oldenburg. I cannot adequately describe how insulting it is to Nebraska voters to appoint two absolute opponents to medical cannabis to the commission that is supposed to regulate this new industry. While most of the country and most people in our state have moved on from considering medical cannabis a controversial issue, these two women have continued to advocate for the continued suffering of the sickest and most vulnerable among us by keeping cannabis criminalized and unregulated. Dr. Oldenburg has said today that she's not a prohibitionist; I would love to see the evidence of that prior to her attempt to get on this commission, because as far as I'm aware, there is none I've been able to find. Ms. Mueting spoke favorably about Iowa, but Iowa is a CBD low-THC state; there's a difference between that and what we passed that is not what the people passed, and it is not with the commission will be regulating. We passed a comprehensive medical program, and any attempt to mirror Nebraska's program to Iowa's would be a direct violation of the will of the voters and the law of Nebraska. These women have never showed any moderation on this issue before; the idea that they are genuinely starting to now is frankly laughable. If you were playing a drinking game based on how many times we heard today "that's an interesting question" from these nominees, you'd be in a bad state right now. Those of you on this committee who do believe that at least some patients deserve access to this plant, I plead with you today to not buy the attempted cleanup that you've heard from these nominees and their proponents. Their previous testimonies and their obnoxiously evasive answers today tell you everything that you need to know. A leopard doesn't change its spots. Dr. Oldenburg said it today to you, she is biased. Please respect the voters; vote "no" on these extremists who oppose the will of 70% of Nebraskans. Vote for them-- don't vote for them on committee or on floor. Thank you.

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HOLDCROFT: Thank you, Ms. Ryan. See if there are any questions from the committee. Yes, Senator Clouse.

CLOUSE: Thank you, Senator Holdcroft. Comprehensive medical program is what, what-- there was only, like, three pages on the [INAUDIBLE]. So, tell me how you think that should fit into what we're trying to do on the commission.

MORGAN RYAN: Yeah, so if you look at maps of states of-- if you up the state of medical cannabis in the U.S. right now, you'll see that some are categorized as a CBD or a low-THC state, and then there are some that actually have, like, comprehensive medical programs. Basically, it's about whether there's a limit on the amount of THC.

CLOUSE: OK.

MORGAN RYAN: So-- yeah, you'll see, if you look at it, it's-- it's interesting.

CLOUSE: So it's, it's pretty narrow in its, in its definition. Is that--

MORGAN RYAN: Yes. Yeah. Iowa is much, much, much more restrictive. The law that they passed is much different than what we passed here in Nebraska.

CLOUSE: OK. Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Ms., Ms. Ryan. Appreciate it. Next testifier.

TINA JONES: Good afternoon. My name is Tina Jones, T-i-n-a J-o-n-e-s. I am here on behalf of the National Hemp Association, which I travel all over the United States representing. I speak at universities, I promote workshops at these universities for industrial hemp building and testing, and have worked closely even with the Department of Defense.

HOLDCROFT: I'm sorry, I didn't let you get too far here. Are you testifying--

TINA JONES: Oh, I am an opponent.

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HOLDCROFT: Of both?

TINA JONES: Of both. Sorry about that. My apologies. I would like to start by saying that this is not a place to defame anyone's character. That's what-- not what this is. I have been in the industrial hemp space for five years, and have traveled and currently travel all over the United, Unites States and Canada speaking to universities and programs implementing processing facilities, and as a representative of the National Industrial Hemp Council, the U.S. Hemp Building Association, and other various hemp organizations. My concern about this committee is anyone who's going to be potentially appointed to this commission needs to be educated, and I have not heard much of anything other than "I don't understand," "I don't know," "further research is needed." I figure if you're in a position where you're going to be on a regulatory commission, you need to have those answers prior to stepping into that role, otherwise, that is not of service of the people of Nebraska. Sorry, I lost my place. Here we go. These people who are potentially going to be on this committee-- and I'm not sure who the other committee members are-- or, this commission-- they-- I'm-- I have not seen qualifications of what they know, as far as implementation of programs in other states. And these states are varied, and some of them were a terrible example. I work in states that are both legal in medical and recreational capacities. I've witnessed the transformation in these states in my short five years, and I've learned the importance of educated individuals being in regulatory positions. I'm also concerned that these regulations will deter Nebraska farmers from growing hemp, processing facilities from coming to our state-- we are currently going live with McCook next month-- and other ripple effects of these regulations. Thank you for your time.

HOLDCROFT: Thank you, Ms. Jones. Are there any questions from the committee? Senator Clouse.

CLOUSE: Yeah, thank you, Senator Holdcroft. "Live in McCook?" Now, what is that?

TINA JONES: We have a hemp processing facility in McCook that's going up. It's for industrial hemp for decortication. We will be using the products for building materials. We are currently growing-- in our second year of growing 5,000 acres.

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CLOUSE: Thank you.

HOLDCROFT: Senator Storm.

STORM: Thank you, Senator Holdcroft. How many acres of hemp are there in Nebraska?

TINA JONES: I have no idea. 5,000 in McCook.

STORM: Is there 5,000 going in--

TINA JONES: Yes.

STORM: OK. And how many processing facilities are there?

TINA JONES: One next month.

STORM: And still not one in McCook?

TINA JONES: I mean, zero now. Zero now in Nebraska.

STORM: OK. OK. Thank you.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you very much, Ms. Jones.

TINA JONES: Thank you very much.

HOLDCROFT: Next testifier.

CHRISTINE GIBSON: My name is Christine Gibson, C-h-r-i-s-t-i-n-e, although I go by Christy, C-h-r-i-s-t-y; Gibson, G-i-b-s-o-n. My voice is a little hoarse because after seven-and-a-half years of tragically and suddenly becoming a widow, my anger came out yesterday, and I screamed at my deceased husband for half the day.

HOLDCROFT: And are you testifying--

CHRISTINE GIBSON: I am testifying against Lorelle and Monica, and I would like to say that in 2000, during a seven-hour surgery for my stage-four endometriosis, I was almost killed by an anesthesiologist, so I don't have a lot of respect for someone like that right now. I am 59 years old. I'm a mom to two adult children, ages 23 and 28, my miracle babies. In 2017, after 30 years of marriage, I became a widow

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thanks to a drunk driver. By the way, alcohol is the third cause of death in our country. I have lived in severe pain since I was 19. I do not know an adult life without severe debilitating pain. I'm going to stop right now and let you know that I am testifying in the name of Jesus Christ, my Savior and my Lord. Stage-four endometriosis took all of my female organs, my appendix, my gallbladder, and one foot of my colon. I later was diagnosed with late-stage neurological Lyme disease, which has caused complex regional pain syndrome in my left foot and leg, bilateral, trigeminal, and occipital neurologists [SIC]. I also have Lyme carditis; that is a fluid around my heart chamber. I am also an athlete, thanks to my late husband, when I can function. In the medical community, all four of my pain disorders are referred to as suicide diseases due to unbearable, incurable pain and the high rate of suicide amongst those living with this excruciating pain. My health issues caused my late husband and I to file bankruptcy due to medical debt. The medicines prescribed to me for my endometriosis destroyed one third of my esophagus. None of those pills or shots helped me have a good quality of life. Now, I am at severe risk for kidney disease as a side-effect of my long-term medications. I lost years of my kids' lives because I was a vegetable on the couch from damaging and inadequate FDA drugs. After my husband was killed by a drunk driver, I have been-- I have struggled with complicated PTSD, depression, and severe social anxiety. And guess what the number-one side-effect is from one pharmaceutical drug that does help my, my nerve pain? Suicide and depression. So, I try not to take it, and instead live with a much lower quality of life. I am fighting for my life. I am just one of thousands of similar stories from Nebraskans just like me. I urge this Legislature to step outside of ideologies and exercise intellectual curiosity, instead of relying on antiquated and disproven beliefs and myths, most of which are promoted by the pharmaceutical and alcohol industries. Here is a list of just some of the states that have started with medical and then they turned to recreational, OK?

HOLDCROFT: That's your time, Ms. Gibson.

CHRISTINE GIBSON: Jared, I'll give that to you, and you can go ahead and pass that around. And I just would like to say that I am a medical cannabis patient--

HOLDCROFT: I'm sorry, Ms. Gibson, that's your time.

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CHRISTINE GIBSON: --in Arizona. And so, if you'd like to question me about that, go ahead. I'm here--

HOLDCROFT: Let's see if there are any questions from the committee. Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Well, I've got to ask about-- you said Arizona?

CHRISTINE GIBSON: Yes. Tucson, Arizona.

J. CAVANAUGH: So--

CHRISTINE GIBSON: I lived-- I moved down there to try to heal from my husband's death. And because of the urging of Dr. Andrew Bohart, my physician, who made the extensively-- extensive recommendation to the state of Arizona that I become a medical marijuana patient there.

J. CAVANAUGH: So, you're here right now.

CHRISTINE GIBSON: I moved back here because I could not be away from my kids.

J. CAVANAUGH: OK. Do you have a medical recommendation card from your doctor?

CHRISTINE GIBSON: I do. I do.

J. CAVANAUGH: OK. Thank you.

CHRISTINE GIBSON: That's it?

HOLDCROFT: Any other questions from the committee?

CHRISTINE GIBSON: I just want to also say that there has been a lot of ignorant questions here, which shows me that none of you really care about us, and you really are not doing your research, OK?

HOLDCROFT: Thank you, Ms. Gibson.

CHRISTINE GIBSON: My father is 83 years old and he has ulcerative colitis and Crohn's, and if he could not smoke his marijuana--

HOLDCROFT: Thank you, Ms. Gibson.

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CHRISTINE GIBSON: --83 years old, then-- so, smoking is relevant sometimes, and I beg of you to have more compassion, and to please pray for compassion. Thank you.

HOLDCROFT: Next testifier.

KELLY LOVRIEN: Sorry, I move a little slow. My name is Kelly Lovrien, K-e-l-l-y L-o-v-r-i-e-n. I'm sure most of you know me. I'm sure most of you have heard me. You know my opinions.

HOLDCROFT: And are you testifying for--

KELLY LOVRIEN: I am testifying in opposition of the two commissioners appointed by the governor because they are biased; because they do not have the qualifications necessary. When you're dealing with medical patients that require complex and diverse knowledge to treat them, you don't appoint biased people; you do not accept ideologies, echoes based off of myths. I am one of 300 people in the world with the condition I have, Mevalonate kinase deficiency. One of 300. Remember that. A disorder with a brutality that is unmatched by most, that takes a knowledge that most will never have, and most will never accept this fact. The doctors sure don't. If you poisoned me, even-- October-- no, sorry. November 15 to the 21, 2021, I was in a coma because they gave me a medication. They refused to believe I was deathly allergic to Midazolam. And then, when I was in the coma, they gave me 150 milligrams of it. Can you accept that doctors would refuse to believe there are complex disorders out there? Would you accept, if your loved ones had these disorders, had these complex and chain-reactive processes that most will never understand? I am dying because of it.

HOLDCROFT: That's your time, Ms. Lovrien.

KELLY LOVRIEN: Yeah.

HOLDCROFT: Are there any questions from the committee? Seeing none. Thank you very much.

KELLY LOVRIEN: Just accept this fact. You guys will be voted out.

HOLDCROFT: Next testifier.

KELLY LOVRIEN: Your reign here is done.

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HOLDCROFT: Welcome.

ANGELICA MARSAGLIA: Hi. My name is Angelica Marsaglia, A-n-g-e-l-i-c-a M-a-r-s-a-g-l-i-a. I spoke to you guys-- you two, I spoke in front of you at the Lincoln town hall meeting. I've since injured my arm. I suffer from endometriosis as well as that woman that testified before me, and EDS, which is why I'm in a sling, now. I am an opponent to both of these being placed on the commission board. I think it's appalling hearing-- especially you, Senator Storm, calling out psychosis. I testified in the Lincoln town hall meeting about the Lancaster sheriffs who misplaced my trauma as psychosis and labeled me as psychotic. I'm not suffering psychosis. They didn't help me or protect me from abuse; they still aren't. I think it's appalling that the governor would appoint these two that are blatantly against medical cannabis. They continue to say it's recreational. They are a part of entities that are about programs to help addicts. We are not addicts. We are medical patients; we just want access to a plant, a plant that grows freely, and only the government had made illegal, which should never had happened. And now here we are, in 2025, begging our government to allow us to grow a plant or have a plant. I just-- I have no words. I oppose these two. I can't say I don't trust medical professionals. I have a pain management doctor, and she's discussed it with me numerous times that she wishes she could prescribe me a recommendation. She wants to. She even gave me the pharmaceutical Marinol, and I had serious side-effects from it. And I've had access to medical cannabis in other states, and have never had issues with side-effects. I ask that you guys please help us. Don't pick people that are against helping us. Please, hear us. We want our government to work for us. You guys are supposed to work for us. Please. This is not what psychosis is. I hope that you can see me. And I do believe that anesthesiologists have a huge impact on health in their jobs. I was in surgery for endometriosis last year, and they inserted a latex catheter into me knowing I was allergic, and I was fully intubated, so I couldn't voice, "hey, I'm having an allergic reaction," other than my body completely rashing from my abdomen up to my face.

HOLDCROFT: That's your time, Ms. Marsaglia.

ANGELICA MARSAGLIA: Marsaglia.

HOLDCROFT: Marsaglia. Are there any questions from the committee? Yes, Senator Cavanaugh.

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J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Ms. Marsaglia. So, you mentioned that you've talked with your pain management specialist about medical cannabis. Are they based in Nebraska?

ANGELICA MARSAGLIA: Yes.

J. CAVANAUGH: And have-- are they willing to write you a recommendation, or?

ANGELICA MARSAGLIA: I-- she has voiced that she wants to. I don't know if she will. I know-- this was prior to this being passed, the 437 and 438 were passed. So, this was a year-and-a-half ago, and that's when she tried me on the Marinol, and we had serious side-effects, so.

J. CAVANAUGH: OK.

ANGELICA MARSAGLIA: But it is something she wants to do.

J. CAVANAUGH: OK. Thank you.

ANGELICA MARSAGLIA: Thank you.

ROUNTREE: Thank you.

HOLDCROFT: Other questions from the committee? Yes, Senator Rountree.

ROUNTREE: Thank you so much, Chairman Holdcroft. And just following up-- thank you for coming today, and I do see you, I hear you.

ANGELICA MARSAGLIA: Thank you.

ROUNTREE: I, I just thought a little on Senator Cavanaugh's question. So, the request was made to your doctor prior to the-- us coming to this point. Will you reach back out to her?

ANGELICA MARSAGLIA: Yes. I want to ask her for a recommendation again.

ROUNTREE: OK. Thank you.

ANGELICA MARSAGLIA: Thank you.

HOLDCROFT: Any other questions? Thank you, Ms. Marsaglia.

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ANGELICA MARSAGLIA: Thank you.

HOLDCROFT: Next testifier. Welcome.

LINDA SPENCER: Hi. My name is Linda Spencer, L-i-n-d-a S-p-e-n-c-e-r. I grew up on an acreage in Sarpy County. I spent the last two decades of my life living in Glenwood Springs, Colorado, and I found myself in the mental health business there. I sat on a mental health board in Aspen, Colorado for almost 10 years--

HOLDCROFT: Are you testifying--

LINDA SPENCER: I'm against. Both.

HOLDCROFT: Well, for both? Both. Thank you.

LINDA SPENCER: I was part of a team of people that helped crisis intervention team, law enforcement on the western slope, but my specialty was helping families in mental health crisis through the court system. During this time, my husband was diagnosed with Lewy body dementia, and I saw how clearly it helped him-- buy him two more years of quality of life. I also, for a short time, worked with the developmentally inclined people, and I saw how the medical marijuana helped them. The, the medicine works within minutes of being administered, and it helps them to speak clearer, help-- helps with involuntary movements, and it helps retrain the brain. And that's what I'd like to tell you today. Do you have any questions for me?

HOLDCROFT: Are there any questions from the committee? Yes, Senator Clouse?

CLOUSE: Thank you. You say it works within minutes. How is it administered?

LINDA SPENCER: What?

CLOUSE: How is it administered?

LINDA SPENCER: It came in a vial and it was administered by drops.

CLOUSE: Thank you.

LINDA SPENCER: Mm-hmm.

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HOLDCROFT: Any other questions? Thank you very much, Ms.-- oh. I see Senator Rountree.

ROUNTREE: Thank you so much, Chairman Holdcroft, and thank you so much for testifying today. So, you were saying the medicine helps to retrain the brain. Could you just extrapolate just a little bit more on that?

LINDA SPENCER: Yeah, what it does is it helps with [INAUDIBLE] neurological-- can't say that word. I'm a little bit-- yeah. And it works within seconds.

ROUNTREE: OK.

LINDA SPENCER: Mm-hmm.

ROUNTREE: All right. Thank you.

LINDA SPENCER: Yeah.

HOLDCROFT: Any other questions? Thank you, Ms. Spencer. Appreciate it. Next testifier.

GARRETT CONNELLY: Hello, Senators. My name is Garrett Connely, G-a-r-r-e-t-t C-o-n-n-e-l-y. I'm test-- or, I'm testifying in opposition to Lorelle Mueting and Dr. Monica Oldenburg. I won't take very much of your time. I just wanted to say real quick, first of all, thank you to those of you-- everyone on this committee, with the exception of two of you, which I'm sure you know who you are-- was willing to come out and talk to us over the last couple weeks when we visited you guys. Thank you, Senator DeKay, Senator Cavanaugh, Holdcroft, Senator Clouse, Senator Quick, and Senator Rountree. You guys came out, and even if we disagreed, you guys had the conversation with us, which is much appreciated. I want to touch on a couple of issues with the appointees, starting with Ms. Mueting. Ms. Mueting has several questionable associations with organizations that raise questions about her ability to serve on the commission in a fair and balanced manner. Heartland Family Services [SIC] has always opposed any cannabis legalization and legislation in Nebraska in any form, no matter how scaled-back it is or full-fledged it is. Mueting is also president of the Alliance of Coalitions for Change; the organization has consistently objected to any form of cannabis legalization, including for medical purposes. In fact, the organization has even

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come out against Iowa's program for being too lenient, even though it's among the most stringent in the nation. And even just doing a quick scroll through the Alliance's Facebook page, they consistently repost content from Smart Approaches to Marijuana, which is-- as you all know, Smart Approach to Marijuana for-- the Nebraska chapter is led by John Kuehn that is leading the lawsuits against the medical cannabis campaigns. And I also would just like to point out that it's kind of disgraceful to attempt to appoint people to this commission without even trying to hide the fact that they oppose medical cannabis. As I told you all earlier this year when I testified on LB677, constituents in every single one of your districts voted in favor of medical cannabis. The Legislature made the decision not to act through legislative means on Tuesday, and even though I disagree with that decision, I respect that it happened. Most of you spoke on the floor about wanting to follow the will of the people. Senator Storm, you mentioned it multiple times. To vote in favor of these appointments would directly contradict that. That's all I've got for you, unless you've got questions.

HOLDCROFT: Thank you, Mr. Con-- Mr. Connely. Any questions from the committee? Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. Thanks for being here, Mr. Connely. I just missed the name. Alliance for Change, is that the name?

GARRETT CONNELLY: Alliance-- I just want to double-check it and make sure I tell you the right name. Alliance of Coalitions for Change. My understanding is that they're an Iowa-based group.

J. CAVANAUGH: Alliance of Coalitions for Change.

GARRETT CONNELLY: Yes.

J. CAVANAUGH: OK. Thank you.

GARRETT CONNELLY: Yeah.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Mr. Connely.

GARRETT CONNELLY: Thank you.

HOLDCROFT: Welcome.

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LIA POST: Lia Post, L-i-a P-o-s-t. I'm from Springfield, Nebraska. I'm going to look at Senator Cavanaugh.

HOLDCROFT: First, are you testifying for both, or?

LIA POST: I am testifying for both in opposition.

HOLDCROFT: Thank you.

LIA POST: Thank you for giving me a hug on Tuesday night, Senator Cavanaugh. And it shocked me, because you're not huggy. Thank you. Thank you for not allowing yourself to be detached, because that's hard, and I know you've done it, so thank you. And for the rest of you that have supported us, thank you. Thank you. For those that haven't-- you lied to Nicole. You should be ashamed. You're the most racist man I've ever met in my life. And you, freshman, you're just mean. Oh, you picked them? Yeah. You're just the puppet. We know who the handlers are. I look and see how much you get donated to you, and the fact that you're concerned about my health and my lungs when you make a living spreading chemicals and pesticides into the air. Hysterical. You're a good guy. Let's remember why we're here: Jim Pillen. My advocacy for it is that you will have-- and have a medical condition, and you need it, you'll get it. But it's going to be a bitter pill to swallow. Shocker. 12 years, people have been fighting for their lives, and we're here again. If you pick these two individuals, you will continue to kill patients. I see how some of you treat disabled people, so I don't think that'll be a problem for you. My plan is to get a medical cannabis card out of state because my provider wants to write it, but can't. Because it goes-- information from the Department of Health and Human Services comes to my doctor, and it's tied up with the Attorney General who's suing Jesus and all the disciples that are involved with medical cannabis, and trying to make us look like the worst people in the world. Let's just sit in the silence. Any questions?

HOLDCROFT: Any questions from the committee? Seeing none. Thank you, Ms. Post.

LIA POST: Always a pleasure.

SHANNON CORYELL: I hope I'm not your closer again. My name is Shannon Coryell, S-h-a-n-n-o-n C-o-r-y-e-l-l, and I am testifying in opposition to both nominations. From what I've heard, it sounds like

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both appointees have not even given straight answers to any of the questions, which is concerning. I looked back at some of their past testimony; one mentioned a potential IQ drop, one mentioned people-- children getting ahold of prescription medical marijuana from family members. I heard on the floors yesterday or the other day, I don't even know what day it is-- someone talked about people ending up in the hospital for too many edibles. They didn't die, they didn't need Narcan, they didn't need IV to clear the alcohol out of their system. There's so much fentanyl, heroin, stuff in our state that people are ending up in the hospital dying from. Ms.-- I believe it was Ms. Muetting who said also that we don't know the long-term effects on a child's brain. We do know that seizures have long-term effects on a child's brain. My cousin had a child with severe epilepsy; he passed away from a seizure while he was sleeping. I'm sure if you asked his dad "would you rather have your son be here now or have possible side effects?" he would want his child here. His son died almost a year to the day after his mom died from a seizure. My mom's cousin, my second cousin, is now left without his wife and his child. I can't speak for him, but I'm pretty sure if it was between his child being here with some memory issues, maybe, or not being here because of a seizure in his sleep, he would want his child here. I also wondered if were anyone-- if there was anyone else who actually applied for this position, because it seems like you don't have to do much of a Google search to find that they've been opposed to alcohol, marijuana, tobacco. So, putting them on this commission seems like an oxymoron. But what do I know? I had a brain injury. Who knows what I'm saying? Thank you.

HOLDCROFT: Thank you, Ms. Carrell [SIC]. Any questions from the committee?

SHANNON CORYELL: Coryell.

HOLDCROFT: Coryell. I'm sorry. Sorry.

SHANNON CORYELL: Just like Don Coryell, the coach.

HOLDCROFT: OK. Well, thank you very much. Next testifier?

SHANNON CORYELL: Nope. I got a question.

HOLDCROFT: Oh, I'm sorry. Senator Cavanaugh.

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J. CAVANAUGH: Thank you, Chairman--

SHANNON CORYELL: My man's got a question for me.

J. CAVANAUGH: Thank, thank you, Ms. Coryell. I don't know the coach, I guess.

SHANNON CORYELL: You don't know who Don Coryell is?

J. CAVANAUGH: No, I'm sorry.

SHANNON CORYELL: Chargers. Come on.

J. CAVANAUGH: Oh. I just-- I want to know how many Diet Dr. Peppers it took to get this far today

SHANNON CORYELL: I got-- well, they-- he took one-- the Red Coat took mine because they're not allowed in here.

J. CAVANAUGH: Confiscated it?

_____ : Yeah. He took all of ours.

SHANNON CORYELL: He took all ours, so. I got some in the cooler in my car, so.

J. CAVANAUGH: OK.

SHANNON CORYELL: But it took one to get here; one got thrown out.

J. CAVANAUGH: All right. Thanks for being here.

SHANNON CORYELL: Thanks for the great question.

HOLDCROFT: Thank you.

SHANNON CORYELL: Thank you.

HOLDCROFT: Next testifier.

DOMINIC GILLEN: I wish my son could be in here. He was here for a little while, and he was trying to talk to you, just so you know. Not really funny, but sort of. My name's Dominic Gillen, it's D-o-m-i-n-i-c G-i-l-l-e-n. Thank you for the opportunity to be here. I

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am here testifying against both nominees. These individuals have been vocally hostile to medical cannabis; some of their opposition goes back nearly a decade. Their public comments show a consistent pattern of skepticism, disruption, and in some cases, outright dismissal of medical cannabis as a legitimate treatment option. That's not a difference of opinion; it's a disqualification. You simply cannot build a successful, compassionate, legally-sound medical cannabis program when the people in charge do not believe in the program itself. Imagine trying to improve public education while appointing people who have spent the last decade opposing public schools. It wouldn't make any sense, and this doesn't make sense here, either. The commission holds the power to shape patient access, industry standards, and a public trust. It needs leadership that respects the law and the people it serves: patients who are living with cancer, epilepsy, chronic pain, PTSD, and other debilitating conditions. These patients aren't hypothetical, they're real people in your districts relying on this medic-- medicine to live a fuller, safer life. Appointing these individuals works against what we fought for over, for over a decade. If we want a program that works, that evolves, and that reflects both science and compassion, then we must demand leadership that is committed to those values, not openly hostile to them, and I urge you to not appoint them. I want to bring to your attention a couple of things. I emailed this to Senator Cavanaugh, and maybe he can look it over and share it with you. But I was in contact with the com-- with the head of the hemp commission today for Nebraska. Her name's Annette Wiles. She is highly, highly qualified to be a member of that commission, and was never asked. There-- the governor has people in his administration, in government here in Lincoln who have the qualifications to work on the regulations. They were-- but, but that commission has been iced out, basically, for the last two years. Their work has been not taken seriously, and yet she has put her time and effort into doing that. She would be an absolute perfect choice to be on this commission. And why wasn't she asked? We all-- we-- I think we can understand why. If we truly want this to work, you are appointing people that want-- have a vested interest in making sure that it does work. Annette has that, that background, she has that acumen, she has all that experience, something neither of these two nominees have except prohibitionist and opposition for the last 12 years. Myself-- my family's been involved with this for 12 years, and since that-- for the entire time, Lorelle has been opposed to what we have asked and tried to do. So, if you truly want people to

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do this and do it right, you need to put people in charge who know what they're doing, and have a sense of what that is. The Hemp Commission would be a perfect segue into working with medical cannabis. What better people to do that? They have the experience-- they have the experience with looking at the regulations and looking at all of those things. So, I urge you to talk to them.

HOLDCROFT: That-- that's your time, Mr. Gillen. Let's see if there's any questions from the committee. Yes, Senator Storm.

STORM: Thank you, Chairman. Nice see you again, Dominic.

DOMINIC GILLEN: Yep.

STORM: So, Annette who? What was her name?

DOMINIC GILLEN: Annette-- her name is Annette Wiles.

STORM: How do you spell that?

DOMINIC GILLEN: A-n-n-e-t-t-e W-i-l-e-s.

STORM: OK. [INAUDIBLE].

DOMINIC GILLEN: And as I said, Senator Cavanaugh has-- he hasn't had a chance to look it over with it.

STORM: And what is-- what's her title again?

DOMINIC GILLEN: She would-- she is head of the Hemp Commission here in Nebraska.

HOLDCROFT: Any other questions? Yes, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Chairman. I don't really have a question, but I apologize for not getting to that email yet [INAUDIBLE]

DOMINIC GILLEN: No, no, it's OK. I just sent it to you today.

J. CAVANAUGH: I got, I would say, at least 200 emails in the last 24 hours opposed to these nominations, so my mailbox is pretty full.

DOMINIC GILLEN: No, I understand, and I was just sending you the information so that you could look through it and you could use it to

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decipher to your colleagues as to why she would be-- and members of the Hemp Commission would be logical choices to be put on this commission. They have the experience with that plant, and also with working on setting up the regulations. Is that-- oh, I guess not everybody's listening to me. But that's OK.

J. CAVANAUGH: It's a good suggestion. We'll take a look.

DOMINIC GILLEN: What's that?

J. CAVANAUGH: It's a good suggestion. We'll take a look.

DOMINIC GILLEN: OK.

J. CAVANAUGH: Thank you.

DOMINIC GILLEN: All right. Thank you.

HOLDCROFT: One question-- I have one question.

DOMINIC GILLEN: Yes, sir?

HOLDCROFT: Do you know if Annette-- apparently, there was a-- she needed to apply. Do you know if she applied?

DOMINIC GILLEN: I do not know if she applied, but here's what I would say to that: if the governor knows he has people that are qualified to do that, why would you not reach out to them? I mean, I think it was pretty obvious that at least one of the earlier testifiers didn't actually apply without being prodded into ply-- into applying. I think that was fairly obvious. And I don't know that, you know, Annette probably-- when I talked with her, she would be-- I believe she would be-- she would be willing to serve in that capacity somehow. I mean, I'm not going to speak completely for her, but I think it-- she's willing. It's, it's a good opportunity, and a good person to talk to and ask for her expertise.

HOLDCROFT: Yes, Senator Clouse?

CLOUSE: Thank you [INAUDIBLE]. Do you know-- does she do-- and this might be one of those questions that people say you can tell your ignorance. The industrial hemp, does she [INAUDIBLE]--

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DOMINIC GILLEN: Yes, they were working with--

CLOUSE: She's been doing this for a while, and--

DOMINIC GILLEN: Yes. And, and again, some of the stuff that I gave to Ms.-- Senator Cavanaugh, maybe he can give that to you. But there is a-- I have a whole bunch of it here, but I just have one copy of what she sent me this morning. But they were working at-- see, and that's one of the things that bothers me about not using Hemp Commission. Two reasons. One, the fact that it's being iced out-- you're looking at a revenue-- possible revenue stream of hemp that the Hemp Commission is put-- was put in charge of trying to deal with and work with; not listening to it, not even looking at it. And so, there's that, plus the fact that the people on that commission-- hemp and cannabis go hand-in-hand. So, their expertise with hemp would also apply to their-- to the expertise when it would come to regulations and, and using cannabi-- and, and cannabis itself.

CLOUSE: Yeah. Thank, thank you [INAUDIBLE]--

DOMINIC GILLEN: Does that make sense?

CLOUSE: Yeah, and Senat-- I haven't talked to Annette for a number of years, for a few years.

DOMINIC GILLEN: So, you know, you know, you know Annette. Yeah. So.

CLOUSE: Thank you.

DOMINIC GILLEN: Absolutely.

HOLDCROFT: Senator DeKay.

DeKAY: Thank you.

DOMINIC GILLEN: Yes.

DeKAY: Thank you for being here. I'm sure you do. Do you remember our conversations out in the rotunda?

DOMINIC GILLEN: We've had conversations, and you know what? As I've told you, and I told a number of you and Senator Holdcroft and others, I'm a relationship builder and I like to talk, so. That's from my

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school teaching background, is-- you know, you've got to build relationships with kids and with parents and with colleagues, so. Yes, I remember our conversations.

DeKAY: And we talked about your son?

DOMINIC GILLEN: Yes, we did.

DeKAY: And we talked about probably the forms of medical cannabis that would help him.

DOMINIC GILLEN: Mm-hmm. Right.

DeKAY: And have I ever "dietered away" from what we talked about? Have I ever went away from what we talked about in a negative fashion, from our conversations?

DOMINIC GILLEN: I'm not sure I understand the question.

DeKAY: Have I ever [INAUDIBLE].

DOMINIC GILLEN: Lied to me?

DeKAY: Yes.

DOMINIC GILLEN: I don't, I don't believe that you lied to me. We've had hones-- you and I have had honest conversations, and I pushed-- I've pushed back on some of the things that, that you've said and given my-- and gave my opinion about some of those things. But your conver-- yours and my conversations have been cordial and respectful, and I, and I appreciate that. And that's always been my effort. I've talked to Senator Storm, and I would think he would agree that our conversations have very cordial and very respectful, and I think he would admit that I pushed back on him on some things, too. And I tried to make some points with him that things that, that aren't being thought about here, or little snippets of truth that are being put out, and the whole picture's not being given. And so, that's again why I've-- and I've talked with Senator Clouse, I've talked with Senator Quick, I talked with Senator Cavanaugh. Senator Andersen, I have not had that opportunity. Not-- I, I think through an email, I think one time, I got a-- I got a response. But that's why I think it's so, so important to have a conversation. Senator Rountree, I've, I've emailed you; I haven't actually spoken and, and had a conversation outside of

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the-- out of the, the rotunda, but my own personal senator won't even ans-- won't even come out to talk to me. So, it's like, this is also part of the issue, is the fact that we don't-- anyway, that's, that's a total-- totally different, you know, animal.

HOLDCROFT: Senator Storm, did you have a question?

STORM: Yeah, thank you.

DOMINIC GILLEN: Yes, go ahead.

STORM: One more question. Yeah--

DOMINIC GILLEN: Sure. Absolutely.

STORM: I called you up and we had a conversation, you remember? Probably--

DOMINIC GILLEN: Yeah, absolutely I do.

STORM: You know, I got a lot of respect for you. You're one of the--

DOMINIC GILLEN: I appreciate that.

STORM: You're one of the people that don't just attack me. I get attacked by a lot of people. And you were very cordial to me, so when we had a conversation, we talked, and I watched videos of Will. You know, you [INAUDIBLE]--

DOMINIC GILLEN: Did you? Good for you. I'm glad you went there.

STORM: You know, we saw that. And so, I have a tremendous amount of sympathy for people, I truly do. Some people come up here and say I'm cold-hearted and I'm mean and I am horrible-- absolutely not. But I ask you this, and I'm going to ask you now on the record--

DOMINIC GILLEN: Yeah.

STORM: Have you ever tried cannabis with your son in any form to see if it would help him?

DOMINIC GILLEN: We have tried CBD.

STORM: OK.

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DOMINIC GILLEN: We have tried anything that's legal in the state of Nebraska. Have we willingly-- have we willingly broken the law-- have we broken the law? No, we have not. And here's the reason why. First of all, let me, let me also tell you guys that Will is on the Epidiolex. So, some of you are familiar with the Epidiolex--

STORM: Yeah.

DOMINIC GILLEN: --to the tune of five or six thousand dollars a month, just so everybody knows what the cost of that is.

STORM: Yeah. Sure.

DOMINIC GILLEN: OK? With limited results. He's also on a drug called Onfi, he's on a drug called Xcopri. One of those is two or three thousand dollars a month, so we're talking probably close to ten thousand dollars a month in FDA-approved predict-- prescriptions that he is taking, and yet he still has seizures. We still have to give him his [INAUDIBLE] on a regular basis at night when he has a ten- to fifteen-minute long seizure. So, so, so the, the short answer is no, we've not gone to that route, because here's the, here's the reason why. My wife, that child--

STORM: Mm-hmm.

DOMINIC GILLEN: --is the absolute-- her absolute world.

STORM: Absolutely.

DOMINIC GILLEN: And for us to risk losing him because someone turned us in, or somebody said something and someone took him away-- he would not survive without us.

STORM: Sure.

DOMINIC GILLEN: So, are we bad parents because we haven't broken the law? I don't think so. We love him more than anything in the world.

STORM: Right.

DOMINIC GILLEN: And we don't have-- we have never said-- and you and I talked about this-- I have never-- we have never, ever said this is a magic bullet for him. Never. We have always advocated, for the last 12

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years, and that's what this, this org-- for us, it's been about education and about having the opportunity, with his doctor's help, to make that a tool in their toolbox in order to give him that opportunity to try.

STORM: Right. So, you've tried CBD; has not worked.

DOMINIC GILLEN: Nope.

STORM: Tried synthetic marijuana; has not worked. Or [INAUDIBLE]--

DOMINIC GILLEN: Well, the Epidiolex is not really considered synthetic. It's, like, pure CBD. It is the only--

STORM: OK.

DOMINIC GILLEN: --approved pharmaceutical. It's [INAUDIBLE]--

STORM: It's not synthetic, though?

DOMINIC GILLEN: What's that?

STORM: It's not synthetic? It's pure--

DOMINIC GILLEN: It's pure-- as far as I understand it, it's pure CBD. It's not synthetic.

STORM: So, the only thing you haven't tried is the THC,--

DOMINIC GILLEN: Yes.

STORM: --the high levels of THC,--

DOMINIC GILLEN: Yes.

STORM: --which is the psychotropic part of marijuana.

DOMINIC GILLEN: Right. And so, let me, let me address that. I know there's been-- I want to put a little bit to bed the whole smoking thing. For Will, we know for certain-- well, as certain as we can be-- that from my wife's conversations with parents of kids with Lennox-Gastaut syndrome, which is what he has,--

STORM: Sure.

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DOMINIC GILLEN: --in other states where it is legal,--

STORM: Sure.

DOMINIC GILLEN: --we have a very good idea of what strains he needs, and they do include THC. I'm not talking about recreational-size percentages of THC; I'm not talking about the 25% or 30%, which I know has been-- is an issue for a lot of people.

STORM: Right.

DOMINIC GILLEN: We are talking about a small amount.

STORM: Right.

DOMINIC GILLEN: There is a system in the body called the endocannabinoid system, and it literally works with the plant, and for it-- for what's called the entourage effect to take place, you-- the T-- the-- all of the compounds need to be present. Smoking is one way to get the THC; it's not the only way, because T-- the-- it has to be-- flower has to be heated in order for that to happen. Smoking is one way the heat it; there are other ways to heat it to the temperature to get the components that you need to make an oil, to make a tincture, to make something you can put into a capsule.

STORM: Sure.

DOMINIC GILLEN: So, for Will, even a bill without-- a bill without flower is not necessarily-- it's not going to be beneficial to him because he needs to have some of that THC in what he takes. That's just-- that's what we know. And so,--

STORM: Right.

DOMINIC GILLEN: --it's, it's a hard-- it's a strug-- it's a struggle, because when we listen and hear those things, it's-- and knowing that there are other facts to it, it's, it's a struggle. But yet-- so I don't know. I'm sorry. I-- like I said, I talk too much, so.

STORM: No, so-- wait. Let me ask you one more thing.

DOMINIC GILLEN: Sure.

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STORM: So, when we met, you aren't so much for the smoking part of it, correct?

DOMINIC GILLEN: You know, it-- I think there are a lot of people that need smoke that need that opportunity. It's not something that I would have to use.

STORM: Yeah, Will is not going to go smoke anything.

DOMINIC GILLEN: Will is not going to smoke anything.

STORM: Right.

DOMINIC GILLEN: Absolutely not.

STORM: And so, this is where I'm at on this whole subject. This is--

DOMINIC GILLEN: Sure.

STORM: --really-- CBD, with some THC like you said-- because I'm sure that's part of it, too--

DOMINIC GILLEN: Mm-hmm.

STORM: --that can be administered in a pill form or a tincture,--

DOMINIC GILLEN: Mm-hmm.

STORM: --or a suppository, or some other forms. And if you can do a nebulizer, like an inhaler-type thing, I'm totally for that. I think that's great. If that truly could help people like Will and others, I'm all for that. You get to the smoking as part of this, and that becomes the recreational side of this.

DOMINIC GILLEN: Well, and see this is where you--

STORM: But I, but I, but I realize your point, too.

DOMINIC GILLEN: This is where you and I kind of-- I pushed back on-- a little bit with you when we had our conversation.

STORM: Right.

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DOMINIC GILLEN: And there are peop-- my father-in-law has Parkinson's really, really, really badly.

STORM: Right, right.

DOMINIC GILLEN: And it is proven and known that if a-- that a hit on-- of, of-- if they had to, to smoke it, that is the, the best way for that to be able to get into his, into his system if he were doing it. He's not doing it. But if someone were to do it, that is a system. And quite honestly, guys, ladies and gentlemen, the idea-- the, the struggle here is that marijuana, there's automatically a stigma to it. It's automatically recreational in a lot of people's minds, under whatever, whatever it is. What we have to look at is the reality that people are taking it as a-- these people who are needing it as a medicine, it has to be looked at as medicine. And if we're gonna trust our doctors in some ways, we have to trust them all the way through. We can't stop trusting them at one point when-- where-- well, they're gonna give it out for a hangnail, for instance. That isn't gonna happen. Doctor-- legitimate doctors aren't-- that's just not the way it's gonna work. And I think-- we've heard a lot of people ask you guys to look and see us, not look through us, right? Because I think when you look through us, you are looking for the hypothetical, for the maybes, for the "what ifs," and we are very much, as a society, willing to take one particular instance of something and make it be the norm. And, and I just think that that's not what we're talking about here. Are there going to be people that are maybe not going to do it exactly the way they're supposed to? That's true; that's, that's the reality of the world we live in. But is it-- but it's not-- in my estimation, it's not worth denying the vast, vast, vast 99% of the people who are trying to do this for the right reasons, denying them for the 1% that might do something wrong. I, I just-- that is one of my-- it's always been one of my biggest, biggest struggles with this, is we're not willing to trust the people to do what they need to do. There is nobody in this state that is waiting for a medical cannabis law to go into effect to use recreationally. There's not. Let's be real. That's the reality of it, and people are doing that already. And so, we have to trust that people who are going to their doctor to get a recommendation and who are doing that because they have an issue that they need to be taken care of, we have to trust that their doctors are giving them the right information, and trust that it is between a patient and a doctor to make that choice. Not for me, not for the legislators, not anybody else, but for a doctor and a patient

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to be able to do that, and to take out this idea that, well, what if somebody does this? What if somebody does that? You know, I-- there was an example that somebody-- the Attorney General gave somewhere that you could, you could stockpile 30 pounds of marijuana using medical-- under this, under this bill. I mean, come on. That's just ludicrous to say that. I can--

HOLDCROFT: Senator DeKay, did you have a question?

DeKAY: Please. Thank you, sir.

DOMINIC GILLEN: I'm so sorry.

DeKAY: Not a problem.

DOMINIC GILLEN: Well, you only have to talk-- you don't have to talk to me very many more times.

DeKAY: We-- from our conversations,--

DOMINIC GILLEN: Sure.

DeKAY: --we talked about-- and correct me if I'm wrong-- we talked about Will's condition.

DOMINIC GILLEN: Yes.

DeKAY: We talked about the form that would possibly work for Will,--

DOMINIC GILLEN: Mm-hmm.

DeKAY: --and we had no pushback on that. And we also talked about you wanting it to be given to your son in a form to be proactive rather than reactive so that it could stave off a seizure from happening.

DOMINIC GILLEN: Sure. Yep.

DeKAY: And that-- and-- did I ever say anything contradictory to that with you? Did we talk about anything that I wasn't-- that I--

DOMINIC GILLEN: Senator, honestly, you're-- you-- like I said earlier, years of my conversations, I, I feel like you were hearing me. I-- we didn't agree on absolutely, on absolutely everything, but with your conversations with me, I felt like you were at least willing-- you

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were, you were willing to listen. Do I want you to change your mind? Sure, absolutely I do. And, and that's why I'm still up here sitting here talking, because I'm-- I, I feel like I can change somebody's mind if we just listen and have-- really and truly just have a dialogue and have a conversation back and forth.

DeKAY: Do you think I need to change my mind on everything, or do you think we've, we've had [INAUDIBLE]--

DOMINIC GILLEN: On this, on this issue I do, because-- and here's-- again, here's the reason why. Who am I advocating for? I'm advocating for that 23-year-old young man that's out there that's been having seizures since he was bo-- since 5-- since he was at 5 years old.

DeKAY: Did I-- with our conversation, did I ever say that I was opposed to medical marijuana, or just-- did we talk about the form--

DOMINIC GILLEN: You were opposed to certain aspects of the bill, you were not opposed to medical marijuana in some forms. That, that would be-- from, from yours and my conversations. I, I-- and again, I pushed back on you with that. I agreed that there were forms that should be allowed that you weren't comfortable with. But you were-- you never say Will shouldn't have, have the ability to have medical, medical cannabis. And, and I appreciated that. That's my experience with you. I'm not going to speak to anybody else's experience with you,--

DeKAY: No, but--

DOMINIC GILLEN: --but your experience with me was nothing but respectful.

DeKAY: And I appreciate that. Thank you.

DOMINIC GILLEN: Yes, absolutely.

HOLDCROFT: Any other questions? Thank you, Mr. Gillen. Appreciate it.

DOMINIC GILLEN: Absolutely.

HOLDCROFT: Next testifier.

ANGELA CORNETT: My name is Angela Cornett, A-n-g-e-l-a C-o-r-n-e-t-t. I'm from Norfolk, Nebraska. I'm here to testify in opposition to

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Governor Pillen's appointments of Lorelle Muetting and Monica Oldenburg to the Medical Cannabis Commission. As a nurse, I do believe that having medical professionals, medical professionals on the commission would be wise and extremely beneficial, and I hope this committee takes that into consideration for the commission. However, I also believe that appointees to the commission should truly believe in the value of medical cannabis. Both of these individuals have advocated against the formation of a medical cannabis program in Nebraska on multiple occasions over several years. It is frankly quite insulting to the voters to present these appointees as individuals who will act on behalf of Nebraskans when it comes to creating and regulating a medical cannabis program, not when they have consistently fought for years to keep medical cannabis inaccessible to Nebraska patients. Governor Pillen recently said that if patients needed medical cannabis in Nebraska that they would get it, but that it would taste like crap and be a bitter pill to swallow. Poisoning the Medical Cannabis Commission with anti-medical-cannabis appointees certainly is a bitter pill to swallow. It's definitely not a pill that Nebraska patients deserve to be served up as part of a disingenuous attempt to move a medical cannabis program forward. I believe that these specific appointees are just another part of the continuous efforts to deny Nebraskans access to medical cannabis by any means possible, or to delay that access. After more than a decade of advocacy, people are so tired of taking things slow in this state. Many patients, including my mom who died last month-- many patients have died while waiting for access to medical cannabis in Nebraska. I would ask you to consider appointees who desire to move the medical cannabis program forward. Please do not confirm these two appointees. Thank you.

HOLDCROFT: Thank you, Ms. Cornett. Are there any questions from the committee? Yes, Senator Storm.

STORM: Thank you. So, by law, they have to move this forward. So, I mean, I mean, that's written in the statute. They have to move this forward.

ANGELA CORNETT: I, I, I-- so, I'm, I'm referring to some things that I heard today, even, about preventing access; I heard that to a certain point. That we need to take things slow, that was said a few times. We've taken things so slow in Nebraska that the list of people that have died while waiting continues to grow and grow and grow. I can sit off-- and list more names. We're tired of waiting. I wished we could

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have done something on Tuesday to move it forward with reasonable regulations; safe access with reasonable regulation. That's all anybody's asking for.

STORM: OK. Thanks.

HOLDCROFT: Any other questions? Thank you, Ms. Cornett. Appreciate it. Next testifier.

BILL HAWKINS: Senator Holdcroft, members of the General Affairs Committee, my name is Bill Hawkins, B-i-l-l H-a-w-k-i-n-s. I'm testifying in a neutral position on these two appointees, and I would like to bring the conversation back to the purpose of this hearing, is the confirmation of these appointees. In a neutral position, I believe that the commission needs to have physicians and people who are familiar with the use of cannabis as a medicine. And I would like to point out, in listening to all the testimony, I think it's Dr.-- the Dr. "Olgenberger" [SIC] is still present, listening to everybody. And, being a long hearing, I appreciate her staying and listening to all these patients. In listening to their opening testimonies, they seem willing to accept the fact that the voters approved medical cannabis. And so, being how the other three members are members of the liquor commission-- and I feel they have no business being on a medical cannabis board-- I feel a couple health care practitioners or in that field is probably a good benefit for the committee. I would like to-- in Senator Cavanaugh's questioning and stuff, and the hearing on the floor on LB677, this commission has the power to regulate all phases of the control of possession, manufacture, distribution, delivery and dispensing of cannabis for medical purposes, but we aren't reading the full statute. "By registered cannabis establishments in the state." So, the commission doesn't have authority-- I'm not an attorney, but I feel the commission doesn't has authority over the par-- patient's rights. So, I believe that the commission, in their duties to regulate the establishments that will be manufacturing and producing and dispensing the medical cannabis, is what they are supposed to do. So, unless the commission can change the law, which I believe is only the Legislature, they won't be changing any regulations that have to do with the patients. So, I'd just like that little clarification. I'm a "lifetong"-- lifelong Nebraska resident, and I have over 50 years of practical, real-life cannabis experience.

HOLDCROFT: OK. That's your time, Mr. Hawkins. Thank you.

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BILL HAWKINS: I thank you.

HOLDCROFT: Any questions from the committee?

BILL HAWKINS: I would love to have any questions, but I'm sure not.

HOLDCROFT: Seeing none, but I will make a statement. I mean, the reason the Liquor Control Commission was selected--

BILL HAWKINS: Certainly.

HOLDCROFT: --because it was in the referendum. But I think the idea was regulation, looking at a three-tier system like they do for, for liquor regulation.

BILL HAWKINS: Certainly.

HOLDCROFT: So, that was a logical organization to choose.

STORM: I got one question.

HOLDCROFT: Yes, Senator Storm.

BILL HAWKINS: [INAUDIBLE] Storm. Senator Storm.

STORM: Yeah, I met you a couple of times. Thank you for coming and testifying today.

BILL HAWKINS: Yes, certainly.

STORM: And you-- you know, I was one of four-- people know this, maybe, in the audience-- but I was one of four senators that brought a cannabis bill this session.

BILL HAWKINS: Yes, Senator.

STORM: And you testified in-- supporting my bill out of all the other four-- three bills, correct?

BILL HAWKINS: Yes, I did.

STORM: And why was that?

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BILL HAWKINS: Because, as an herbalist and as a-- have-- having studied medicine, not as a physician, but for many years on this subject, I believe if we are to call it medicine, then I believe that it should be medicine. Inhaling cannabis through forms other than smoking cannabis are available. Nebulizers, vaporizing, that interaction, blood-brain barrier, it, it gives people an instant relief. So, I believe that is part of it. But if you let people take five ounces of smokeable flower-- bud, whatever-- home, that tends to be recreational cannabis. And, and patients may not agree with me, but even if you are to take flower home, as in LB677 allowed two ounces, if you are allowing the patient to make their own brownies or, or other things, then you're not regulating it in a dose form. And so, it's a tough subject.

STORM: Right. Tough subject.

BILL HAWKINS: We are in history-making--

STORM: Absolutely.

BILL HAWKINS: --situation here in Nebraska and across the nation in trying to take this prohibited plant that has been demonized for so long and getting it into regular society. Recreational cannabis is here right now in Nebraska. 500 pounds approximately of smokable bud are consumed every day in the state of Nebraska. It's here. That is a whole 'nother tax and regulated system situation.

STORM: Let me ask you,--

BILL HAWKINS: Yeah.

STORM: --so, how many joints can a person roll with five ounces of marijuana?

BILL HAWKINS: Generally, a marijuana cigarette, a joint, is approximately one gram. And so, there are 28 grams in an ounce. And so, five ounces would be five times 28, basically, so you'd be 140 joints. I will say that--

STORM: So, a gram's a little on the high side, too.

BILL HAWKINS: A little. It depends. The first medical cannabis patient that was given medical cannabis from the government for glaucoma

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received 300 one-gram joints for a month supply. And that-- I have the can that was delivered to him-- and I forget his name-- but he won the right through the U.S. government to be delivered, once a month, 300 cannabis cigarettes every day-- every month.

STORM: So, does cannabis work for glaucoma? Because I'm hearing-- they say now it doesn't have much effect for [INAUDIBLE]

BILL HAWKINS: Cannabis has a effect on the blood pressure. And so, glaucoma has to do with blood pressure in the eye socket, so. There is a tremendous amount of studies that have been done and need to be done on medical cannabis. And because it's federally prohibited, it makes it very difficult, but there are studies all over the world on medical cannabis. And if you Google PubMed, it is one of the most studied substances in the world right now.

STORM: OK. Thank you.

BILL HAWKINS: Certainly.

HOLDCROFT: Any other questions from the committee? Thank you, Mr. Hawkins. Appreciate it.

BILL HAWKINS: Thank you, and I greatly appreciate your interest and compassionate look at this subject, because it is a very difficult one. Thank you.

HOLDCROFT: Next testifier. Welcome.

TREVOR REILLY: Howdy. My name is Trevor Reilly, T-r-e-v-o-r R-e-i-l-l-y, and I am testifying in opposition to both appointees on behalf of the Lancaster County Libertarian Party. Since we only get three minutes, it has to be really condensed, but it is no crime to be ignorant of economics, which is a specialized discipline, and one that most consider dull-- or, that many consider dull. But it is totally irresponsible to have a loud and vociferous opinion on economic subjects while remaining in this state of ignorance. Senator Storm, you said, I don't want anybody to think that I'm some cold-hearted monster that does not have sympathy for children and adults suffering through pain. But we have to get this right. I don't think you're a cold-hearted monster, but I do believe you fundamentally lack an understanding of the issue. If you do understand the issue, then you're deliberately creating an obstacle due to personal feelings and

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thinly veiling them with every effort to slow off the program. Do you know the one lesson of economics? The lesson is-- the art of economics consists in looking not merely at the immediate, but at the longer effects of any act or policy; it consists in tracing the consequences of that policy, not merely for one group, but for all groups. I know you're gonna confirm these appointees alongside the Liquor Commission, joining Kim Lowe, who I don't doubt has the same breadth of knowledge and opinions on cannabis as her husband, former Senator John Lowe. So consider the one lesson and the results of a highly-restrictive program that is certainly not what was sold to voters. I didn't sell that to the thousands of people I collected signatures from. So, "meet me in the middle" says the unfair man. I take a step forward, and he takes a step back. Your homework for this weekend is to read "A Practical and Natural Taxonomy to Cannabis" [SIC] by Ernest Small and Arthur Conquist [SIC], and reconcile the fact that you don't even grasp outdated 20th century science for 21st century policy. This is why these advocates feel that it is impossible to get you to understand something when your positions depend on not understanding it. These steps backwards will prompt a constitutional amendment reading "Nebraskans shall have the right to access cannabis in all its forms." That is an example of the Wild West, and that will be recreational due to your obstinate refusal to make any compromise.

HOLDCROFT: Thank you, Mr. Reilly. Any questions from the committee?

STORM: Yeah, I got a question.

HOLDCROFT: Yes, Senator Storm.

STORM: So, you worked in the, the ballot initiative?

TREVOR REILLY: Yep. I worked on the, the last two. So, the, the two statutes.

STORM: OK. How much money was brought in for-- on your side to spend on this? Do you know?

TREVOR REILLY: I didn't-- I only did signature collection. I didn't do financing or donation or--

STORM: It's about-- close to about \$2 million. Opposition--

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TREVOR REILLY: OK. Well, it takes a lot of money to run a ballot initiative.

STORM: Yep. Opposition, there was zero. So, if they ever try to do recreational marijuana like they're threatening now, there will be a tremendous amount of money spent to oppose that. But there's no money spent to oppose medical cannabis, but the other side spent about \$2 million, mo-- mainly from out-of-state groups. So-- and as far as you're talking about economics, I don't ever put a dollar value on public safety and health, so I'm not looking at it from a money-making standpoint. Is that what you were getting at?

TREVOR REILLY: No, no, not at all. It's, it's a movement of people and goods, and how the progress of cannabis needs to be looked at because it's a highly hybridized plant. There's no real limitation on what you can do with it, but we're putting an awful lot of, of limitations on it just due to THC and the hang-up of possessing flower.

STORM: Because it's a Schedule I drug. It's still illegal--

TREVOR REILLY: The federal government says that, but even, even the HHS secretary--

STORM: It's still illegal under federal law.

TREVOR REILLY: --RFK Jr. has said they will continue to research it, and he's--

STORM: OK.

TREVOR REILLY: --he said that on Fox News, very openly, that they're open to actually rescheduling it and looking at it.

STORM: Well, we'll see. But they haven't yet.

TREVOR REILLY: No, I know, we'll see. I know.

STORM: But it's a Schedule I drug--

TREVOR REILLY: [INAUDIBLE] stuff on this 1776 paper.

STORM: Right. But it's a Schedule I drug. That moves it into a whole different category. When you talk about goods, it's not like we're

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talking about [INAUDIBLE]; you're talking about a Schedule I drug that's illegal on the federal level. That makes this way more complicated.

TREVOR REILLY: I, I know you're relying on that to defend your argument, but cannabis is multiple things, not just a Schedule I drug because the federal government says so. We have state powers for a reason; we could use the Tenth Amendment very easily to just change our hemp policy and just change the definition to be 1% THC. We could do that.

STORM: Sure.

TREVOR REILLY: The Tenth Amendment exists for a reason. That's why all these other states have done recreational programs and the feds haven't really done much.

STORM: Yeah, you're right, the federal government has chosen not to act on [INAUDIBLE]. Thanks.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Mr. Reilly. Appreciate it.

TREVOR REILLY: Thank you for your question.

STORM: Thanks for coming out.

***LIA POST:** I am in opposition to Governor Pillen's picks for the Nebraska Medical Cannabis Commission: Monica Oldenburg and Lorelle Muetting. Both individuals have venomously campaigned for the suffering of patients and caregivers by keep medical cannabis illegal and unregulated. They are two of the few opposition who shows up at the medical cannabis hearings year after year. They've heard testimonies of the families suffering in this state and don't care as the majority of Republicans Senators don't care. Some of these Republican Senators openly make fun of disabled individuals, if not ignoring them altogether. They have zero compassion and are incapable of empathy. More importantly it's these Senators who haven't done their jobs in the past 12 years to legislate a medical cannabis industry to benefit patients. They are whorish and incestuous in their financial and political pursuits. They are killers. If Jesus was walking the earth now he'd be cleaning out the temple of the Unicameral. Since Jim Pillen said "My advocacy for it is that if you have a medical

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condition [and] you need it, you'll get it, but it's going to taste like crap. It's going to be a bitter pill to swallow," it's no wonder he picked these two malleable females. Disabled people like myself understand that Pillen's plan is eugenics and by this action, as well as others, he has shown he is setting up some type of social cleansing in the state of Nebraska. Will you senators allow blind control to Senator Pete Ricketts and his puppets governor, Jim Pillen, and Attorney General Mike Hilgers? You could at least pick some competent healthcare providers that might actually know something about patients and medical cannabis.

***HEIDI STEVENS:** 1 in 26 will have Epilepsy. That's about a child per class. Our son, Josef, had 12 seizures the 1st day of 8th grade. With every growth spurt, the meds quit working. Changing Epilepsy meds is painful, difficult, dangerous, and causes breakthrough seizures. Our son has been med resistant to all the big gun Epilepsy meds and is currently on the last available one and the dose is above maximum level in an attempt to control his seizures, and the meds have terrible side effects and cause such sedation that our son has great difficulty waking up, and he has a history of having seizures in his sleep as well as upon awakening. We live in fear of SUDEP (Sudden Unexplained Death in Epilepsy) everyday. Everyday. There are no other pharma meds left to take. Now what? Our son sleeps with a Sleep Safe Monitor, anti-suffocation pillows, and graduated from Concordia University with his life-saving seizure alert and response service dog by his side. A \$30,000 service dog. We say, priceless. Our son faceplanted in the snow, on campus, and no one could see him. His service dog, named Marvel, alerted for help, crawled under Josef, turning him, lifting his arm, forcing Josef's airway open, and Marvel stayed in that prone position until EMTs arrived. We've armored our son the best we can, but he's going to need meds. Please do not appoint Oldenburg to the medical cannabis committee, as Oldenburg has made it clear they don't want medical cannabis. Our family is struggling, living with the beast, Epilepsy. I ask, truly, if y'all had a child suffering with a horrific disease, and you heard of a new med, wouldn't y'all surely seek treatment for your child? And wouldn't y'all expect to have people working for you, rather than against your child? Please help us help our son. Please do not appoint Oldenburg to the medical cannabis committee. Oldenburg is deadset against medical cannabis, so why appoint Oldenburg? Build a committee of leaders that can level the playing field and work together and do the jobs

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Nebraskans voted for. We are a family, struggling with Epilepsy, and begging for help from our elected leaders. Oldenburg is a huge no. Nebraskans have voted, and it wasn't for Oldenburg. Today, we wear purple.

HOLDCROFT: Next testifier. Welcome.

HEATHER NELSON: Hi, everybody. My name is Heather Nelson, H-e-a-t-h-e-r N-e-l-s-o-n. I'm here to testify in the neutral capacity on behalf of both individuals. I'm the CEO of Ideologix Insights; we're a data analytics company from Omaha. And I drove here today because I had an interesting bit of information on a survey that we ran statewide that I thought you would like to know. I'm the gal who sent you that really early morning Tuesday email, [INAUDIBLE] from pollthevote.com, and it gave you the survey results that we ran on LB677 with the amendment, so not just the bill; with the amendment. As I put together that survey, I went through the amendment and dissected it into several different topical categories for you. Shortly before I put the poll out, our governor had appointed these two individuals, and I decided that I wanted to ask the state of Nebraska residents as well about the process of appointing, but I chose not to ask about either person by name. So, I want to bring attention to you a little bit about the data. I will send you the color version; it's all ready to go in my email, so as soon as I get home, I'll hit send and that will be a much better document for you to take a look at. The overall summary of the state of Nebraska, we came in at 64% said that they were in support of the amendment; 27% were opposed. When we take a look by political party, it's interesting when you look at just the-- those that state that they are a Republican, because they are on the most conservative side of the scale, and they said that they were 60% for and 38% against. So, I just want to point this out again: 64% of Nebraskans said that they were for the amendment. OK? Now, when I pull out question 10 which specifically asked them about this appointing process, this was the question I asked them: do you agree or disagree with this statement? The commissioners appointed by the governor and confirmed by the Legislature need to be able to act without personal bias nor have a conflict of interest to medical cannabis. Now, I just told you that 67% were for, the rest were against. This particular question, however, brought everybody together, almost. 97% of our participants stated that they would like you to appoint people without bias and without a conflict of interest. So, I thought it was an important enough little degree of a differentiation that these people

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came together across the state of Nebraska to deliver a 97% rating for you.

HOLDCROFT: That's your time.

HEATHER NELSON: Thank you.

HOLDCROFT: Let's see if there are any questions from the committee. Yes, Senator Cavanaugh?

J. CAVANAUGH: Thank you. Thanks for being here, Ms. Nelson. Can you just tell me the sample size? I'm not-- or am I miss-- [INAUDIBLE]

HEATHER NELSON: Sure, no problem. It's on the very front page. For this particular poll, we had 222 Nebraska residents that participated. We launched the middle part of January. We've got just under 2,000 representatives across the state of Nebraska in 48 of the 49 Senator districts, all three congressional districts. And these 222 participants, 70% came from rural Nebraska; the other 30% are from Lincoln or Omaha, and they do represent all three congressional districts. That's-- thank you for that question.

J. CAVANAUGH: Thanks.

HOLDCROFT: Any other questions from the committee? Seeing none. Thank you, Ms., Ms. Nelson.

HEATHER NELSON: Yep. Thank you.

HOLDCROFT: Next testifier. Going once, twice. OK, then from-- for the record, the online comments, there were-- for Lorelle Mueting, there were 7 proponents, 86 opponents, and 2 neutral. For Monica Oldenburg, Dr. Oldenburg, 3 proponents, 70 opponents, and 3 neutral. There was also ADA-- do I have to read these? What did we decide?

BARB DORN: [INAUDIBLE]

HOLDCROFT: You just have to say who they're from. OK, we have ADA comments concerning Lorelle Mueting: Lia Post, who actually testified. And for Dr. Oldenburg, there were two ADA, also Lia Post and Heidi Stevens. OK, there are any--

J. CAVANAUGH: [INAUDIBLE] their positions.

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HOLDCROFT: Huh?

J. CAVANAUGH: Which, which side were they on?

HOLDCROFT: Oh, yes. That's a good point. I think they were both opposed, but let's see here. Yes, Lia Post was an opponent for Lorelle Muetting and--

DeKAY: Does, does that get put into the record where you're testifying in person?

HOLDCROFT: It shouldn't. I mean, they're either supposed to be one or the other. That's a good point. So, Lia Post was also an opponent, and Heidi Stevens was an opponent. I don't think-- Ms. Stevens, I don't think she testified. Are there any, any other-- I think we're-- I think we're finished. Thank you very much for being here. We're going to go into exec, so I'm going to ask you to clear the room.