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**HOLDCROFT:** Welcome. Welcome to the General Affairs Committee. I am Senator Rick Holdcroft, representing Legislative District 36, and I serve as the chair of the committee. The committee will take up the bills in the order posted. This public hearing today is your opportunity to be part of the legislative process and to express your position on the proposed legislation before us. If you are planning to testify today, please fill out one of the green testifier sheets that are on the table at the back of the room. Be sure to print clearly and fill it out completely. Please move to the front row to be ready to testify. When it is your turn to come forward, give the testifier sheet to the page. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets back on the table for each bill. These sheets will be included as an exhibit in the official hearing record. 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 begin each bill hearing today with the introducer's opening statement, followed by the proponents of the bill, then opponents, and finally, by anyone speaking in the neutral capacity. We will finish with a closing statement by the introducer, if they wish to give one. We will use a 3-minute, 3-minute light system for all testifiers. When you begin your testimony, the light on the table will be green. When the light-- 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. Also, committee members may come and go during the hearing. This has nothing to do with the importance of the bills being heard. It is just part of the process, as senators may have bills to introduce in other committees. 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. Please note that thumb drives, CDs, DVDs, oversized documents, books, lists of signatures, and similar items will not be accepted as exhibits for the record. Props, charts, or other visual aids cannot be used, simply because they cannot be transcribed. Please silence or turn, 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 to be included in the record must be

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submitted by 8 a.m. the day of the hearing. The only acceptable method of submission is via the 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. You may submit a position comment for the record or testify in person, not both. I will now have the committee members with us today introduce themselves, starting on my left.

**ANDERSEN:** I'm Senator Bob Andersen, representing District 49, which is northwest Sarpy County, in Omaha.

**DeKAY:** Barry DeKay, representing District 40, which consists of Holt, Knox, Cedar, Antelope, northern part of Dixon, and northern part of Pierce Counties.

**J. CAVANAUGH:** Good afternoon, John Cavanaugh, District 9, midtown Omaha.

**QUICK:** Dan Quick, District 35, Grand Island.

**CLOUSE:** Good afternoon, Stan Clouse, District 37, which is Buffalo County-- Kearney, Shelton, and Gibbon.

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

**HOLDCROFT:** Also, Senator Cavanaugh acts as the vice chair for this committee. Also assisting the committee today, to my right is our legal counsel, Kevin Langevin. To my far left is our committee clerk, Barb Dorn. Our pages for the committee today are Demet Gedik--

**DEMET GEDIK:** Hi, my name's Demet. I'm a student at UNL, and I study political science.

**HOLDCROFT:** --and Kyanne Casperson.

**KYANNE CASPERSON:** Hi, everyone. My name is Kyanne, and I'm a fourth-year sociology major at the University of Nebraska-Lincoln.

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**HOLDCROFT:** Today's agenda is posted outside the hearing door. With that, we will begin today's hearings with LB943 [SIC], I believe, Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman.

**HOLDCROFT:** Welcome to the committee.

**J. CAVANAUGH:** Thanks for having me. Good afternoon, Chairman Holdcroft and fellow members of the General Affairs Committee. My name is Senator John Cavanaugh, J-o-h-n C-a-v-a-n-a-u-g-h, and I'm here-- I represent the 9th Legislative District in midtown Omaha. I'm here today to introduce LB934, which will make the Medical Cannabis Commission an elected board rather than a commission appointed by the Governor. The reason why I brought LB934 is because of the commission's clear defiance of the will of the Nebraska voters, who overwhelmingly approved medical cannabis. LB934 does not grant any additional powers to the commission or assign it any more responsibilities, nor does it strip the commission of any powers or responsibilities. It simply ensures that the commission, rather than appointment at the sole discretion of the Governor, will be elected by the people who entrusted them to regulate medical cannabis establishments in good faith. It establishes the commission as an independent elected body and separates the membership of the Medical Cannabis Commission from the Liquor Control Commission. The district boundaries of the-- for the commission would be the same as the Public Service Commission districts. I chose these boundaries because there are 5 Public Service Districts and 5 commissioners. If this bill were to pass, then I would expect these districts would be subject to the ordinary redistricting process in 2031. Voters enacted Initiatives 437 and 438 overwhelmingly in 2024. Despite this, medical cannabis is not accessible in Nebraska, and the commission appointed to oversee the regulation of medical cannabis establishments has been hand-selected by the Governor for their expressed hostility towards medical cannabis in any form. The commission has adopted regulations that restrict access to such an extent as to make it inaccessible. If the voters are to entrust the board with the power to regulate and the board chooses to violate that trust by defying the clearly expressed will, then the power needs to be placed back in the hands of the voters to do this. I know there are folks here who disagree or agree with the, the actions of the board. But really, what this bill does is simple. It just puts

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the power to choose the board members in the people. And I know everybody here is concerned about a slide towards recreational cannabis, and I can just tell you that the surest way to ensure that people pursue recreational cannabis is to continue to frustrate the will of the voters as it pertains to medical cannabis. So I would encourage this committee to advance this bill and give the voters a say in how this is regulated. I want to thank the committee for your time and consideration, and I'd be happy to take any questions.

**HOLDCROFT:** Any questions for Senator Cavanaugh? Yes, Senator Clouse.

**CLOUSE:** Thank you, Senator Holdcroft. Senator Cavanaugh, I got one question, and, and I probably should know this, but do you know how many other commissions we have that are elected by the people? I know the Public Service, but-- how many others we have?

**J. CAVANAUGH:** You mean, like, in the statewide level?

**CLOUSE:** Yeah, just at, at that level.

**J. CAVANAUGH:** So, I mean, there's the Board of Regents. There's the Public Service Commission-- are 2 elected. Obviously, at more of a local level, we elect our public power boards. We elect our-- in Omaha, we elect our MUD Board, the Metropolitan Utilities District. In Lincoln, they elect the Airport Board. So we have a number of--

**CLOUSE:** But, but for statewide, it's probably just the Public Service Commission, probably.

**J. CAVANAUGH:** The Public Service Commission is probably the only commission, but there are other statewide districts, like Regents.

**CLOUSE:** OK. Thank you.

**HOLDCROFT:** Other questions? Senator Rountree.

**ROUNTREE:** For the page, I have a question.

**HOLDCROFT:** Oh, I'm sorry. You have to ask a question [INAUDIBLE]. Any other questions from the committee? Just one. We-- we've really been pushing on the will of the people and what the people voted for. 70% voted for a Cannabis Commission that was centered on the Liquor

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Control Commission, necessarily, plus 2 appointees by the Governor. I think you could make the argument that 70% of the people, generally some of them or maybe most of them wanted to make sure that there was a cannabis board of that makeup. So, I mean, if this goes forward, this would be a modification of the referendum. Correct?

**J. CAVANAUGH:** It would be a modification of the referendum, you are correct. And I would say, I, I think that there is a distinction between a number of actions that would be taken that go against the will of the people. What this action does is just empowers the people to have more of a hand in the administration of the board. And I'm sure somebody else could speak to why the ballot initiative was written the way that it was, but as I'm sure everybody's aware, there's a single subject rule and cannabis ballot initiative had been kicked off previously, for violating single subject. And if you were to get into creating an elected board, that would have required, probably, a third initiative. And so, I think the ballot initiative was written in the, in the way it was to, to comply with single subject, as opposed to necessarily what maybe other people would have wanted. But no, I, I agree with you that there would be a change to the cannabis statute is something that is a change in what the voters voted for. The question really is not whether it's a change in what the voters voted for, but whether or not the change is respectful to the spirit and the desires of the voters. And so I proposed this, though it is a change, but I proposed it because I don't think that the commission is respecting the will of the voters, and that if we had an elected commission that they would be more closely held to the voters and therefore, more closely reflect what the will of the voters are.

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

**CLOUSE:** Thank you, Senator Holdcroft. This is probably just more of just a continuation of the discussion. But, but the existing commission, they establish rules and regulations, and who approves those?

**J. CAVANAUGH:** Well, the rules and regulations that they put-- the commission doesn't really have an approval process. There is a, within the statute, there is a requirement that the Governor sign off on rules and regulations. The statute is relatively unclear on what

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authority the Governor has to, to refuse to sign off on them. There's-- but in this particular instance, the Governor did express an opinion about what the commission had-- rules they had promulgated and then required the commission to make a change in those rules, back in, I think it was September.

**CLOUSE:** OK. So on the commission I was on, when we established the-- Natural Resources, and we did the Water Sustainability Plan, all that stuff. We had to submit the rules-- we worked on it diligently, and we had to submit the rules to the Legislature to further approve the rules. So if they're elected, would that change who's approving and who's disapproving? And in other words, where's the final say on the rules and regulations that are established, either by the existing commission or the elected board-- elected commission?

**J. CAVANAUGH:** So this bill would only change how they become members of the commission. Rather than through appointment by the Governor and approval by the Legislature, it would make them elected. They'd still be subjected to the same administrative procedure action.

**CLOUSE:** It doesn't give them any more authority?

**J. CAVANAUGH:** No. No difference in the authority of the commission itself.

**CLOUSE:** OK. Thank you.

**HOLDCROFT:** Any other questions from the committee? Oh, Senator Andersen.

**ANDERSEN:** Thank you, Senator Holdcroft. Senator Cavanaugh, thanks for being here. Did you-- nothing's articulated in here. What are your thoughts on what are the requirements to run? Shouldn't there be some kind of requirements?

**J. CAVANAUGH:** Oh, that's a good question. So the requirements would be the same as for any other office, like Public Service Commission that you'd have to live in the district. I don't-- we didn't put an age requirement in there, but, but that is, that is a good point. I'd have to look and see whether there's a specific age requirement for all offices. Because the Legislature, you know, has age 21, you have to be to hold this office. But I think there are other offices, you could

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argue, it could be 18, so I'd have to-- I'd have to check on that, about what, what other requirements may be necessary for a board member.

**ANDERSEN:** Yeah. I think, alongside of that, I'd, I'd look at what are the qualifications to be eligible to run. Because certainly, if you had somebody that was completely un-- uneducated about cannabis and, you know, the medical background, and they got elected, they could certainly do some significant damage.

**J. CAVANAUGH:** Sure. I mean, one could make that argument about the Legislature itself, right, that there's no requirement for someone to be here, and we have a lot of power to do-- enact laws that have a wide-ranging effect. I think it would be very hard to put any kind of actual professional credential requirement on an elected board. Because if somebody was elected, say, that had no credential in one district, then it would say the only person, you know, with the credential could get elected in a different district, and that would be putting-- hampering the, the will of the voters in each district. I think the credential requirement is really what the voters want as their representative.

**ANDERSEN:** Yeah. So I think that-- I think we need to exert caution, just because the process that we have now there is the checks and balances, right? I mean, there's a nomination process, you know, we have a hearing in which we discuss with them. We know what their background is. We can see the relevance to, you know, the medical side, cannabis, anesthesiology, all these things. We can see that lends them to be-- have the background, you know, for the commission itself. This would, would remove the checks and balances and say, anybody can run at any time, qualified or not. And I think I would also kind of back up what Senator Holdcroft said, about the will of the people. This is not what they articulated. For-- what you're asking for is for us to defy the will of the people and take a different course.

**J. CAVANAUGH:** Well, no. What I'm asking for is to give the people a, a-- more of a say in the actual operation of the commission. But what I would tell you is, in terms of the checks and balances on who gets on the commission, I have confidence that the voters themselves can make those determinations about who they want representing them. What

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you articulated is that the Legislature makes a, a determination about who they think should be on the commission, based off of our own judgment. And we are putting our judgment in the place of the people we represent. I'm just saying I have confidence in the people themselves to make those same judgments and elect who they want on the board.

**ANDERSEN:** Yeah.

**J. CAVANAUGH:** Eliminating the middle man.

**ANDERSEN:** We'll, we'll-- again, the will of the people. We'll have to be, be very careful that we're defying the will. What you're asking for is to defy the will of the people and, and administer in a different way, because they talked about a commission appointed by the Governor. I mean, it--

**J. CAVANAUGH:** The, the people did vote for a commission appointed by the Governor to have this explicit authority, and we'll have a conversation about the expansion of that authority on another bill. I-- and again, I would say my perspective is not a change to the ballot initiative is completely wrong in any capacity. I-- the question is whether that change is respectful to the will of the people and the desires of the people, and giving voice and meaning to what they voted for, as opposed to undermining it. And so, I proposed this because I think it gives more power and authority to the people and to express their voice. And so, I think this is a-- it is a change, but I think it is change that is with consideration, respectfully, of the will of the people, and their desires.

**ANDERSEN:** Yeah. I think, I think we need to be careful, because the will of the people was articulated in the ballot initiatives, as opposed to you're articulating a different focus, a different view, as if yours is more appropriate than theirs. Thank you.

**J. CAVANAUGH:** I-- you know, I agree with you. We've got to be very careful when we make changes to the actions of the little people. And I hope everybody takes that to heart when we consider every bill that comes up this year.

**HOLDCROFT:** Any other questions? Senator Rountree.

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**ROUNTREE:** Thank you so much, Chairman Holdcroft. And thanks for the--

**HOLDCROFT:** Was that for the page? Are you trying to get the page?

**ROUNTREE:** No, that, that was-- that's for you.

**HOLDCROFT:** Oh, I'm sorry.

**ROUNTREE:** That's for you. It's a great Air Force day. I haven't given you that [INAUDIBLE]-- but nevertheless. Senator Cavanaugh, just listening to the conversation with you and Senator Andersen, being careful about the will of the people. Is there-- as we propose this bill, is there a way to go back and poll the people and see if they would be more amicable to this than what we had in prior one?

**J. CAVANAUGH:** Well, I mean, that's a good question. I thought about that a little bit. We could have proposed this to put it on the ballot, right, to let the people vote on it. We don't have a mechanism to put statute on the ballot--

**ROUNTREE:** Right.

**J. CAVANAUGH:** --from the Legislature. We have the ability to put a constitutional amendment on the ballot. And so that's why I went this way, is because this is amending a statutory change that was put on the ballot by the people. And so, to put it in front of the people-- I mean, we could take a whole other approach, where we make a change, and then we do allow this sort of thing to be put in front of the people, and I'm not opposed to that, either, in certain circumstances, if we want to make changes to ballot initiatives. I actually-- I think Senator Machaela Cavanaugh might have a bill that does something similar, whereas if the Legislature votes to make a change to a voter-approved initiative, that then it would have to go back in front of the voters. And so I think that that's an interesting idea, is to make sure that we are keeping the people in mind when we're making these changes.

**ROUNTREE:** Thank you so much. And I appreciate that. I was just making sure that I understood that as the question was being asked to you, it seems like your decision was better than what the people knew. So I say we give it back to the people [INAUDIBLE].

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**J. CAVANAUGH:** Trying

**HOLDCROFT:** Any other questions from the committee? Seeing none, I assume you'll be here for closing?

**J. CAVANAUGH:** I will stick around. Thank you.

**HOLDCROFT:** OK. First proponent. Anyone testifying as a proponent of this bill? Any opponent-- oh. If you're going to be testifying proponent, please come to the front row so we can know that you're here, and go expeditiously. Also, I outlined at the beginning, the require-- this-- we're, we're going to be on a 3-minute timer today. We're expecting a lot of testifiers today, so I will be stopping you at 3 minutes. It's nothing personal, but I don't want to let some people go beyond and cut some people off. You do have the opportunity to continue if a member of the committee asks a question. So with that, you're on.

**PERRY PIRSCH:** Good afternoon, Senators. My name is Dominic Gillen, D-o-m-i-n-i-c G-i-l-l-e-n, and I am here as a proponent for LB934. My family has been coming to the Legislature for the past 12 years. For 12 years, we have testified, answered questions, followed the rules, and waited. That experience matters because it shows our resolve. I want to be fair. I understand the Medical Cannabis Commission has exist-- has existed for about 7 months. I am not here to blame individuals or to relitigate the past. I'm here to talk about what has already happened under the current structure and why it matters for patients and families. Right now, the commission has been appointed entirely by the Governor. Under that structure, rules have been proposed that do not simply implement the law, they go further, and narrow patient protections. The law clearly gives patients the right to participate in the medical cannabis program with a recommendation from a licensed healthcare practitioner. The commission's rules add extra hurdles, limit which providers can participate, and create paperwork that is not required by the law. It's important to remember: the commission's role is to write the regulations, not to change the patient protections already written into statute. Regulations should make the law work in practice, not rewrite it. When rules take away rights or make access harder, they reach beyond the commission's authority. That's why LB934 matters. It would create a commission whose members are elected and accountable to the public. When

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commissioners are elected, they must listen to patients and families, explain their decisions, and make sure rules follow the law and patient access. When commissions are simply appointed, even well-intentioned members can create rules that contradict with statute. We are already seeing that happen. As a parent, I'll be honest. This is frustrating. After 12 years of showing up, it's hard not to be angry, but my purpose today is not here to express anger. My purpose is to speak clearly for my son, Will, and for others in need. LB934 is about getting the structure right now, before barriers become permanent. Medical cannabis is healthcare. Healthcare programs should follow the law and serve the people that they were created to protect. I ask you to support LB934 and ensure that Nebraska's medical cannabis program works as intended: for patients, not just on paper. Thank you.

**HOLDCROFT:** Thank you, Mr. Gillen. Are there any questions from the committee? Senator DeKay.

**DeKAY:** Thank you. Thank you for being here. Good to see you.

**PERRY PIRSCH:** You, too.

**DeKAY:** In your third paragraph, you said the law clearly gives patients the right to participate. You-- I won't read it all, but at the end of it, you said it adds extra hurdles. Does this-- do you feel that the commission adds extra hurdles on the form that medical cannabis can be adjusted?

**PERRY PIRSCH:** Absolutely. That's one of the things that the commission has overstepped already on, as far as I'm concerned.

**DeKAY:** So how do we come to-- how does the commission come to the decision of what forms are acceptable and which forms are basically, lack of a better term, more recreational?

**PERRY PIRSCH:** OK. Well, first of all-- it'll all come back to the recreational part. The first part is, the Patient Protections Act allows what you're asking about already. The commission doesn't have any authority to make those kinds of changes. No. They, they just simply don't. And as to the recreational part, let's be real. Senator Cavanaugh already talked about it, but we have senators at this table who have either said verbally, out loud, or insinuated that what we're

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here for is recreational, which is not the case. And so, it has nothing to do with recreational. If people want a recreational, they're going to come to you and ask you for it, or they're going to go to the ballot. There is no way, with rules in place and followed that this-- that that goes to recreational. And if it were to do that, it would be the people's choice. And by the way, will of the people should matter.

**DeKAY:** All right. Thank you.

**HOLDCROFT:** Any other questions from the committee? Senator Roun-- Rountree.

**ROUNTREE:** Thank you, Chairman Holdcroft. And thank you, Mr. Gillan. I just want to say thank you for continuing to come, continuing to fight. We're going to do the best that we can, but continuing to fight, continuing to knock at it, until we get what we need .

**PERRY PIRSCH:** I appreciate that, Senator. Thank you.

**HOLDCROFT:** Any other questions? Thank you, Mr. Gillen. Next proponent. Welcome.

**CHRISTY KNORR:** Hi. My name is Christy Knorr, C-h-r-i-s-t-y K-n-o-r-r. Thank you for having us here today. I am a proponent for this. The commission, as it currently sits, is not following the will of the voter, and I, as a nurse, am not OK with it. Here we are. We have no plans. We have not legwork. Like, the Governor and the commission have explicitly not followed the law. Why? Why? I'm all for an elected commission, because at least we know, as "we the people," we can have a voice, because that's not happening now. And I'm sorry, Senator Andersen. I, I would, I would beg to differ about the qualifications of the people who currently sit on the board. I actually know nurses that are cannabis nurses, who would be much better appointees for that board or that commission. It's not-- there's some patients that would be better folks to sit on that commission, that know more about what's going on than the current ones. And I'm out knocking doors, and I can tell y'all unequivocally, people are pissed. They're angry. I listened to my friend cry on the floor last night. She has Stage IV colon cancer. And because of all the rigmarole and all the shenanigans and all the blocks that have been put in place, she's so confused about

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whether she can legally possess medical cannabis. And as somebody in the healthcare field, that matters. Right? Her medications? Yes, she has pharmaceutical medications. But this is the part that I really, really, really wish I could get everyone to understand, is that there are side effects to those pharmaceutical medications that you don't get with cannabis, and people are able to have a better quality of life. She has a limited amount of time on this earth. She deserves to be able to enjoy and spend time with her family now, not when y'all decide that we're going to stop all this and we're going to finally follow the will of the people. I'm one of those people. And I'm going to keep showing up and I'm going to keep holding you accountable. It's just really sad we have to keep doing this. The commission should have already moved forward. We definitely need an elected commission, because obviously, they care nothing about what we have to say. Thank you.

**HOLDCROFT:** Let's see if there are any questions from the committee. Any questions from the committee for this testifier? Seeing none, thank you, Ms. Knorr. Appreciate it. Next proponent. Welcome.

**CRISTA EGGERS:** Welcome. My name is Crista Eggers, C-r-i-s-t-a E-g-g-e-r-s. I'm here on behalf of Nebraskans for Medical Marijuana. We are proponents of this bill. I want to highlight that when we pursued the ballot, we very specifically brought 2 statutory initiatives. The one, 437, was the Patient Protections Act. That is what, upon passing and when signed by the Governor, gave patients in this state the right to possess any form of cannabis, up to 5 ounces, with a written recommendation from a healthcare practitioner, which is defined, in any state. And that was 437. We explicitly brought 438 to set up a regulatory structure that gave a commission the ability to implement our 437. So you are very right. The will of the people is how we got the commission. I want to go back to the history of this commission. These commissioners were appointed by the Governor, and they were lifelong anti-cannabis activists. They were then approved for their appointments, even though all but I believe 3 comments at their appointment hearings were against these individuals. 10 meetings in, all but, I think, 2 or 3 comments during the public comment section of the meetings have been disapproving of the commission's actions. This has been patients, caregivers, medical practitioners, medical experts, and industry experts, very educated individuals on, on what this should look like and what is not going right. During the

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public comment rules and regulation hearing, 590 public comments were submitted. I believe every single one of those was in opposition to the rules and regulations and actions of this commission. Back in October, we had an interim hearing study, where multiple people came and tried to educate on the process and the issues with the commission functioning. There's been 2 resignations from this commission that were on the alcohol control. Today, there was another resignation of a commissioner on the Medical Cannabis Commission. And so, clearly, things are not going well. I think it's very clear that the will of the people and the will of voters in implementing 438, which was made to structure around 437, is not happening. We see restrictions on products, we see THC caps, you know, many, many restrictions. We see industry that has come and tried to educate these commissioners on, on why this program is not being set up in a way that it can function and actually provide for patients. And I want to point out one thing, is that at a meeting back in October--

**HOLDCROFT:** That's your time, Ms. Eggers. Let's see if there are any questions. Senator Rountree.

**CRISTA EGGERS:** Thank you so much, Chairman Holdcroft. And thank you so much Ms. Eggers. Could you go ahead and finish?

**CRISTA EGGERS:** Yes. Thank you. That, at this meeting, when in responding to the 590 public comments on their rules and regulations, Commissioner Muetting said she does not want to make medical decisions based on popular vote. We have this and the commission is there because of popular vote, whether you like it, whether you don't. For 12 years, families like mine, and the Gillins, and the Lawlors, and many people in this room have shown up, trying to get a medical program via the Legislature-- years and years and years. And so, our only option was to go to the ballot-- once, kicked off because of putting, actually, 437 and 438 essentially, into one. We went back again, and we finally went back and were successful. So right, wrong, or indifferent, the commission exists because of public vote, and I think they should be upholding it. And that is why I'm supportive of moving to uphold the will of the people in a better way that is clearly not being upheld in a commission-- elected commission.

**HOLDCROFT:** Thank you. Any other questions from the committee? Seeing none-- I think you forgot to give the page your green sheet.

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**CRISTA EGGERS:** Oh, yes. I'm sorry.

**HOLDCROFT:** Thank you. Next proponent.

**JOHN REAGAN:** Good afternoon, everybody. And good afternoon to you, Mr. Andersen. My name is John Reagan.

**HOLDCROFT:** You will refrain, you will refrain from addressing any individual on the committee. Go ahead.

**JOHN REAGAN:** Yea, sir. Yes, sir. I just got back from the commission meeting a couple minutes ago.

**HOLDCROFT:** Will you spell your name, please?

**JOHN REAGAN:** John Reagan, J-o-h-n R-e-a-g-a-n. The commission is out of control. They do not know what they're doing. We just passed a deal the last commission meeting-- well, they did, that they sent somebody somewhere for \$8,000 for a conference on medical cannabis. Now I'll guarantee you, some people back in this room behind me, which are growers, would take the time, open their business up, and show these-- show the committee how to operate this, how to do it, give them insights. Then they could go to dispensaries, dispensaries, talk to the dispensaries. How is that operated? Then we can go to the processors. We can talk to them. We can figure out how it's done that way. All of a sudden, within less than 3 minutes, I've saved the state \$8,000. It may not be much, but \$8,000 going towards a \$414 million deficit-- if I can do that in 3 minutes, what else can we do? We're sitting back, not doing what the will of the people have said and have required. That is what we are doing here. And do I need medical cannabis? No. I'm mainly here for people like Dominic. I watched this man's video yesterday. Damn near brought me to tears. Here's a man driving down the road with his son in the back seat, which has a padded helmet on. Has to go 3 lanes over to get out of the road-- off the road, to get out of the car to administer help to his son that is having a seizure right then. Is medical cannabis a cure-all for that? No. His life will not change. We want to go out and have dinner on a spontaneous note? We do it. He can't. Crista can't. They don't have the ability to do that. There's people at home that they've got to take care of. Now, when you're watching your TV at night tonight, relaxed and having a good time, think about Dominic. Think about

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they're not ever going to be able to do that, because they don't have the relief they need. Even if it's one [INAUDIBLE]--

**HOLDCROFT:** That's your time, Mr. Reagan.

**JOHN REAGAN:** OK. Thank you.

**HOLDCROFT:** I have one quick question. Are you proponent or opponent to this bill?

**JOHN REAGAN:** I am proponent.

**HOLDCROFT:** OK. We haven't-- you haven't just-- you'll fix-- was that on his green sheet? OK. We'll fix that. You're a proponent.

**JOHN REAGAN:** No. Excuse me. I'm the other way. I'm--

**HOLDCROFT:** You're an opponent to this bill, to, to elect the--

**JOHN REAGAN:** I want the commission to be voted on.

**HOLDCROFT:** OK. You're a proponent, then, to this bill.

**JOHN REAGAN:** OK.

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

**ROUNTREE:** Yes, so just very quickly, Chair Holdcroft. And thank you so much, Mr. Reagan. For the meeting you just came back from and the \$8,000, every little bit counts, as well, in this fiscal time. But what benefit-- at the meeting, was it expressed what benefit they received at the conference that's going to help us to move down the road?

**JOHN REAGAN:** None. There was nothing said, other than approving the dollar amount that they used to go to this seminar.

**ROUNTREE:** OK. Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you, Mr. Reagan.

**JOHN REAGAN:** Thank you.

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**HOLDCROFT:** Next proponent. Next proponents. Welcome.

**AMY BURGESS:** Hello. My name is Amy Burgess, A-m-y B-u-r-g-e-s-s. I am here today as a proponent for LB934. I do believe it should be an electable position. I represent "we the people." We-- when we voted for this-- and I clearly remember standing there, reading it over and over, and making sure I got the wording right. You know, there was no other option than the Liquor Control Commission. It was, do you want a commission to regulate it? Do you not want a commission to regulate it? As a responsible cannabis business owner-- I've been in the business since 2020-- I would like to have some regulations. We don't want things to go recreational. We keep talking about "we the people" and the wording, the specific wording of everything. But nowhere in our wording does it say, this is to go recreational. So I would really like that to stop being one of your arguments that, oh, this is going to go recreational, because we're actually trying to help make the laws. I have been a cannabis educator, as I said, for many years. YOU probably-- I think the majority of you have gotten my binders before, the great big binder we brought. That was me. I know more about the cannabis industry, the people in this room know more about the cannabis industry than any-- all of the people on the commission combined. And to say that the voters might vote in-- but we're going to vote in a bunch of potheads who, you know, are, are just going to completely wreck the industry-- cannabis is an industry, nationwide. Medical cannabis. And they're business owners, they're professionals, they're educators, they're medical professionals. It takes all of those kinds of people in this. I have been to all of the can-- commission meetings. Nobody there knows what they're talking about. I've provided them with the binders, as well. We have reached out, time and time again, to offer education to the commission, but nobody's interested in hearing us. Because it seems, from the get-go, this was set up for failure. Nobody in the Legislature really wanted this to happen, so let's see how we can set it up to be the worst-case scenario, so we can say, oh darn, that failed. And that's not what we're trying to do. We are professionals. We are trying to help you. We are trying to help the people of Nebraska. And that is all that I have to say about that.

**HOLDCROFT:** Thank you, Ms. Burgess. Senator Rountree.

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**ROUNTREE:** Thank you so much, Chairman Holdcroft. And thank you, Ms. Burges, for being here.

**AMY BURGESS:** Absolutely.

**ROUNTREE:** In business only since 2020, this is a question you may not be able to answer. But when we look at our board composition--

**AMY BURGESS:** Mm-hmm.

**ROUNTREE:** --I-- we sat on those hearings last year, confirmations. When you look around the cannabis community, other states that have boards, how are their compositions compared to ours? You know, it's been stated that we'd get a bunch of people on the board that may not be qualified. You have to be medical, if you will. How are other boards comprised?

**AMY BURGESS:** Other boards are comprised, again, of medical professionals, the people that are experts in the cannabis industry--

**ROUNTREE:** OK.

**AMY BURGESS:** --people that know what the biological and physiological effects on the body are--

**ROUNTREE:** OK.

**AMY BURGESS:** --and people in business, people who are business owners, run businesses. You know, you-- it's, it's not, it's not the Wild West. It's not a free-for-all. You have to have knowledge of all of the businesses, all of the compliance issues, you know, all of the rules and regulations. It's, it's not just for any, any fellow off the street to go in and know. You have to have people who, who know what they're talking about. And I'm sorry, but there's not a lot of people in Nebraska, and certainly, not on the commission that know what they're talking about, when it comes to medical cannabis.

**ROUNTREE:** Thank you so much. And then the second question is--

**AMY BURGESS:** Yes, sir.

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**ROUNTREE:** As you offer information, offer training, what is the response back? How do you offer that to them, communication method, and what communication method is that?

**AMY BURGESS:** Well, for, for a long time, we were trying to communicate them via, via phone and email--

**ROUNTREE:** OK.

**AMY BURGESS:** --which there was never an email set up for them, so every email that we sent to them was not delivered.

**ROUNTREE:** OK.

**AMY BURGESS:** We talked to Lorraine [SIC] several times on the phone. We had several conversations with commission members, who would, would call us and ask us questions. And we said, we'll send you information. We would send information, and it does not seem like it was ever received, until I physically made the binders and put them on the desk in front of them.

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

**AMY BURGESS:** Absolutely.

**HOLDCROFT:** Senator Storm.

**STORM:** Thank you, thank you Ms. Burgess, for being here.

**AMY BURGESS:** Mm-hmm.

**STORM:** So you said this is set up for failure. Who wrote 437 and 438, the ballot initiatives? I mean, that was-- the marijuana industry wrote that. They wrote those ballot initiatives. So when you said that was set--

**AMY BURGESS:** The marijuana industry from where?

**STORM:** Well, whoever wanted medical marijuana put those together.

**AMY BURGESS:** The people of Nebraska wanted medical marijuana.

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**STORM:** Right, so whoever crafted that bill, so you said that was set up for failure.

**AMY BURGESS:** No, I'm saying the commission was set up for failure.

**STORM:** OK. In 438, who makes up the commission?

**AMY BURGESS:** The Liquor Control Commission. And that was the only option that we were given.

**STORM:** And, and 2 members appointed by who? The Governor.

**AMY BURGESS:** Yes.

**STORM:** That's what the ballot initiative said. That's what people voted on. Correct?

**AMY BURGESS:** Yes, sir, because that was the only option we were given.

**STORM:** Right.

**AMY BURGESS:** So what we're asking now is for the will to be put back to the will of the people, where we can choose who we would like to elect for that board. That is the discussion here [INAUDIBLE].

**STORM:** But that's not the ballot initiative. That-- we voted on the ballot initiative. That was the will of the people.

**AMY BURGESS:** Sir, it was the only option that we were given.

**STORM:** Right.

**AMY BURGESS:** So 71% of the people, including myself, were only given 2 options. Do you want regulation?

**STORM:** Right.

**AMY BURGESS:** Do you not want regulation? Nobody wants this to go recreational and go for a free-for-all in the streets, where children are using marijuana and we have reefer madness. Nobody wants that. That's why we voted for the one option that we had.

**STORM:** And that's what you got.

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**AMY BURGESS:** And now we are saying, this option was compromised.

**STORM:** Right, but you got what you voted for. That's what you got: 2 people appointed with the Liquor Control Board, with the Governor.

**AMY BURGESS:** Sir, the whole point that we're here today, is because that's not what is working out.

**STORM:** But that's what you voted for.

**AMY BURGESS:** And we are trying-- but we are trying to come to a compromise as to what we can do in the future, so the commission is actually working

**STORM:** OK. Well, thank you.

**HOLDCROFT:** Any other questions? I just have one quick one. You say that the Liquor Control Commission was the only option that you were given. Given by whom?

**AMY BURGESS:** Given on the ballot.

**HOLDCROFT:** Well, the people put the referendum-- the people vote-- and did, and did the-- got the sig-- got the signatures, did the petition. They put the--

**AMY BURGESS:** Sir, do you think every person in Nebraska wrote that ballot?

**HOLDCROFT:** No, but the people--

**AMY BURGESS:** But when you say the people, you're not-- it's not all the peo-- a certain-- a select group of people wrote the--

**HOLDCROFT:** No. You made, you made the statement that the Liquor Control Commission was the only option you were given.

**AMY BURGESS:** Other than nothing.

**HOLDCROFT:** Well, you wrote the ballot initiative. You could have put--

**AMY BURGESS:** I did not personally write the ballot initiative.

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**HOLDCROFT:** Well, someone here did. And you cannot stand-- sit there and then say, you know, that was all we were given. That's what the people voted for, because that's what the people put forward in the referendum.

**AMY BURGESS:** The people voted for that because those were the only 2 options. There's, there's more, there's more people in this state, sir, than the people who signed the petition. We were given-- the people of the state, the people of Nebraska, were given the 2 options on the ballot, either regulation or not.

**HOLDCROFT:** OK. Thank you. Any other questions from the committee? Senator DeKay.

**DeKAY:** Who brought forward the 2 options to the people that wrote the initiative?

**AMY BURGESS:** I don't know, sir. That's probably within your, your job scope.

**DeKAY:** The options could have-- no. The options could have been written by whoever wrote the voter initiative, to put whatever parameters they wanted in that commission-- or in that initiative, to come forward. So to say that those were the only 2 options, I don't--

**AMY BURGESS:** I'm saying as a voter in the state of Nebraska, who did not sign the petition, who did not read the petitions that I was able to sign, that the 2 options, as a voter that I was given on my ballot when I went to vote, were either do you want a commission? Do you want regulations, or no, we don't want that. Those were the 2 options the voters were given, not the people with petitions

**DeKAY:** Well, maybe the conversation should have taken-- maybe the conversation should have taken place sooner with the people that wrote the initiative, to say put exactly what you want in that voter initiative.

**AMY BURGESS:** You know, life doesn't always work the way we want it to, does it?

**DeKAY:** Well, that's part of life, then.

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**AMY BURGESS:** Yeah.

**HOLDCROFT:** Any other questions from the committee? Thank you very much, Ms. Burgess.

**AMY BURGESS:** Thank you.

**HOLDCROFT:** Next proponent. Welcome.

**LIA POST:** Hi. My name is Lia, L-i-a, last name, Post, P-o-s-t. I'm a card-carrying medical cannabis patient, here in Nebraska. I also have a Missouri ID, but they don't let you get them like this. These are sent laminated, like an actual ID, and the others are just sent in an email. So, I'm here to be supportive. I've always wanted a regulated system. My story is I am disabled with a rare illness. I have a disease called complex regional pain syndrome. I almost died during the opioid epidemic. And yeah, I proudly use cannabis, and the reason I can be here and have a respectful conversation with most of you-- but look, I know you don't like me. I don't like you. That's just how it is over this. But this is my issue to ride or die on. So I just want you to think about how you're going to be testing things, because I guarantee you if I have to get searched again, I'm going to have cannabis on me, because I want to see what happens. Because, you know, we might as well test the law. I mean, isn't that why we're here? I mean, maybe it will help, and then someone else won't have to go through it. Because the whole reason I started becoming-- coming up here was because I truly didn't want anybody else to suffer like I had. I thought that maybe if I communicated about the opioid epidemic, about the polypharmaceutical approach to pain management, there would be change, and there hasn't been. And look, Holdcroft doesn't even care what I have to say. He's talking to his legal counsel. So it's just-- same thing. 11 years. 11 years. But hey, I'm better. And I mean, some of you are happy for me. I can focus on-- I think this corner is nice. So, you know-- and I mean, I've talked to all of you. I don't wish ill on the world. Like, I don't want anybody to have this illness. But I don't want anybody else to have to go through this just to use a plant. Thank you.

**HOLDCROFT:** Any questions from the committee? Senator Rountree.

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**ROUNTREE:** Thank you so much, Chairman Holdcroft. And thank you so much, Ms. Post, for being here today. In the current configuration, how do we get the board to move forward so we can get the medicinal marijuana out to all those who need it?

**LIA POST:** You get the Governor's boot off their neck. You get people that actually care about patients. I've been to every meeting but one. And every time I speak, I speak on patients' rights, and what they are doing is taking our rights completely away from us. I mean, like we all lived through 2020 when they said single subject, that, you know, we violated single subject. And now, that's what you want to do, is put the two together-- after we had 2 more campaigns before we even got it to the will of the people. And you know-- you want to know where it happened, Senator? It's grassroots. It happened around kitchen tables. And no, I don't know how to write shit like that, and I'm proud to admit it. But I've survived. I've survived. So here's for the cockroaches, sir.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you, Ms. Post.

**LIA POST:** Thank you.

**HOLDCROFT:** Any other proponents? Welcome.

**ANGELA CORNETT:** My name is Angela Cornett, A-n-g-e-l-a C-o-r-n-e-t-t. I am here to testify in support of LB934. The voters passed a comprehensive patient protection program in 2024. Since its formation, the Medical Cannabis Commission has been on a mission to slow-walk the program and circumvent specific patient protections the voters passed. I have been fortunate enough to witness the difference between the Nebraska Medical Cannabis Commission meetings and the Omaha Tribe meetings, regarding their tribal medical, medical cannabis program. It's become very clear that Nebraska's Medical Cannabis Commission could have been working much harder to establish a successful program where the industry would thrive and patients could effectively have access to safe treatments recommended by their medical providers. Instead, they chose to slow-walk it and try to strangle the program to death, even as Nebraska patients continued to suffer and die. My mom was one of those patients. There are strong efforts to make Nebraska's program look like Iowa's failing medical program. I am a nurse. I know

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many patients aren't able to legally obtain adequate treatment in Iowa because of overly restrictive laws and regulations. Overregulation will diminish the industry's capacity to develop targeted solutions for specific medical needs. That certainly is not congruent with what-- the comprehensive patient protections Nebraska voted for. Making the commission an elected body would ensure commissioners are accountable to the voters, rather than to the Governor or to special interests.

**HOLDCROFT:** Thank you. Any questions from the committee? Seeing none, thank you for your testimony. Next proponent. Welcome back.

**TROY BURGESS:** I'm back. Troy Burgess, T-r-o-y B-u-r-g-e-s-s. You might have heard another Burgess a little bit ago. So we need to do something different. What we've tried with the committee isn't working. The reason the bill was written the way it was is the alcohol commission was already existing. There's 3 members on it, and if we had 2 more Cannabis members, that we thought the-- there's a better chance that the Governor wouldn't stack the deck. Because the other option was that we, you know, appoint 5 members that the Governor got to pick. That was the 2 options that we had available when we wrote the law. We didn't realize that they would all resign and then the Governor stacks the deck anyway. So technically, everybody on the committee right now, was appointed by the Governor. And we know he does not want cannabis. We know the people do. I'm an industry expert, and I don't get listened to. We have patients that will die before we ever have cannabis-- medical cannabis in Nebraska, and that should be disheartening to everybody in this room. We can have our disagreements. But if we want the will of the people, the law did pass. I understand we're trying to make a little modification to it, but that's how we grow and develop as a civilization. We make modifications. What we're doing isn't working. The committee is broken. They cannot regulate themselves, and they're trying to change the will of the people and the law. The law was simple: 5 ounces of flower, certain guidelines, anybody-- any practitioner can do it. It doesn't have to be in the state of Nebraska. There are very few practitioners, especially in the western counties, that even-- have ever even thought about prescribing cannabis, because they don't have the knowledge. But there's states around us that have been a lot-- legal for a lot longer time-- Colorado, Missouri-- and they have experts. They know how to treat people with epilepsy. We can treat

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people. We can't cure the disease, but I can literally make it go from 1,000 seizures a year or a month to maybe less than one. Every one of those can kill a patient. We can reduce those by almost infinity, and we won't get the cannabis product to the people that need it. I don't want rec. I don't use any recreational drugs. I want medical cannabis for the patients that need it, and we keep getting roadblocked. As an industry expert, I'm not relied on very much. And the committee has no clue what even cannabis was when we started. They didn't know if it was an annual or a perennial. How many times can you harvest it? Once. This is what we're dealing with. We need to make a change for the will of the people to help the patients. If you don't like cannabis, that's fine.

**HOLDCROFT:** Thank you, Mr. Burgess. That's your time.

**TROY BURGESS:** Thank you.

**HOLDCROFT:** Any questions from the committee? Senator Rountree.

**ROUNTREE:** Thank you, Chairman Holdcroft. And thank you, Mr. Burgess. Was there anything else you wanted to add, as your time [INAUDIBLE]?

**TROY BURGESS:** I've been to almost all the committee meetings, and we are more than a year out from ever having a harvest of cannabis in the state of Nebraska. The way they select cultivators-- we haven't even selected a processor yet. We only have 3 cultivators selected. None of them even had leases to grow. They don't even own the property. You had 14 hemp companies in the state of Nebraska that could produce and probably-- actually have you a crop within 30 to 60 days. None of them had been selected. Kind of curious why. Doesn't that seem kind of like a failure? If you got people growing CBD, all we got to do is change this-- genetics and the strains, and we can grow you THC. Not a single one of those people got their application selected. Kind of makes you wonder why.

**HOLDCROFT:** Are you finished?

**ROUNTREE:** No, continuing on.

**HOLDCROFT:** Go ahead.

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**ROUNTREE:** So for all of those denials, is there a grading criteria? I think I've seen one over the past summer-- the grading criteria. And are the members notified where they fell short, why they weren't selected? I mean, for bona fide reasons?

**TROY BURGESS:** When we submitted our applications, we had to submit them to an email. I couldn't even tell you if my application was received. You don't get any communication back. The grading scale, we don't have a clue what it is. It's just, they give you a grading scale. There's people that scored high that should probably not even have qualified, and there's people that were qualified that didn't even come above the 70% bar. There's no commonality on how anything was being graded, because you've got people that don't understand the industry at all. It would be like an English teacher trying to do physics. It doesn't work, and that's why the system's still broken. You've got to get people in there that understand the industry, where it can have strength to grow on.

**ROUNTREE:** I think for open transparency, at least with the application when it comes in, each applicant should know what the criteria is and how they grade it out on those--

**TROY BURGESS:** You would think.

**ROUNTREE:** --instead of just getting back a failure grade, or something of that nature. So, thank you.

**TROY BURGESS:** It was a percentage, but we don't know how they [INAUDIBLE].

**ROUNTREE:** How it got there.

**TROY BURGESS:** Yeah.

**HOLDCROFT:** Any other questions from the committee? Senator Clouse.

**CLOUSE:** Yeah, just kind of following up on that. So as you-- so you, you delivered a, a proposal, everybody was delivering those, but you had no idea how it was going to be scored?

**TROY BURGESS:** No.

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**CLOUSE:** They didn't give you any indication?

**TROY BURGESS:** Very little. Very little. There's certain things they wanted to see in the application, you know, location, experience, resumes, financial, but how that was weighted in their decisions, we have no clue.

**CLOUSE:** Thank you.

**HOLDCROFT:** Senator Storm.

**STORM:** Thank you. Thank you for being here. So there's 2 cultivators that have been approved, right?

**TROY BURGESS:** 3, actually.

**STORM:** 3? OK. And there's-- they were going to pick?

**TROY BURGESS:** 4.

**STORM:** How many? 4 per--

**TROY BURGESS:** 4 total.

**STORM:** 4 total? I thought there were so many per congressional district.

**HOLDCROFT:** That's dispensaries.

**STORM:** What's that?

**TROY BURGESS:** Dispensaries is per.

**HOLDCROFT:** Well, dispensaries is determined by, by congressional district, but-- so.

**STORM:** Dispensaries, OK.

**TROY BURGESS:** But we haven't even got close to that.

**STORM:** So the cultivators are different than the dispensaries.

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**TROY BURGESS:** Yeah. So when the law-- and this is where the committee is trying to work-- I mean, they're-- I'll give them a little effort for trying, but the Governor keeps saying no. So we didn't want to put a cap on plants, or production, or number of products, because we-- if we track with Iowa, we don't need a lot, because we're not ready-- have any patients. Because no one's-- there's no doctor in the state of Nebraska willing to recommend marijuana. That's a problem.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you, Mr. Burgess, for your testimony.

**TROY BURGESS:** Thank you.

**HOLDCROFT:** Next proponent. Proponent for LB934. Welcome.

**JESSIE McGRATH:** Good afternoon, Senators. My name is Jessie McGrath, J-e-s-s-i-e M-c-G-r-a-t-h, and I'm a resident here, in Lincoln. And I'm coming here today to support Senator Cavanaugh's bill, LB934. And I do this because what we have seen happening in this state is a total failure on the part of the Cannabis Commission to do their job. It literally-- they are not doing their job. They've been appointed by the Governor who has steadfastly stated his opposition to any form of cannabis. Our Attorney General feels that there should no form of cannabis. The commission has made it their, their policy to make it as draconian as possible and as unappealing as possible. I am not an individual who really has a, a dog in this fight, other than that I have friends who have medical conditions that need medication. And this is a medication that is proven effective and it, it is the only thing that some of these people can use to get relief from the, the things that are bothering them. I have been to one of the, the commission meetings, where they were dis-- to discuss the proposed rules that they were putting forward, and not a single member of that commission showed up for that public hearing. Not one. There were hundreds of people that were in that committee hearing, many of them who are in this room today, but they couldn't be bothered to come and listen to the citizens of this state and their needs. They need to be responsible, they need to be accountable, and the way to do that is to put them up for election. That way, they will do what the people of the state of Nebraska want to do. I fully support this bill and I think that it is something that is desperately needed, because we have politicians in this state who refuse to give people the relief that

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they need, and something that is, is, is very, very beneficial. And so, I support LB934 and ask you to vote it out of committee.

**HOLDCROFT:** Thank you, Ms. McGrath. Next-- any questions from the committee? Seeing none--

**JESSIE McGRATH:** Thank you.

**HOLDCROFT:** Thank you very much. Next proponent, proponent. Any opponents to the bill? Opponents. Anyone testifying in a neutral capacity? Mr. Bill, welcome.

**BILL HAWKINS:** Chairman 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 with the Nebraska Hemp Company, which is a nonprofit that's been working in the legislature for a lot of years on the cannabis issue. I'm coming here on a neutral position. I want to thank Senator Cavanaugh and his staff for working on trying to straighten out what has happened with our medical cannabis program here in Nebraska. To clarify a few things, I like to listen and decide my position as I listen to opponents and proponents. As a clarification, I believe that the people were deceived in the commission's part of the petitions. I did not support that petition because I did not believe that the alcohol commission or anybody appointed by the Governor should be overseeing the regulations and distribution of medical cannabis here in Nebraska. If you look at-- Senator Rountree, if you look at previous medical cannabis bills, they had appointees. Department of Health and Human Services Director, a State Patrol Representative, and other industry representatives in the commission. And so, the people got what they voted for because they gave total and complete control to that commission appointed by the Governor to give them their bitter pill and a tincture and other suppositories. So, I believe that it's an attempt here to fix the commission, but I don't think that is going to work. It's-- I am a-- I've had Lyme disease for probably 35 years, so I use medical cannabis constantly. I'm a caregiver, and with the People's Protection Act, I'm allowed to acquire and deliver 5 ounces of cannabis to my patients. That's law right now. And I want to make that very clear that that acquire does not require me to get it from the commission's dispensaries. The Green Light Dispensary in Rockport, Missouri is 90-some percent Nebraska people. So people have their recommendation from any state, any ailment, you can possess 5 ounces

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of cannabis right now. So, you will not have any Nebraska physicians recommending medical cannabis here in the state of Nebraska, until they have protections given by the Legislature, so.

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

**BILL HAWKINS:** You bet.

**HOLDCROFT:** See if there's questions from the committee. Senator Rountree.

**ROUNTREE:** Thank you so much, Chairman Holdcroft. And was there anything additional to close that out?

**BILL HAWKINS:** Yes. I would like to say that the discussion here, we are so scared of recreational cannabis. Recreational cannabis has been here and is here. I have over 50 years of real-life practical experience with cannabis, right here in this state, right here in Lincoln. So to try to limit the patient's rights because you're so scared of recreational cannabis-- I can't get my recreational cannabis petition circulated-- all persons have the right to use all plants in the genus cannabis, 21 and over-- because everybody has plenty of cannabis, and they don't care. It's basically legal. So do not hinder the patient's rights. And I will be a caregiver for anybody here in the state, so thank you for your time.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you, Mr. Hawkins.

**BILL HAWKINS:** Thank you, Senator.

**HOLDCROFT:** Any other neutral testifiers? OK. With that, we'll call up Senator Cavanaugh. And let me just say, we had 14 proponents, 1 opponent, no neutral. Is the ADA from this one or the next one? Next one. Back to you, Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman Holdcroft. And thank you, Committee, for your attention. And thank you to everybody who came and testified. So this issue, you know, I've been involved in it now for, I guess, 2 years. And there's always a bit of confusion about which initiative does what, and, and there's some confusion about just why things are the way they are. And I think the best way to sum it up would be

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something like, you know, don't let the perfect be the enemy of the good, or don't let-- you know, the lesser of two evils. You've heard from folks that there was a ballot initiative that then got kicked off the ballot, that there was a ballot initiative that didn't get enough signatures to qualify, and then there was this ballot initiative. And then, of course, in that intervening time, there were also bills brought forward in the Legislature to regulate it. And so, I think it's totally understandable why the folks who have been in this fight for so long are frustrated with what's happening. And I think, you know, Mr. Hawkins made a good point that this solution is not going to solve all the problems. Right? This proposal of mine is a proposal for accountability for the folks making the regulatory decisions. Those people that get elected could make the same decisions that are being made. They will just then be accountable to the voters after they make that decision, as opposed to the Governor. And when people vote for the Governor, they're voting for the Governor for a number of other reasons, not just his position on cannabis, as is evident by the fact that 71% of people voted to legalize medical cannabis in this state, and the Legislature itself is comprised of probably 66% of the people who are opposed to it. That means that basically in every one of your districts-- except for maybe-- Senator DeKay, I think your district is way-- maybe one of the only ones that didn't vote overwhelmingly for medical cannabis. But everybody else's district in the state voted some 70 or more percent in favor of legalizing medical cannabis. But there are people in this body that are opposed to medical cannabis. And so, what that tells you is that voters make decisions based off of a number of factors. And what, what it has led us to is a board that was appointed that's counter to the voters' will on that particular issue. And so, my, my theory, what this bill presupposes is if you're electing somebody whose sole job is to regulate medical cannabis, then that's the issue upon which voters will make their decision, and that board will more faithfully reflect the voters' will on that issue. And so, that's why I proposed it. I, I am very conscious of the argument about the will of the voters. And we'll have more conversation about this on a couple of other bills, I'm sure, in this, this committee, and maybe on the floor and other places. But the question is it's not-- this bill is not following the letter of what was voted on, but it is faithful to the will of the voters, because this bill has proposed to give voice to what the voters voted for. It is an answer to the commission undermining the will of the voters. So there is a

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distinction between a change in statute that is-- was voted on by the people and a change in statute that thwarts the-- what the people voted on in spirit. And so, that's, that's where this bill comes from. I appreciate everybody's attention. And obviously, happy to take any questions.

**HOLDCROFT:** Thank you, Senator Cavanaugh. Senator Clouse.

**CLOUSE:** Thank you, Senator Holdcroft. Senator Cavanaugh, I appreciate you bringing this topic up. As I have been looking at this issue-- and last year, you know, I've got stacks of information on medical cannabis. And, and I would come back to you-- I'm going to come back to what I was going to about, but the voting declined the further west you got. But even out in my area, it's still 51%.

**J. CAVANAUGH:** Mm-hmm.

**CLOUSE:** Roughly. So it, it is the will of the people. And I talked to some of those in the medical profession. They would like to see it. They want it well-regulated. So, so that-- is never a question from those that work in the, in the medical profession. I was always struck by the makeup of that commission. I looked at that and I go, how did we get to this? This is totally wrong. I always felt that we need to have people from the growers, dispensary, pharmacists, law enforcement, and to me that is the proper makeup of what this commission ought to be. But that is-- I never had a choice in that. That was what was presented. So I don't, I don't think that it's probably something needs to be looked at. I don't know if elected is right. I am still struggling with what that makeup should be. Because I, I didn't-- I don't like it how it is. Never have. And I have an amendment-- I had a bill that-- in draft form at my desk, addressing that. And I-- it's just sitting there because I'm not sure how we do it. If you make it too big, then how's it funded, and then it comes back to us and how do we fund this commission? What's that cost? But I think the makeup, 2 or 3 people-- you need subject-matter experts on there. And, and it's my opinion-- on all sides. You know, you look at this, you look at the Leg-- we have people that are subject-matter experts in a lot of fields. And you can always disagree, but at the end of the day, you try to bring something together that's going to work. So I-- I'm not sure where I'm going to go with this, but I, I appreciate you bringing it up, and it certainly is intriguing. A lot

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of the commissions, when I was sitting there looking through those, most of them are appointed commissions. Again, I'm gonna go back to the commission I was on, which was the Natural Resources Commission. We had subject-matter experts that represented specific areas in those fields that made it-- and that was a huge commission, so I'm not a proponent of that. So I guess I, I don't really have a, a, a question, as much of-- as I think this, this does need work. And I'm sure how we're going to get there and how we are going to work that, but I do appreciate you bringing this.

**J. CAVANAUGH:** Well, thank-- thanks for the comment. And my response just would be that you pointed out that the Legislature, of the 49 of us, have a broad variety of skills and talents and expertise. But keep in mind, there is no requirement that it be such, right? And so it's the wisdom of the voters who made that determination to send somebody here, based off of who they wanted and what per--perspective they wanted represented. The same option would be available to the voters for the Cannabis Commission, if it were elected. And I would imagine you would see somebody that represents my district on the Medical Cannabis Commission having a different perspective than maybe the person who gets elected from your district. But you'd have those two elected people representing more faithfully the will of the people from that district. And then, you would have-- that conflict would yield the outcome of whatever the regulations are.

**CLOUSE:** Thank you.

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

**QUICK:** Yeah. Thank you, Chairman. So right now, with the commission-- and I should probably know this. Is it-- it's not set up by area, just anybody from the state can apply for that, right?

**J. CAVANAUGH:** Well, so it's the three members of the Liquor Control Commission, and those are geographic. So the three numbers, and there's a partisan breakdown. The Liquor Commission-- can't be more than two people from the same party on the Liquor Control Commission. And then it's one each from, I think the-- each congressional district. So that-- there's a geographic dis-- part of that, but then the two additional appointees can be from anywhere for the, for the Liquor-- the, the two appointees who are only on the Medical Cannabis

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Commission. Because the commission is two members of the Medical Cannabis Commission appointed just for that purpose, and the three members who are on the Liquor Control Commission then serve also on the Cannabis Commission.

**QUICK:** So do you think even if something like this doesn't happen, could we redefine, like, areas [INAUDIBLE] to serve on the commission or geo-- geographic areas?

**J. CAVANAUGH:** I certainly think there are other options, in terms of how to con-- constrain or change the makeup of the board, and I'm not opposed to that. I just-- like Senator Clouse, I don't have a specific proposal on that at this moment. I, I came up with this idea, and so that's what I brought.

**QUICK:** All right, then. Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you very much, Senator Cavanaugh. We'll now move on to LB10-- 1045? LB1235. I'm sorry, Ms. The hearing is over for LB934. Perhaps you'd like to testify in LB1235. I'm not going to stop you, but you can also go to the back and fill out a yellow form. Yellow form, you can go one way or the other on LB934 and then state your reasons why you want to support or decline on that one. We're gonna let our capable legal counsel, Kevin Langevin, do the opening on LB1235. Your honor.

**KEVIN LANGEVIN:** Good afternoon, Chairman Holdcroft and members of the General Affairs Committee. For the record, my name is Kevin Langevin, K-e-v-i-n L-a-n-g-e-v-i-n. I serve as legal counsel for the General Affairs Committee, and I'm introducing LB1235 on behalf of the General Affairs Committee, as a committee bill at the request of the Nebraska Medical Cannabis Commission. LB1235 is a structural bill. It does not expand Nebraska's medical cannabis program. Instead, it addresses areas where existing law does not yet provide the statutory authority necessary for the program to function as a regulated medical system. First, LB1235 establishes the Medical Cannabis Commission Cash Fund. Current statutes do not authorize the commission to operate from the program-generated revenues outside the General Fund. This provision allows fees and fines generated by the program to be used for administration, information technology, licensing, enforcement, and education. In short, the-- it enables a program to operate as a

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self-sustaining regulatory system, rather than re-- relying on taxpayer funds. LB1235 clarifies fee and fine authority, allowing the commission to establish fees by rule within statutory limits and impose administrative fines. This promotes "transparis"-- transparency, uniformity, and cost recovery, while keeping legislative control over maximum amounts. Another key, key area is patient privacy. Regulations alone cannot override public records law. This bill provides explicit, explicit statutory protection for pat- patient registry information, practitioner patient linkage, and sensitive application materials. This is necessary to protect personal information, align with privacy standards, and reduce litigation risk. LB1235 further provides clear statutory authority for both a patient registry and physician registry. Current law does not expressly establish these systems, even though they are fundamental to any medical cannabis program. LB1235 also recogni-- or requires, requires a state seed-to-sale tracking system. This system follows medical cannabis from cultivation through processing, testing, transportation, and dispensing. It is a standard safeguard in reg-- regulated medical cannabis programs and helps prevent diversion into illegal markets, while providing accountability and transparency across the supply chains. Finally, LB1235 includes provisions such as federal background check authority, consistent with other Nebraska reg-- regulatory agencies, and explicit recall authority, which strength-- strengthens the commission's ability to address unsafe or mislabeled products and reinforces patient safety. In short, LB1235 closes statutory gaps so that the medical cannabis program operates with statutory authority, appropriate safeguards, and financial accountability. The commission has provided an amendment, AM1889, that reinstates previously stricken language that would have removed vaporizing, ingestion, and inhaling cannabis from the definition of cannabis equipment, and further requires the commission to procure and maintain a centralized computer tracking system, rather than a specific seed-to-sale system, while continuing to require dispensaries and licensees to utilize the commission's selected system. Additionally, it converts the bi-annually registration-- or registry fee, to annual fees to ensure adequate and consistent funding for commission operations. While I'm not permitted to answer questions here, invited testifiers will follow who can address any questions the committee may have. Thank you.

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**HOLDCROFT:** Thank you, Mr. Langevin. We have some invi-- invited testifiers. First up, Midwest Cultivator Group representative. Welcome.

**NANCY LAUGHLIN-WAGNER:** Thank you. Thank you. It's my first time doing this, so--

**HOLDCROFT:** OK.

**NANCY LAUGHLIN-WAGNER:** Yes, thank you. All right. Well, good afternoon, Chairman Holdcroft, and to the members of the General Affairs Committee. My name is Nancy Laughlin-Wagner, N-a-n-c-y L-a-u-g-h-l-i-n W-a-g-n-e-r. I am the Chief Executive Officer of Midwest Cultivators Group, which is a Nebraska state-licensed medical cannabis cultivator, and I'm also a registered nurse with over 20 years of healthcare experience, here in Nebraska. On behalf of Midwest Cultivators Group, I'm here today to testify as a proponent of LB1235. I appreciate the opportunity to be here and I thank the committee for the work that's being done on this very important issue. Nebraska's Medical Cannabis Commission has been given this responsibility to create a new, safe, and reliable industry in our state. And if LB1235 is enacted, it will provide the committee with the authority it needs to fully operationalize that program. This bill establishes several critical operational infrastructures that must be in place before medical cannabis can be responsibly made available to the patients who so desperately want and need it. LB1235 calls for the creation of a patient and caregiver registry, which is truly foundational to this program. I appreciate that the committee has included strong patient privacy and confidentiality protections, along with penalties for violations. Nebraskans need to know that their medical information will be kept secure and treated with the same care as any other sensitive health data. This is an important step to ensuring industry success. I also want to thank the committee for including language that protects licensees and their employees from violating state laws simply by participating in the regulated medical cannabis supply chain. That legal clarity is also essential for building a compliant and accountable industry. There is, however, one area that I would respectfully like to call your attention to, and that is the testing portion of the cannabis supply chain. I might suggest that Nebraska consider issuing medical cannabis laboratory licenses for several important reasons. There really needs to be a legal pathway for a

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license holder to transfer cannabis to a lab for testing. There also needs to be protections in place for the labs that possess that cannabis, and I know that LB1235 talks about protecting license holders. You know, and finally, and I think most importantly, having a licensed laboratory would allow the commission to-- that full regulatory oversight needed for the supply chain, ensuring that there is no diversion. It would allow them the ability to dictate the process for labs to acquire and dispose of cannabis. So while LB1235 appropriately recognizes the need for testing, without a mechanism to license those testing laboratories, I feel a gap remains in the supply chain. Thank you.

**HOLDCROFT:** Thank you very much for your testimony. Are there any other questions from the committee? Yes, Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman Holdcroft. And thank you, is it Logan-- sorry.

**HOLDCROFT:** Laugh-- Laughlin-Wagner.

**NANCY LAUGHLIN-WAGNER:** Laughlin-Wagner. That's OK.

**J. CAVANAUGH:** Sorry. My handwriting is bad.

**NANCY LAUGHLIN-WAGNER:** No worries.

**J. CAVANAUGH:** Laughlin-Wagner, right?

**NANCY LAUGHLIN-WAGNER:** Yes.

**J. CAVANAUGH:** OK. Thank you, Ms. Laughlin-Wagner. So-- and you represent Midwest Cultivator Group. What is that?

**NANCY LAUGHLIN-WAGNER:** We are a licensed cannabis cultivator in Nebraska, so we were issued the first license--

**J. CAVANAUGH:** OK.

**NANCY LAUGHLIN-WAGNER:** --in this program.

**J. CAVANAUGH:** And you're invited testimony. Who invited you?

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**NANCY LAUGHLIN-WAGNER:** Who invited me to testify on behalf of it? The commission.

**J. CAVANAUGH:** The Cannabis Control Commission? OK. And so, you're here in support of the bill, but it sounded like your testimony was limited to the seed-to-sale tracking, and the registry, and the protections for the folks who are in the business. What are your thoughts on specifically, the part of the bill that strikes out-of-state doctors?

**NANCY LAUGHLIN-WAGNER:** That is a great question. So I, on a personal note, I do have experience as a caregiver of, of a, a chronically-disabled daughter, and we do have to seek health care out of town. And I will tell you, as, as that goes, once you're seeking specialist care and they're out of state, coordinating healthcare between the out-of-state provider and the Nebraska provider proposes a-- there's a lot of challenges in that, just as it is. And so when we do go out of town, let's say we were to have a recommendation for cannabis, but the oncologist here doesn't want to do that for reasons I think that people have mentioned today, then we're kind of forcing people to doctor shop and involve doctors that may not be involved in their care. So that's the one-- that is one really important piece. I know-- you know, if we keep things in Nebraska, I think the thought is we won't doctor shop-- have patients doctor shop outside of the state. But I'd like to consider that oftentimes, the people that need medical cannabis are, are-- critically or chronically have medical conditions. And the more doctor visits you're going to and the more coordination that has to be done, it-- it's challenging. It can turn into a full-time job, just doing that.

**J. CAVANAUGH:** Thank you.

**NANCY LAUGHLIN-WAGNER:** Thank you.

**HOLDCROFT:** Yes, Senator Storm.

**STORM:** Thank you. Thank you for being here. Where, where are you based out of?

**NANCY LAUGHLIN-WAGNER:** Omaha, Nebraska.

**STORM:** Here in Omaha?

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**NANCY LAUGHLIN-WAGNER:** Yes.

**STORM:** Thanks.

**NANCY LAUGHLIN-WAGNER:** Thank you.

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

**J. CAVANAUGH:** Thank you, Chairman. I have an unrelated to the bill, necessarily, but we had a few folks talking about just the hurdles to getting a crop, or I don't know what, what exactly the right word would be. What's-- so you got, you got the first license to grow.

**NANCY LAUGHLIN-WAGNER:** First license, yeah.

**J. CAVANAUGH:** When do you think you're going to have your first harvest?

**NANCY LAUGHLIN-WAGNER:** You know, we have a-- in our business plan, we talked about an 8-month time frame, from go to that. But like with anything in a new industry, it takes time. There's hurdles that haven't been encountered yet, because it's all brand new. And then when you have an issue that draws, you know, sort of personal reactions, sometimes those things take longer. And so, working with, you know, the different people along the way, there's just-- sometimes, things take a little more time, but we're working aggressively. I think the other thing that's really important for the commission to do is to issue licenses. Because as a license holder, I need to have understanding and insight to who are the doctors going to be, how many patients are there going to be, you know, what does the manufacturer want from me, et cetera. And so there's-- you really have to get the whole industry licensed and stood up, so that we can serve people.

**J. CAVANAUGH:** Thank you.

**HOLDCROFT:** Yes, Senator DeKay.

**DeKAY:** Thank you. Thank you for being here. You said an eighth-month window. Is that a processed/ finished product or is that just the harvesting of the product?

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**NANCY LAUGHLIN-WAGNER:** Just the cultivation side of it.

**DeKAY:** What's that?

**NANCY LAUGHLIN-WAGNER:** Just the cultivation side of it.

**DeKAY:** OK. Thank you.

**NANCY LAUGHLIN-WAGNER:** Yeah.

**HOLDCROFT:** Anyone else on the committee? Yes, Senator Clouse.

**CLOUSE:** Thank you, Senator Holdcroft. Thank you for being here, as well. You, you had no experience with this before?

**NANCY LAUGHLIN-WAGNER:** Not with medical cannabis, that's correct. So Midwest Cultivators Group is comprised of different individuals. We have a farmer, with over 5,000 acres in a different state, we have an accountant, and we have myself, a nurse. And a lot of my background has been in, you know, oversight, regulatory oversight of projects and, and operations.

**CLOUSE:** Thank you.

**HOLDCROFT:** Senator DeKay.

**DeKAY:** Thank you. So you go through the cultivation part of it. After that, does that go on to another entity to process and get a product?

**NANCY LAUGHLIN-WAGNER:** Yes. So once it's, once it's grown, it would need to be transported so the state will have an--eventually issue a transporter license to go to the manufacturer. Both of us are required to do some testing on that, and so that's the gap I'm, I'm trying to reference, in that the LB1235 does talk about protecting the licensed entities to complete all these necessary tasks, but laboratories have not been discussed.

**DeKAY:** So with that, do they go to an in-state lab, or can, can they go interstate, or how does that work? What's their regulations on that?

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**NANCY LAUGHLIN-WAGNER:** So there is a sampling technician in the rules and regulations, and the sampling technician can either be an employee of the commission or an employee of the lab, so they would come and gather some samples-- and it's independent of the cultivator. And then, yes, it would have to go to a lab to be tested. So I think we need to think about, do we want to take part of our supply chain and give it to a lab, but yet, not have account and oversight for how do they acquire it and how do they dispose of it. The rest of the license holders will have those guidelines.

**DeKAY:** Are there labs like that in the state now?

**NANCY LAUGHLIN-WAGNER:** That would do medical cannabis? Of that I'm not sure.

**DeKAY:** OK. Thank you.

**NANCY LAUGHLIN-WAGNER:** I can get back to you, though.

**DeKAY:** All right. Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you very much--

**NANCY LAUGHLIN-WAGNER:** Thank you so much.

**HOLDCROFT:** --Ms. Laughlin-Wagner.

**NANCY LAUGHLIN-WAGNER:** Thank you.

**HOLDCROFT:** Next, we have in-- invited testimony from KRL Med LLC. Kent, you're on.

**KENT ROBERT:** Good afternoon, Chairman Holdcroft and members of the General Affairs Committee. My name is Kent Rogert, K-e-n-t R-o-g-e-r-t, and I'm breaking most rules of my lobbying experience, and I'm here in cautious support of the concepts behind LB20-- L--LB1235. With the current amendment that I have in my hand, AM1889, and hopefully, a good, open dialogue about some other things that we can improve upon, moving forward with LB1235. I think there's a lot of good stuff in, in LB1235. The ability to assess fees, fines, and then draft rules and reg--regulations, that is stuff-- something that needs

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to happen for this commission to exist on its own. There's some stuff going on in the budget to give it some funding to buy the seed-to-sale system, which I think [INAUDIBLE] move along with this pretty well. The patient protections in here are good because HIPAA doesn't apply here because this is not a traditional healthcare model, with prescriptions and diagnoses. That's [INAUDIBLE], so it's recommendations. And I think there needs to be added in here-- but we're going to have a hearing on that forthcoming, on Senator Cavanaugh's LB933, protections for healthcare providers, so that they can feel comfortable with their license to be able to, to make these recommendations. There's been some-- you know, you know, there's been some questions and some, some conversation that I just want to touch on. There have been 6 licenses that were denied for cultivator and-- because they didn't meet their initial qualifications. Had this bill been in place with the \$25,000 fee possibility, I would say that maybe some of those denials would have not been happening because they wouldn't have come forth with an application. I think some of the things that are in here will legitimize the people who are actually going to go to work for this stuff. We've also put the idea forth and we'd like to see a cannabis industry advisory committee to help the com-- the commission in the drafting of their regulations and "further"-- further statutory changes, if we need to. In, in this amendment here, it reinstates ballot initiative language that is stricken in this bill. We, we would support what's contained in the ballot language and try and get that put back in through, through this amendment here. There are emergency regulations in place, and then there's a hearing on new regulations coming up at the end of February. My team is providing feedback, and we'd like to keep putting forth and keep the communications open to-- for changes to be made moving forward. But this is the-- this is a good step in the right direction, and I'd like to try and work on it moving forward, for the session.

**HOLDCROFT:** So you're representing KRL Med LLC.

**KENT ROBERT:** Yes, sir.

**HOLDCROFT:** Is that one of the licensed cultivators?

**KENT ROBERT:** Yes. We're one of the cultivator licenses. Yep.

**HOLDCROFT:** Any questions from the committee? Yes, Senator DeKay.

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**DeKAY:** Thank you. Just to follow up on the last testifier, a couple questions on moving the product through the process to different labs, to different testing, to an end product. Who would be-- you talked about an advisory board on the labs. Is that something that they would oversee? Would that be something the Cannabis Commission, or would that be something possibly DHHS would--

**KENT ROBERT:** All that currently would be overseen by the commission, the-- my advisory committee idea would be some that would be industry experts that would meet with the director and the commissioners at their discretion to just talk about how to move forward in a way that makes sense for the industry. So it's a workable system and a workable product. So that would be just a-- it would be-- they would have no decision-making opportunity, whatsoever. They would just be advising the commission and the director.

**DeKAY:** All right. Thank you.

**HOLDCROFT:** Any other questions from the committee? Yes, Senator Quick.

**QUICK:** Thank you, Chairman. So you were talking about the 6 licenses that were denied.

**KENT ROBERT:** Yes.

**QUICK:** Is there-- what, what do you think of the process, or what, what can we do better out there?

**KENT ROBERT:** Well, so the way the-- the way that the grading is done is almost a little backwards. So all the licenses that were, that were applied for-- excuse me-- the applications that were sent in, there were 39 of those. There was no qualification that they be accepted or not, so that everything-- I mean, if you just wrote on a piece of paper, I want a cannabis license, you know, and you send it in, they're going to put it in as one of those 39. So-- but then, when they pull out, as of a lottery, when they pull out the license and then they do a grading rubric, based upon-- I've not seen the grading rubric. But it-- you have to get a 70 out of 100 or more to get accepted or offered an accepted license, at that point. So those 6 were all immediately graded less than 70, and so then they were denied. And so, we've had 2 denied. And then they pulled another 2

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more. One was-- they were both denied. And then they pulled 2 more. One was mine, and it was accepted, and one was denied. And then, they pulled one in the meeting today, and it was denied. And they pulled another one, and it was accepted. So, their-- and it's based upon that grading rubric that happens. Now, I, I believe that if-- I mean, moving forward on the manufacturing process and the-- which, there's gonna be anywhere from 2-4 two to four of those, and then up to 12 dispensaries, one on each of the judicial districts in the state. There's going to be a lot of applications for those. If you have something in place that requires like a nonrefundable, pretty high fee to app-- to apply, you'll weed out some of those denial "probablies." You'll get, you'll get people that know what they're doing, and, and will get those applications filled out correctly.

**QUICK:** Well, and just a followup, but do you think some of the ones that were denied maybe were qualified?

**KENT ROBERT:** I don't know.

**QUICK:** You don't? OK. [INAUDIBLE].

**KENT ROBERT:** So i-- the process has changed a little bit throughout there. They had some of those applications available in the first round, but the rest since then, they have not made those available for the public to see. So I don't know what the-- and I, I don't have the grading rubric in front of me, either. I just know that there have been 3 that were graded at 70 or above, and 6 that were below 70.

**QUICK:** OK. And just one more question, if I could. So going forward, what would-- what do you think is the most important thing that we still need to include in this? Or what, what would you see?

**KENT ROBERT:** In here, I think if you have the ability to, to-- for fees and fines. And, and, you know, that-- and, and that creates a, a fund that they can put money into and then you can appropriate money to, and-- but then it can, you know, flow, just kind of like the Liquor Commission would do. I think the patient protections and the provider protections would be su-- would be OK, you know, at least the, the protection of the, the information, so it's not just spewed out and [INAUDIBLE]. And then to protect those providers, make sure their licenses are still fine. I think those are definitely things

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that we should work with. Some of these other things are a little overreaching, probably. But, I think, also, we need to make sure that we're, we're protecting the, the language of the ballot initiative, which this amendment does in most part, as, as an opposition to the bill. It puts some of that stricken language back into it. I think we just need to make sure that holds it in because otherwise, we don't want to dilute further what the, what the ballot-- what the people voted for.

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

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

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

**KENT ROBERT:** Yes, sir.

**J. CAVANAUGH:** Well, I'll start by asking the same question I asked Ms. Laughlin-Wagner, which was you're invited testimony. Who invited you?

**KENT ROBERT:** The commission. Yes.

**J. CAVANAUGH:** OK. And I'll ask the same question about you. So you said this amendment puts back some of the language that was struck, but it does not put back the part about striking out-of-state doctors.

**KENT ROBERT:** It-- that's correct. We should probably-- I mean, I, I would-- we would support putting that back in.

**J. CAVANAUGH:** OK.

**KENT ROBERT:** Of course, yeah.

**J. CAVANAUGH:** So your testimony here is in favor of portions of this bill as it pertains to the, the ability to collect fines and fees, and, and applications, and the tracking system--

**KENT ROBERT:** Yeah.

**J. CAVANAUGH:** --and pretty much all the things that have to do with the cultivation side and less to do with the patient side.

**KENT ROBERT:** Yeah. Correct.

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**J. CAVANAUGH:** OK.

**KENT ROGERT:** Yeah. Yeah. I, I thought-- I said I-- cautious som-- support of the concepts behind the bill, and I think it's a, a strong step in the right direction. We just need to make sure we don't trip over ourselves when we move it forward.

**J. CAVANAUGH:** Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you, Mr. Rogert.

**KENT ROGERT:** Thank you.

**HOLDCROFT:** The next-- last invited testimony, Perry Pirsch, attorney for, attorney for Patrick Thomas, cultivator. Welcome.

**PERRY PIRSCH:** Thank you. Good afternoon, Senators. Thank you for permitting me to testify today. My name is Perry Pirsch, P-e-r-r-y P-i-r-s-c-h. I am an attorney and registered lobbyist for Maha Moto Cultivation Company, which is owned by Pat Thomas. He is one of three cultivators currently licensed by the state of Nebraska. I am not a cannabis user. Part of my background has been in state government and law enforcement. And I was a young criminal clinic student prosecutor years ago, as a senior-certified law student my third year. And I made the observation that there were people who were utilizing cannabis that were caught by law enforcement, ticketed, but they did not appear to be the same people, in my opinion, that were getting caught in bar fights or in abusing their spouses. And I recall discussing with my professor at that time the medicinal uses of marijuana, even though I was not advocating for them. And in fairness, I am here today as a paid advocate, but my understanding at that time from researching the issue was that there was no lethal dose of THC, and that if cannabis had no therapeutic or medicinal purposes, as has been described in its being a, a Schedule I drug, then people are certainly risking a lot to continue to consume it. And obviously, we, we had Crista Eggers testify today. My understanding is that she has a daughter who has a seizure disorder, and that currently, as the, the law has been, that parents with seizure-disordered children were facing prosecution removal. So regarding the bill, we think it is a great first step, and we do support reasonable regulation. So we are not against the bill.

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We also appreciate the invitation to speak here today and to help guide what we hope would be some, perhaps, commonsense changes, or at least foster some discussion. My clients have a concern about the registry, and whether, for example, making a registry available to law enforcement would clash with possible Second Amendment rights. My understanding is that when you purchase a handgun or another firearm lawfully, you certify that you are not a drug user, an abuser, that lying on the form is a felony, and that if you answered it truthfully, with a medical marijuana prescription, you're at risk of potential prosecution.

**HOLDCROFT:** That's your time, Mr. Pirsch. Let's see if there are any questions from the committee. Oh, Senator Cavanaugh. Sorry.

**J. CAVANAUGH:** Thank you, Chairman. Could you finish that thought, Mr. Pirsch?

**PERRY PIRSCH:** Again, we recognize the need for commonsense regulation, and we appreciate the insight and the thought that has been put forward in the, the bill. But we would re-- request that you reconsider, or at least look at some of the things like the registry, and also, protections for doctors and patients who use the drug, and that fees be similar to other medical products on the market, that regulations and restrictions be similar to other medical products on the market, to the extent that it can be reasonably done, done so, obviously, as Senator Rogert noted. It is different, HIPAA does not apply, and there are going to be some, some reasonable deviations from what is currently on the market, as far as Class III drugs, and we will have to make some special allowances. But from my client's point of view, he is competing against a black market that does not collect taxes, and there is no recourse against people who are giving children and other people bad drugs, and that is part of what has drove him into the business. So we want commonsense regulation, we want to protect patients, we want to protect doctors. We just don't want to make the burden on them such that the black market continues to flourish, and that, that cultivators cannot reasonably profit in Nebraska, based on what is happening.

**HOLDCROFT:** Yes, Senator Cavanaugh.

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**J. CAVANAUGH:** Thank you, Chairman. Thanks for being here, Mr. Pirsch. So I'll ask you the same thing I've asked everybody. You're invited testimony, so who invited you?

**PERRY PIRSCH:** My client told me to be here, but I believe it was at the invitation of the Cannabis Board.

**J. CAVANAUGH:** I would think, Cannabis Board. So you don't know when-- what mechan-- mechanism the invitation or request from the commission came?

**PERRY PIRSCH:** No, sir.

**J. CAVANAUGH:** OK. Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you, Mr. Pirsch. OK. With that, those are the end of our invited testifiers. I'll open it up to any proponents. Any proponents for this bill? Welcome.

**ROBERT WAGNER:** Thank you, Chairman Holdcroft and members of the General Affairs Committee. For the record, my name is Robert Wagner, R-o-b-e-r-t W-a-g-n-e-r. I live in Omaha and I am the executive director of the Nebraska Cannabis Trade Alliance. It's an industry group that we formed to represent licensed medical cannabis operators in the state of Nebraska. We testify as proponents of LB1235. As an industry group, we support clear, stable rules that allow business in this industry to be economically viable. Every industry needs certainty, and the medical cannabis industry is no different. We want to be regulated with high standards so we can keep bad actors out. At the same time, those standards must not be so high that they prevent the good actors from being economically viable. While we are strong in support of the bill, we do have recommendations from a business perspective we'd like you to consider in regard to licensing fees. High licensing fees early in the medical cannabis industry life will stifle the industry you're attempting to create and regulate. Unlike most-- unlike almost any other industry, legal cannabis is starting from the ground up. We don't have an existing business model to follow in this state. Thus, high licensing fees as we begin to commence operations are especially harmful. Consistent with your rules, our industry intends to grow methodically and durably. Profitability may

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take some time. We therefore ask for a graduated approach on license fees: low initially, but progressively higher as the industry develops and matures. It may even be necessary to set caps on fees to allow for early stage licensees to become economically viable. We support paying our fair share over time, but the license-- but the first licensees need time to get this regulated industry off the ground. Again, we support LB1-- LB1235. The Cannabis Commission has been given the responsibility to stand up an entirely new industry LB1235 gives them the authority to do so. Let me know if you have any questions. Thank you.

**HOLDCROFT:** Any questions from the committee? Yes, Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. Thanks for being here, Mr. Wagner. And I apologize. I probably would have asked this of somebody else, but this amendment-- have you had a chance to see the proposed amendment?

**ROBERT WAGNER:** I, I, I've reviewed it, but I, I haven't had my policy analyst report to me on it.

**J. CAVANAUGH:** Well, as Mr. Rogert and, I think, others have said, they're generally supportive of it, restoring language. But one part that I'm just noticing now in the amendment is-- it's the bottom part. And it says, "on page 6, lines 12 and 29, strike two years, insert one year. On page 9, line 8, strike two years, insert one year." On page 11, 19, that's reinstate the stricken matter. So there's a part where it changes the number of years that somebody has-- it looks like, is authorized, or is on the registry. It goes from two years to one year. It means somebody's going to have to renew their--

**ROBERT WAGNER:** License.

**J. CAVANAUGH:** --license every year.

**ROBERT WAGNER:** We're-- so we're not against that. We think-- I think funding for this industry is required, right? If you're going to do it right, the Cannabis Commission needs funded. Rather than put that on the back of taxpayers, put it on the industry.

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**J. CAVANAUGH:** I think-- and maybe I'm misreading this. Let's see. Page 6, the two years to one year would be for the individuals who are on the patient or caregiver li-- lists.

**ROBERT WAGNER:** Oh, apologies. I thought it was, it was against the license-holders. I would, I would have to update myself on, on those amendments and I, I can get back to you in email.

**J. CAVANAUGH:** OK. Say-- and like I said, I'm sorry. You-- probably not the right person to ask that to, but you're the one who was in front of me when I figured it out. So-- and I'll ask you the same question I've asked everybody else, which is the part about out-of-state doctors. What are your thoughts on banning-- of striking that language?

**ROBERT WAGNER:** So I, I think there's-- I don't think any bill that comes through here is going to-- everybody's going to agree on. I definitely think that's a sticking point that I would hope could be worked out in an amendment as, as-- if, if this bill advances. I, I do think out-of-state doctors-- as, as I have a child at home who, who is impacted and could benefit from medical cannabis, and anybody with chronic illness is typically with an out-of-state doctor. Right? And when you get back home, you don't want to be doctor shopping or, or finding any doctor that's going to write something. I think we're all trying to avoid that type of thing. So I'm a proponent of allowing out-of-state doctors to, to recommend cannabis for in-state patients.

**J. CAVANAUGH:** Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you, Mr. Wagner. Appreciate it.

**ROBERT WAGNER:** Thank you.

**HOLDCROFT:** Next proponent, speaking in favor of LB1235. OK, then first opponent. Welcome.

**MICHAEL JOHNSON:** Thank you. My name is Michael Johnson, M-i-c-h-a-e-l J-o-h-n-s-o-n. Thank you, Senator Holdcroft and members of the General Affairs Committee. I, I am here in opposition to LB1235, but I do want to state that I think the vast majority of it is well-written and important. I have a unique perspective compared to many others, in

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that I've been a cannabis executive for the last 15 years. And so I'm not a medical cannabis patient. I'm not a medical cannabis user. I'm a business man. I received my first license to grow medical marijuana as a business in 2010, and since that time, have employed hundreds and hundreds of people, derived tens of millions in revenue, and have been a part of every part of the supply chain. I think that when you look at LB1235, it had the right intentions and there's a lot of important components within. When it comes to funding the commission, establishing taxation and fees, provider and, and patient framework, I think there's a lot of good there. I think my concern is that it awards an incredible amount of power to a commission that currently appears to be doing everything it can to constrict the industry, to limit patient access, to put up barriers and roadblocks, to restrict what products can be sold, to limit what providers can recommend, and when you look at the overall impact of the rules that the commission has set forth, it's strangling the industry before it gets off the ground. And so, I think that this bill can work with some minor adjustments, but I just really want to caution against it as it stands today. To be clear, I am not a proponent of a liberal or loose medical marijuana program. I think that strong regulations are important for patient access, for product safety, for public health. I do believe that an economically viable system and one that provides real access for patients is very important, and I think that there's things that needs to be addressed in here. Thank you.

**HOLDCROFT:** Thank you, Mr. Johnson, right? Yeah. Very good.

**MICHAEL JOHNSON:** Yeah. Yeah.

**HOLDCROFT:** Thank you Mr. Johnson. Any questions from the committee? Senator DeKay.

**DeKAY:** Thank you. You say you've been a cannabis executive for 15 years?

**MICHAEL JOHNSON:** Yes, sir.

**DeKAY:** Can you tell me what state that you're working in with that?

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**MICHAEL JOHNSON:** So that was 10 years in the state of Oregon and a little over 4 years in the state of Colorado. I was born and raised here in Lincoln, and I'm a current resident of Nebraska.

**DeKAY:** All right. Thank you.

**MICHAEL JOHNSON:** Yeah.

**HOLDCROFT:** Any other questions from the committee? Senator Clouse.

**CLOUSE:** Yes. Thank you, Senator Holdcroft. Mr. Johnson, thank you for being here. My question was very similar to that. But when you look at the fee structure and the things here-- because it's-- it-- everyone's paying the fee, whether you're a patient, everybody's paying it. Is it-- was that your experience in other states, or was it a different pay scales? And did it create hardships and create the amount of taxes that we think-- or not, not taxes-- amount of revenue we think that it will?

**MICHAEL JOHNSON:** You know, I, I think it's-- my experience has been that cost for patients and providers is incredibly low, so that we don't put an extra burden on, on a patient community that already has a lot of burdens on their life. When it comes to fees for operators, I think it's important to have an adequate amount of fees to fund reg-- adequate regulation, and that does have a cost to it. I think that those fees have to be in line with what the economic opportunity is, and the current rules and regulations as they sit have dramatically decreased the size of this market, and, I think, make it questionable whether many of these licensees will be able to stay in business. And so, I think that has to be taken into account with the size of the fees currently proposed.

**CLOUSE:** So you think that having the same fee for an individual as the suppliers and the other-- you, you think-- you, you would not recommend doing that. You [INAUDIBLE] recommend a lower fee for the individuals.

**MICHAEL JOHNSON:** When you say individuals, you mean patients or do you mean businesses?

**CLOUSE:** Patients.

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**MICHAEL JOHNSON:** Yeah, I think as low a fee as possible for the patients is what should be justified. I think the, the, the econ-- the financial burden of this program should be put on businesses and not patients.

**CLOUSE:** Thank you.

**HOLDCROFT:** Any other questions for this testifier? Yes, Senator DeKay.

**DeKAY:** Well, thank you. You were talking about pricing a little bit here. The end product and taking in different problems that patients have, does different types of cannabis have a different price tag on what the end product would cost a patient? I, I mean if-- basically, if they're in the same form all the way through, would-- is there a different type of cannabis plants that have a different price differential than other types?

**MICHAEL JOHNSON:** I mean, there's a nuanced answer that's a yes, but the more simple answer is no, not based on type of plant. I think, you know, type of growing style and type of manufacturing method can increase or decrease your cost, and the cost of that unit will flow directly through to consumer pricing, and there is a lot of nuance built into that. I think more importantly that economies of scale are what's able to bring costs down and allow for affordable medicine for patients. The current rules and regulations have restricted those economies of scale so dramatically that prices are set to be rather high for patients, just so businesses can stay alive.

**DeKAY:** So with that, the different growing standards or growing characteristics, is that a impact on how that plant is going to affect a patient one way or the other, on different, on different problems that those patients are incurring?

**MICHAEL JOHNSON:** Yeah, it's a complicated answer, only because there's, there's thousands and thousands of different varieties of cannabis, and they all have a unique genetic makeup. And matching those with an individual patient condition, that, that science is still a little bit ahead of us right now, and it's not quite that precise. And I do think that's important to note that there is a lot of trial and error that's required for patients and healthcare providers to figure out which product really is the most helpful for

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them. If you read into the commission rules right now, they're asking for providers to prescribe a specific product, down to the SKU and down to the dose, for that patient to go in and access their medicine. That is unheard of in the United States right now, because of the inherent variability and newness of this whole system. There's a lot of trial and error these patients have to go through. And those-- that current rule around provider recommendations is overly restrictive and is going to make it very difficult for patients to find the right medicine in an expedited way.

**DeKAY:** Might not be a fair question, but how far do you think we are behind trying to get a specific cannabis product for specific patients? You said you were kind of light years or-- the timeframe ahead, so.

**MICHAEL JOHNSON:** Well, because of the Schedule I status of cannabis, there hasn't been research allowed in the United States. And so, countries like Israel and Canada and the U.K. are far ahead of us. But in terms of a U.S.-based research program, in partnership with academia and with pharmaceutical companies, we're probably a good decade behind the rest of the world, and we have a lot of work to do.

**DeKAY:** All right. Thank you.

**HOLDCROFT:** Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. Thanks for being here, Mr. Johnson. Well, you just mentioned on scheduling, so what's the effect of President Trump's executive order on rescheduling?

**MICHAEL JOHNSON:** You know, my understanding is that the executive order really just asks his agencies to move forward with the process, that the actual rescheduling has not yet occurred, and so nothing has functionally changed. It was a nice headline, but time will tell whether it actually gets rescheduled.

**J. CAVANAUGH:** Gotcha. So I just wanted to ask you, you know, you said a lot of things, like that you want a, a well-functioning system and that, that our current system is too proscriptive or too restrictive. So, I mean, can you give us any specific suggestions about ways to

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change this bill or change the regulations that we should be trying to implement?

**MICHAEL JOHNSON:** Absolutely. I think there's a handful of them. One, I think, from an access point standpoint, that one dispensary per judicial district is absolutely crazy. The idea of one dispensary in the Omaha metro area is gonna have massive bottlenecks, let alone just the monopoly concept, which will drive up prices. I think the, the prohibition on flower, vape, and edibles is not consistent with what's going on in the rest of the country and in the rest of the world. When Nebraskans voted for medical marijuana, what did they think of? They did not think of suppositories. They thought of the medical marijuana and the edibles and the vape that are available in every other medical market in the country. I think that the prohibition around those products is going to have a reduction of potentially 90% of the revenue that this market could have otherwise had. I think it's going to put intense pressure on the licensees to even keep their doors open. I think there's a couple other prohibitions. One, there's a cap around 5 grams of THC that can be sold in a 90-day period. I don't know where they came up with this. This, this is not in line with any other state in the country. And it's inserting the commission's opinions-- a very, very restrictive opinion, in between the pro-- healthcare provider and patient relationship, which does not make sense. I think that the prohibition against out-of-state doctors, as many people have already spoken to today, is also very complicated. You have groups like CHI, Bryan Health, Boys Town, who have sent memos to their providers, saying they are prohibited from recommending cannabis to their patients. Those groups have a massive market share when it comes to the patients in Nebraska. So if we are going to give these patients access and try and find the relief, why in the world can we not have a healthcare provider from Missouri or Iowa or any other state in the nation? It doesn't make sense and it just seems cruel, frankly, and I think that needs to be fixed.

**J. CAVANAUGH:** Thank you.

**HOLDCROFT:** Any other questions? Senator Storm.

**STORM:** Thank you. Yeah. I, I got a question for you. So is marijuana medicine, in your opinion?

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**MICHAEL JOHNSON:** Yes, sir.

**STORM:** OK. So you just said it's hard to figure dosages and SKUs and specifics for this industry. So any other medicine, they, they know what the dosage a person should take to help them, and they know what the SKUs are, and it's very well-regulated.

**MICHAEL JOHNSON:** Yes, sir.

**STORM:** Absolutely, it is. So, so why wouldn't we do that on marijuana, if it's medicine?

**MICHAEL JOHNSON:** I think that's a great question. So I'm going to answer it in two parts. One, I don't think medicine is equivalent to a drug. I think there are medicines that come from nature, and there are medicines that come from laboratories. What you're speaking about is a pharmaceutical drug. When it comes to pharmaceutical drugs, we have a catch-22 in this country. You know, marijuana advocates have been screaming for decades to allow the research to be done, to allow the clinical trials to happen, so that we can have this through a traditional pharmaceutical model, and the federal government's been sitting on their hands in the face of overwhelming evidence. So it's a catch-22 to say, well, why don't you have the specified doses and why don't you have the drugs? The patient community would have loved that, long ago. I also think it's important to note that food is medicine. I think that herbal medicine is a real thing, and this medicine comes from nature. One of the challenging things about medicine that comes from nature is there's variability involved. Pharmaceutical drugs have chemical standardization. Medicine that comes from nature has some variability, because those plants have variability. So if you go into the vitamin aisle and look for herbs or supplements, there's variability in those products. And cannabis-- medical cannabis today is more akin to those products than it is a pharmaceutical system.

**STORM:** And that's why no doctors will recommend it around here, because of what you said. There's variabilities and we don't know what's going to happen. So there's some that might, but-- and that's why some are pushing for immunity for those doctors, because they don't want to held-- be held liable if something happens. So that's the-- it's the-- where we're at.

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**MICHAEL JOHNSON:** I think it's an imper-- I think it's an imperfect system right now, Senator Storm, and there's a lot of work to do. I think that the relief of suffering makes it so that we should try, and so that we should allow patients and providers to have that trial and error to try and find a solution.

**STORM:** But do you think that's why they should kind of be cautious about this and not just jump off a cliff and see what happens?

**MICHAEL JOHNSON:** When you say they, who do you mean they?

**STORM:** The state and the Cannabis Commission. It's regulating all aspects of this, which is what 438 said.

**MICHAEL JOHNSON:** I think that the Cannabis Commission should be cautious when it comes around to product safe-- safety--

**STORM:** Sure.

**MICHAEL JOHNSON:** --seed-to-sale tracking, making sure it doesn't get in the hands of minors, making sure it doesn't leave the program. But I think when it comes to deciding what care a patient gets, that should be up to the healthcare provider. And I think the Cannabis Commission has inserted themselves there, incorrectly.

**STORM:** So you don't think a doctor should be held liable if something that they recommend goes wrong for somebody?

**MICHAEL JOHNSON:** I think that the language that's written in the rules right now in terms of a recommendation is that the provider believes that the benefits outweigh the risks. And I think that if the provider determines that and the patient wants to try that, that they should have immunity from that. Yes.

**STORM:** But you can see why a doctor would be scared to recommend that.

**MICHAEL JOHNSON:** And, and any doctor who doesn't want to recommend shouldn't have to.

**STORM:** OK. Thanks.

**HOLDCROFT:** Any other questions from the committee?

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**DeKAY:** Right here.

**HOLDCROFT:** Senator DeKay.

**DeKAY:** We-- you talked to-- just one quick question. You talked about fees and regulations and stuff. Do you think that's putting a stranglehold on processors to be able to get an end product, or do you think, or do you think processors will still go forward with their product and work through barriers as they go forward?

**MICHAEL JOHNSON:** I, I think that the commission has removed the most popular and patient-friendly products that folks want. And so I think 90-95% of the potential revenue for manufacturers has been stolen from them, even though it does not align with the ballot measure and current statute. I think that it's going to be very, very difficult for manufacturers to make money. I do think, because of their goodwill and their enterprising spirit that many will still try.

**HOLDCROFT:** OK. Any other questions from the committee? Yes, Senator Storm.

**STORM:** Sorry. One last question. So you came from Oregon and Colorado, in those areas?

**MICHAEL JOHNSON:** I was born and raised in Lincoln.

**STORM:** Well, I know. But you've worked in the marijuana industry in--

**MICHAEL JOHNSON:** Yes sir.

**STORM:** So they're both recreational states, correct?

**MICHAEL JOHNSON:** That's correct.

**STORM:** How much of that market in those states are pills, tinctures, suppositories, patches, nebulizers?

**MICHAEL JOHNSON:** Less than 10%.

**STORM:** OK, so most of that is flower. Smoking the medicine, right?

**MICHAEL JOHNSON:** Flower, vape, and edibles, traditional-- you know, gummies, chocolates, and such, make up 90% of the market.

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**STORM:** OK. Do you think that's really medicine?

**MICHAEL JOHNSON:** Yes, sir. I think it is.

**STORM:** OK. Thanks.

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

**MICHAEL JOHNSON:** Thank you.

**HOLDCROFT:** Next opponent. Welcome.

**JOHN CARTIER:** Thank you. Chairman Holdcroft, members of the General Affairs Committee, my name is John Cartier, spelled J-o-h-n C-a-r-t-i-e-r. I'm the Attorney General for the Omaha Tribe of Nebraska. I'm here, I'm here today in opposition to LB1235 unless it is substantially amended. Nebraska voters approve medical cannabis so patients with serious conditions could obtain relief through a regulated system. The Legislature's job now is implementation that is timely, practical, and centered on patient health and privacy. LB1235 is a poison pill in practice, because it is built on the same worldview we are hearing from the Governor and Attorney General Hilgers, who are publicly hostile to the cannabis expansion and have used a rhetoric that chills patients and caregivers. Here is what has already happened under the Nebraska Medical Cannabis Commission, why B-- and why LB1235 makes it worse. First of all, the commission has already restricted reasonable access far beyond what voters approved. The commission's emergency regulations prohibit law-- raw plant materials such as flower, prohibit products that can be smoked or vaped, and prohibits medicine containing flavoring or coloring, and prohibits cannabis-infused food and drinks. The commission's regulations also include a structure where patients can purchase only-- no more than 5 grams of Delta-9 THC within a 90-day period. This has effectively gutted the access for many real patients who need meaningful dosage and constant supply. And these are not small technical choices. That is how you turn medical cannabis into a program on paper that is not usable for a large portion of Nebraska patients. LB1235 would now add surveillance and enforcement hooks that will push patients away from the regulated system. LB1235 requires a commission to create a patient and caregiver registry and to provide a

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method for law enforcement officers to digitally verify whether someone is a qualified patient or registered caregiver. It also says that confidential information or reports may be used for purposes authorized by the act or for any other state or local law enforcement purpose. That language is far too overbroad and invites [INAUDIBLE]. Even if no medical records are stored, patient status itself is sensitive health information and you should expect chilling effects. Nebraska should not be building law enforcement facing verification pipeline into the patient registry system while the program is already struggling with delay, restrictive rules, and low trust. I also want to be candid about why I view this bill as a poison pill. In my direct communications with Attorney General Hilgers about cannabis, he has told me his top priority is to prevent cannabis from spreading in the state. That viewpoint is consistent with the public posture we are hearing from state leadership. When a bill is driven by officials whose priority is stopping cannabis, rather than implementation of what voters proved, you should assume it contains delay mechanisms and control mechanisms, and scrutinize it accordingly. My requests are straightforward. The Unicameral should do this instead: protect patient privacy by removing law enforcement from the registry and strictly limiting any use of registry data to public health administration; restore reciprocity so qualified out of state medical professionals and specialists can recommend treatment for Nebraska patients; set clear guardrails so the commission cannot restrict the program into uselessness--

**HOLDCROFT:** That's your time, Mr. Cartier. Let's see if there are-- yes, Senator Rountree.

**ROUNTREE:** Thank you so much Chairman Holdcroft. And thank you, Mr. Cartier. Could you please finish?

**JOHN CARTIER:** Yes, sir. Thank you. --set clear guardrails so the commission cannot restrict the program into uselessness through arbitrary quantity limits or bans on medically necessary forms; and add clear tribal language that respects tribal regulatory authority and prevents state interference with lawful tribal programs. Thank you.

**HOLDCROFT:** Any other-- yes, Senator Storm.

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**STORM:** Thank you, Chairman Holdcroft. Thank you for being here. So the Omaha Tribe has legalized medical and recreational, right?

**JOHN CARTIER:** Yes, sir.

**STORM:** So you're here-- are you here just to advocate for medical marijuana?

**JOHN CARTIER:** Yes, sir. At this time, the tribe has only moved forward with the medical cannabis program.

**STORM:** But you'd like to see the recreational.

**JOHN CARTIER:** I, I won't comment on that. What I'd like to see is fair access for the patients in the state.

**STORM:** OK. Thanks.

**HOLDCROFT:** Other questions? Senator DeKay, first.

**DeKAY:** Thank you. So recreational marijuana on the Omaha Nation, is that age 21?

**JOHN CARTIER:** Yes, sir. That would be.

**DeKAY:** So this would be more in line with trying to help patients that are younger than 21, or, or how, how-- what would that differentiate between recreational and medical?

**JOHN CARTIER:** Yes, sir. So currently, our cannabis commission have set up rules and regulations that support both-- a future recreational system, but primarily we're focused on medical cannabis. And so, you need a way for those who are under 21 years of age to be able to have access with an appropriate physician recommendation. That's something that I think is frustrated a little bit in the, the current bill, as it is proposed right now.

**HOLDCROFT:** Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. Thank you for being here, Mr. Cartier. So I haven't had a chance to ask anybody this question, so you're going to be the one that gets it. Section 12 of this bill says:

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the commission may adopt and promulgate rules and regulations to carry out the Nebraska Medical Cannabis Patient Protection Act. Do you know what that section means?

**JOHN CARTIER:** Yes, sir. So that's common language, I would say, in regulatory agencies that grants them that authorization to fill in the blanks, because statutes can only do so much. That's why we have administrative courts. We have lines in that, where the Department of Revenue, for example, can promulgate their own rules and regulations so they can do their jobs more effectively. There, there's-- as Mr. Johnson stated, I think there are some good things, certainly, in this bill, that would put us more in line with what is successful around the country. But that should not be combined with, as I describe, a poison pill that would really limit access, as well as chill the entire industry.

**J. CAVANAUGH:** And--

**HOLDCROFT:** Yes-- I'm sorry. Go ahead.

**J. CAVANAUGH:** No. That's all right. [INAUDIBLE].

**HOLDCROFT:** Senator Storm.

**STORM:** One last question. So right now-- so you-- the Omaha Tribe has voted for medical and recreational marijuana. Is there-- is that being sold on the reservation up there, right now?

**JOHN CARTIER:** The timeline we have-- I gave a very aggressive quarter 2, this year, timeline, but it will be more likely at the end of this year, where it will be accessible for medical patients.

**STORM:** OK. So, so you're immune to any Nebraska law up there? Because I'm, I'm ignorant on the-- so you can do whatever you want up there? Is that-- do I understand that?

**JOHN CARTIER:** No. Sorry, sir.

**STORM:** Yeah, I don't-- can you? I just-- I'm ignorant on this subject, so.

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**JOHN CARTIER:** No, you certainly can't do whatever you want. So we crafted our own Cannabis Control Code--

**STORM:** OK.

**JOHN CARTIER:** --that does the things that you see traditionally, other states. You know, you can't operate heavy machinery while you're high. You can't--

**STORM:** Right.

**JOHN CARTIER:** --grow and cultivate if you don't have a license. So it's not-- it's-- a free-for-all by any means. And our, our chosen strategy is to prioritize patient health, but also, with that, make sure that the industry can survive and give a economic boom in a place where we're looking at over 60% unemployment rate So it is a-- it's a practical thing, but more importantly than that, it's a moral obligation we think.

**STORM:** So I know like in other states-- or like, Oklahoma has statewide medical marijuana. I think it's even rec-- recreational basically, down there. But are there other states that have Indian tribes that are not-- the state doesn't have marijuana, but the, the reservation does?

**JOHN CARTIER:** Yes, sir. One good example is North Carolina, the Eastern Band of Cherokee. The state there is very hostile to cannabis industry, but they went forward with a recreational program, is my understanding. But we look at other states, such as Nevada, Oregon, Michigan, all those states have in their code language that directs the state to work with the tribe, to enter into what's called a compact. That's something that is currently missing, and I think, as the first people of this land, we should be at the table.

**STORM:** OK.

**HOLDCROFT:** Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. All right. I, I apologize, Mis-- Mr. Cartier. I should have like, set the table a little bit more. So there are 2 ballot initiatives that were passed. What was it, 437 was called the Patient Protection Act, right, and 438 was the Medical

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Cannabis Regulation Act. And my recollection is-- and you can correct me if I'm wrong-- but 438 created the com-- commission and gave them regulatory authority over manufacture, distribution, production, and sale, things like that, right?

**JOHN CARTIER:** Yes, sir.

**J. CAVANAUGH:** But it did not give them authority over the patients and doctors under 437.

**JOHN CARTIER:** Exactly. And I, I think what you see now is there's a serious argument that the commission has overstepped their boundaries by severely limiting what was approved by the voters with the THC gram cap, with the ban on most of the types of medicines that we'd be able to see. And now if this moves forward, that will be added and made even worse with the ban on any sort of physician outside the state. Because that-- it's very evident that there's a lot of pressure right now from the institution, so that physicians and other healthcare practitioners are not to issue recommendations or they're going to be penalized. And you're going to see a severe bottleneck, I think, with the other things that Mr. Johnson said, that one dispensary for judicial districts such as Omaha is laughable, that-- and as well as the cultivator license. They can only grow up to 1,250 plants each, which may sound like a lot, but typically, when you're looking at a large-scale operation that supplies a state, they deal in tens of thousands of plants. So it seems that the rules and regulations are set up to create those bottlenecks and to continue to delay access to patients, which I think the voters deserve that right to have timely access and not to be messed, messed over.

**J. CAVANAUGH:** And so you did hit on a little bit what I was asking about, is the-- we had a hearing and you came and testified on my hearing in October, about-- that the commission was overstepping its authority and inserting itself into the patients and, and things like that. So this, specifically this section that nobody else has talked about yet, the commission may adopt and promulgate rules and regulations to carry out the Nebraska Medical Cannabis Patient Protection Act. So my read of that would be that this would be granting the commission authority over 437, which they don't currently have.

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**JOHN CARTIER:** Yes. I, I see where you're getting at now. And that's exactly right. It's expanding the control afforded to the Nebraska Cannabis Commission. And if we're having an honest conversation, the commission is primarily composed of folks who don't fundamentally believe in the industry. So I would be highly skeptical of them being in place of a physician-- between the patient and the healthcare practitioner that's formulating their care plan.

**J. CAVANAUGH:** Thank you.

**JOHN CARTIER:** Thank you.

**HOLDCROFT:** Yes, Senator Andersen.

**ANDERSEN:** Thank you, Chairman. And thank you, Mr. Cartier, for being here. Is this-- I'm not a lawyer, so is it true that Nebraska law does not have jurisdiction on tribal land? Is that true?

**JOHN CARTIER:** No, sir. It's--

**ANDERSEN:** How does that work?

**JOHN CARTIER:** It is a, a fascinating exercise in legal jurisdiction that confuses some of the most brilliant legal minds to this day. There is shared jurisdiction under what's called Public Law 280, and that is for violent crimes, other types of crimes that-- where we share jurisdiction with both the county, as well as the feds. When you're looking at something like medical cannabis, however, there is case law that supports whenever there's something legalized in a state and there is no limited or qualifying language from the federal government, then the tribes can also regulate that industry or whatever that topic is, in, in a sensible manner. One thing that's interesting to note is that there was something called the Wilkinson Memo, drafted, I believe, in 2016 [SIC]. This accompanied what was called the Cole Memo, and that basically states that the Justice Department cannot expend their resources if a tribe is engaging in a lawful, medical regulatory system.

**ANDERSEN:** OK. So that basically means you can do whatever you want.

**JOHN CARTIER:** No, sir,. Because, again, you have to have a regu-- regulatory system that prevents slippage into the black market, has

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those basic patient protection rights, as well as safety guarantees, and testing, and, and all the things that it takes to create an industry that's well-regulated, but also not so well-regulated it doesn't make sense for anyone to engage in that type of commerce.

**ANDERSEN:** But as, as you kind of intimated earlier, you talked about the setup, the way the Omaha Tribe has it configured, is that, you know, you're focusing on medical cannabis, which is what you said the last time that we met, but that you also have the proviso to switch over to, to recreational. And I believe, at the last hearing, you said that's simply a vote of the, the tribal council. If they decide that they want to do it, then they can go ahead and do it, and now you're up in recreational. Is that--

**JOHN CARTIER:** Yes, sir. But what's important for us is to be good neighbors, and to be good government to govern--

**ANDERSEN:** Sure.

**JOHN CARTIER:** --and partners. So that's why we're not going all in what the Eastern Band of Cherokee did, and-- is basically drop a bomb on the state and open up the medic-- or excuse me, recreational market. We don't want to do that. We want to work together with you, together with the people of the state of Nebraska, and to also provide medicine where it is currently legal to do to this day.

**ANDERSEN:** So then when-- so then 437, 438, you guys pulled-- do you, do you just pull out the parts that you agree with and you don't have to adhere to all of it? And then when-- like the patient caregiver registry, do you guys have the same thing?

**JOHN CARTIER:** In a, in a manner of speaking, Senator. I think this bill does do some good things, such as it, it gives the funding required for the commission to be able to operate, but the surveillance of police over patient registry system, the ban of out-of-state physicians, those things need to be limited. And I would welcome a conversation with the General Affairs Committee and these bill sponsors to see if we can promulgate it and write in language that respects tribal authority, so that we can continue to work together in this area.

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**ANDERSEN:** So do you have the patient caregiver registry? Are you, are you devising that? Is that in place?

**JOHN CARTIER:** That's something that our Omaha Tribe Cannabis Commission, we-- we've set up something that's similar to that in our rules and regulations.

**ANDERSEN:** What about the practitioner directory?

**JOHN CARTIER:** No, we don't have that.

**ANDERSEN:** OK. So-- and again, I'm uneducated on tribal law. So for Omaha Tribe, can it be any practitioner that prescribes medical cannabis or medical marijuana?

**JOHN CARTIER:** It, it can be any practitioner that fits with what the current law is, so those specific types of healthcare professionals outside the state or inside the state. It doesn't have to be a, a, a physician or doctor that works exclusively on the reservation, if that makes sense.

**ANDERSEN:** OK. So he could fly in, see patients and prescribe marijuana.

**JOHN CARTIER:** Yeah. What, what we wanted to do was allow reciprocity. So in other states where they have these systems already well-developed, we want to be able to use those recommendations that have already been issued to patients.

**ANDERSEN:** Thank you.

**JOHN CARTIER:** Thank you.

**HOLDCROFT:** Senator DeKay, last question.

**DeKAY:** Thank you. Since recreational marijuana that-- you passed that, I think, last May, if I remember right.

**JOHN CARTIER:** July.

**DeKAY:** July. OK. Has there been any processing or cultivators growing for recreational marijuana up on the reservation now?

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**JOHN CARTIER:** No, sir. I want to be very clear. We are only doing medical cannabis right now, and we've only issued one license, a vertical license to ourselves, to be able to accomplish that. So you can take it from the horse's mouth. We're not doing recreational cannabis. There's no reason to be scared about that for us. What we're here today, though, is to continue to work together so that we can provide access to all of Nebraska for very important medicine.

**DeKAY:** Thank you.

**HOLDCROFT:** OK. Thank you, Mr. Cartier. Appreciate your testimony.

**JOHN CARTIER:** Thank you, Senator. Appreciate it.

**HOLDCROFT:** Next opponent. Welcome back.

**ANGELICA MARSAGLIA:** Hi. Excuse me. My name's Angelica Marsaglia, A-n-g-e-l-i-c-a M-a-r-s-a-g-l-i-a. I'm sorry I missed the first round. I was driving here. I am opposed to this LB measure, as I feel all of this is mental gymnastics. We have LB437 and LB438 in place. Even Senator Storm said on the floor that the will of the people voted, and we voted for that, and LB 437 is what we voted for. And LB438 gave the commission, what Senator Cavanaugh has said, the rules and regulations part. They're not allowed to change dosage, how we may dose, what type of cannabis for medical use, and I'm concerned because I keep hearing Recreational being brought up, and no one but you all have brought up recreational. So I don't know the fear behind it. I know everyone says they're worried about keeping children safe. I'm a mother of four. My children don't have access to my current medications that I am on that I would like to get away from. But like I've said before at previous hearings, my provider stated she's worried to prescribe it, because she's worried of retaliation in the medical field, which in my opinion as a patient should be illegal. That's intimidation. Intimidation is illegal in any realm in our world, I thought. I could be wrong. I'm not a lawyer. But I do believe that this measure is not appropriate, and I think we're wasting not only our time, but our literal time on this earth. I have a blood test coming up to decide if I have a condition that could literally shorten my lifespan. The median lifespan for the condition they're going to test me for is 38. Today's my 39th birthday. So if I do have it, it could be serious, like life-threatening.

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**HOLDCROFT:** OK. Thank you. Any questions from the committee? Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. Thanks for being here, and happy birthday.

**ANGELICA MARSAGLIA:** Thank you.

**J. CAVANAUGH:** Sorry you're spending it with us. Well, I appreciate your testimony. And I just-- I-- you, you did seem like you wanted to testify on the last bill, so I just wanted-- since it's my bill, I want to know what you thought.

**ANGELICA MARSAGLIA:** I did. I agree. I, I believe that we should be allowed to appoint who's on the commission, because they're going to be advising over us patients. And right now, we have adversary advising over us. We've reached out to them through emails, phone calls, in-person comments, and it's no response. I don't know about you, gentlemen, but if I were to give a response to someone and I'm constantly ignored, I would feel like I'm not being heard.

**J. CAVANAUGH:** Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you very much, Ms. Marsaglia.

**ANGELICA MARSAGLIA:** Marsaglia.

**HOLDCROFT:** Marsaglia.

**ANGELICA MARSAGLIA:** Thank you.

**HOLDCROFT:** Next opponent.

**CHRISTY KNORR:** Hi.

**HOLDCROFT:** Welcome.

**CHRISTY KNORR:** Christy Knorr, C-h-r-i-s-t-y K-n-o-r-r. I heard about-- there was questioning about dosages, and the SKUs, and, and current medications, and things like that. As a nurse, I want to speak to the fact that even with pharmaceutical medications, not everything works

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for everybody, and there's trial and error. And I'll speak about myself. I have depression. And there are certain medications that do not work for me, because my body just works a little differently. Chemicals in my brain are a little different, so what may work for one patient for depression doesn't work for me. So, there's that. As a nurse, I advocate for people, and that's huge. And I feel like you're trying to roll 437 and 438 in together into one. And wasn't it kicked off the ballot the first time because it needed to be single initiative, if I remember correctly, somewhere around there? So that's what they did. They went and separated them, and I feel like we're trying to roll it back in. Again, I'm a hospice nurse. Patients deserve their medicine. People are going to use it. Whenever I talk to management about things that would help benefit patients and, and where I work, they didn't always necessarily want to hear about how it affected us, as the nurses, or our patients. But when I talked money to them-- because I, I would break down-- and it was something as stupid as having to run from one end of the hall to the other to get linens, because they didn't set it up correctly. But when I started timing, it may sound silly to folks, but when you start looking at time and you start adding that money up for that running, it was well worth that \$350 cart they put at the end of the hall so we could save a little time. Imagine how much tax revenue we could pull in. Because people are worried about their property taxes, me included. And we could actually have some relief here, y'all, like seriously. People are worried about that. Don't you all want to fix the deficit? Let's get it done. We can do it. Let's stop fighting. And I feel like there's just so much resistance from some of you. You are just like, nope, I'm going to argue this. We're not going to do it, we're not gonna be open, dut, dut, dut. Well, I can tell you that there are voters who don't want to use medical cannabis, will never use medical cannabis, will never use recreational cannabis.

**HOLDCROFT:** That's your time, Ms. Knorr. Let's see if there's any--

**CHRISTY KNORR:** But they're mad at y'all.

**HOLDCROFT:** --any questions from the committee? Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. Thanks for being here, Ms. Knorr. So can you give us a little insight into-- have a conversation about how do you know how much is the right dose for somebody? Like--

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**CHRISTY KNORR:** For patients that I have had the experience of being around, they kind of self-determine that themselves. Most people consume flower, or a vape, or edibles that I have dealt with, patient-wise.

**J. CAVANAUGH:** And that's ho-- people in hospice?

**CHRISTY KNORR:** And, and not on hospice.

**J. CAVANAUGH:** [INAUDIBLE]-- OK.

**CHRISTY KNORR:** I mean, I don't always deal with people who are actively dying, but yes. Just patients, too, and patients who have went from taking opioids, a lot of opioids, to being able to use medical cannabis and being able to function and actually work and be productive, and things like that, so it's kind of decided for them. Some people will dose in the morning with an edible. Like, they learn, they learn their bodies. People know their bodies. Like, you heard the little alarm. That was my blood sugar dropping. You know, you learn, you learn your body and you learn what it is. And these people aren't smoking to get high. They're smoking to have a quality of life and to be able to function. And my wife herself, when she had cancer, there wasn't a pharmaceutical touching her pain and her neuropathy. Nothing. And I had to argue with her about taking medical-- about taking cannabis, because it wasn't legal at that time. But we had to argue about it because she was worried, not only for herself but for me. But it gave my wife some relief and she was able to at least sleep, where she wasn't sleeping before.

**J. CAVANAUGH:** Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you very much, Ms. Knorr. Next opponent.

**CRISTA EGGERS:** My name is Crista Eggers, C-r-i-s-t-a E-g-g-e-r-s, and I am the volunteer executive director and unpaid lobbyist for Nebraskans for Medical Marijuana. Our organization is coming in opposed to LB1235 as written. We do not believe this is a cleanup bill, as it has been called. Cleanup bills often clarify or implement what voters have approved, and this bill does not do that. What it does do, it strips, rewrites, and fundamentally changes the

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voter-enacted statute. This bill indirectly will codify the "commissar"-- commission's rules and regs into law. I'd like to highlight that there are provisions in this bill that we are willing to support, such as testing licenses, testing requirements, seed-to-sale tracking, collecting fees, protecting patient data, and confidentiality, but under no circumstance can we support granting additional authority to a commission that has already demonstrated a pattern of dismantling this program. Nearly every piece of public feedback submitted to the commission on their rules and regulations has been overwhelmingly negative: patients, caregivers, healthcare professionals, the industry. And despite that near universal opinion and opposition, the commission has continued to move forward, dismissing the very people that put them there, in that commissioner role. That alone, I believe, should give this body serious pause before moving thor-- moving forward and expanding its authority. Since we've been speaking about the ballot initiative, what the people did pass, what it said, I do want to highlight these red markings on this page, or what the commission has ignored in their rules and regulations: access to the whole plant, access to vaporization, access to edible forms, access to medical practitioners who are best fit for a patient's condition, access to the amount of THC necessary for their commission-- for their condition. And so I want to-- since I cannot use a prop, I want you to imagine this petition being ripped apart, piece by piece by piece. It is being ignored, what voters passed; reinterpreted. And what I feel like is happening with this bill that does change statute 437? It does this. That is not just my opinion. That is the opinion of thousands of people across this state. And right now, for many patients in Nebraska, the only current meaningful path to relief is in 437, which is statute today. It grants a patient the legal right to possess cannabis with a written recommendation up to 5 ounces in any form from a healthcare practitioner, period. That's exactly why these protections were put into this initiative and not combined with 438. The commission was granted authority by statute.

**HOLDCROFT:** That's your time, Ms. Eggers. Let's see if there are any questions. Senator Rountree.

**ROUNTREE:** Thank you so much, Chairman Holdcroft. And Ms. Eggers, if you could go ahead and finish, please.

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**CRISTA EGGERS:** OK. Thank you. The Cannabis Commission was granted authority by statute, but that authority is limited and very specific. They may regulate the manufacturing, distribution, delivering, and dispensing. It was never granted authority over patients themselves. This body, the Legislature should not get to reassign and give authority that voters intentionally placed in law differently. That's what this bill does. The name itself is change and transfer. If you allow LB1235, I do believe you are finishing what the commission seems like they have been set out to do from the start. So I urge you to reject LB1235 as written. There are parts of this bill that we agree are necessary. I'd ask that you respect voters by amending this bill and respecting their votes and also the limiting of the commission's authority. And I want to close by telling you that families in this room have been waiting and patients in this state have been waiting a long time. And if you allow me, I'm going to tell you for 15 seconds what waiting is like for my family. Do I have the commission's-- or the committee's?

**HOLDCROFT:** Go ahead.

[RECORDING OF MS. EGGER'S SON CRYING OUT IN PAIN]

**CRISTA EGGERS:** He has waited far too long. That's what waiting for relief sounds like. And this bill, upon passing, will take the protections that he has right now and my hope for him to have a better future, it takes it away.

**HOLDCROFT:** Any other questions from the committee? Senator Storm.

**STORM:** Thank you, Chair Holdcroft. Thank you for coming here. So I agree with you on something. So we're gonna-- I guess this is earth-shattering, but there's a lot of this bill I don't like either. Some of it I like, but a lot of it I don't. Now I'll tell you, though, I'm gonna read what 438 said. The Nebraska Medical Cannabis Regulation Act, passed by the voters November 2024, vests the newly created Nebraska Medical Cannabis Commission with the exclusive authority to regulate all phases of cultivation, possession, manufacture, distribution, delivery, and dispensing of medical cannabis in the state. So I think we got to stay with the will of the people, and that's-- on that. And I-- so I agree with much of what you're saying.

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**CRISTA EGGERS:** I was highlighting that, that the commission does not have authority, though, over patients and patient protections, which is separate in 437. So I agree that they-- that we did, in our ballot language, give them the ability to regulate those phases, and they are moving forward doing that in their rules and regulations. I would also challenge that I think voters, when, when voting for this, had the trust, faith, hope, whatever you want to call it, in, in this body and in the commission, that at this point, we would see it being done in a meaningful, respectful way, which I think there's obviously a lot of disagreement that that is not how it's being done.

**HOLDCROFT:** Any other questions? Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. And thanks for being here, Ms. Eggers, and thanks for sharing your story. The part of this bill I've asked-- I asked Mr. Cartier about, but I don't think anybody-- any proponent testified, is that Section 12. And you've kind of talked about this a little bit. Section 12 says the commission may adopt and promulgate rules and regulations to carry out the Nebraska Medical Cannabis Patient Protection Act. So the Patient Protection Act is 437, which is the part that establishes the right for someone to possess cannabis with a doctor's recommendation--

**CRISTA EGGERS:** Correct.

**J. CAVANAUGH:** --and all parts of the plant and all that other part. The other ballot initiative, 438, was the Medical Cannabis Regulation Act, which creates the commission and I think you just talked about-- creates the commission with the purpose of regulating the production and distribution of cannabis. So I guess I have two questions, which is: one, if the commission already has authority over patients, why is Section 12 necessary? And, and then, what, what does Section 12 do?

**CRISTA EGGERS:** We believe that our ballot language within 438 does not give them commission-- or authority over patients. Essentially, what I believe-- the way I understand it, is we are taking 437 and 438 and we are putting them together, which I do want to highlight was deemed, you know, violating of the single subject back in 2020. So, you know, like our ballot language or not, this was what we were forced to do to get to this point today. So I believe this bill is granting authority over all phases, not just phases of manufacture, distribution,

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delivery, and dispensing. But it's also over patients, patient conditions. I know there's qualified conditions is one language that is listed in this, in this bill. It does not give them the authority over that.

**J. CAVANAUGH:** So because this is the commission's bill and they're asking for this-- additional changes, I mean, I would read this as a concession by the commission that they don't have that-- currently have that authority.

**CRISTA EGGERS:** I would, I would agree.

**J. CAVANAUGH:** All right. Thank you.

**HOLDCROFT:** Any other questions from the committee? Yes, Senator Rountree.

**ROUNTREE:** Thank you so much, Chairman Holdcroft. And thank you again, Ms. Eggers, for testifying today. Just listening to you sharing about your son-- Cris, tell me just one more time how this bill hurts him, and how we can move to make sure that, at the next testimony, we don't have that but we have something that's amicable, and saying that yes, we provided relief.

**CRISTA EGGERS:** Right. You know, currently, there are no practitioners in the state of Nebraska recommending. That is one huge issue right now. While I understand that the commission is moving forward in trying to set that up, we know that currently that does not exist. And you've heard from, from many industry experts today that, you know, this is not a-- going to be a fast process. And so currently, my son and patients in this state have legal protections to have 5 ounces of cannabis in any form with a written recommendation. I can't get that in the state right now. I need to seek a medical recommendation outside of the state. I would want to do that anyway, where his doctors and specialists are actually at. I know doctor shopping was brought up earlier, and there's an idea that if we open it up, patients are going to doctor shop. I actually see that patients will be doctor shopping by limiting this program with practitioners, so much so. I will not be looking for a doctor to manage my son's care, or do blood work or MRIs or any of that, because there are no doctors in this state that will be recommending, as we understand, that can do

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any of that. So I will essentially be doctor shopping for my son to get a recommendation. But this bill, if passing-- and I apologize, I deviated. It takes his protections as a patient right now, under 437, and they're gone.

**ROUNTREE:** OK. All right. Thank you so much. I appreciate it.

**HOLDCROFT:** Anyone else? Senator DeKay.

**DeKAY:** Thank you. Thank you for being here today. We've had several conversations over the last 3 or 4 years. With your son's condition and in a form of a seizure, would medical marijuana-- two quick questions off that. Medical marijuana, would that be used to stave off a apparent seizure coming forward? Or how-- what form of medication would he be able to ingest to stop a seizure?

**CRISTA EGGERS:** You know, so within seizures, which is the all the scope, all speak-in, you know, the hope is that we could lesson pharmaceutical drugs that he takes, which are trying to prevent seizures from happening in the first place. And then, there are where we need to intervene when a seizure is happening. You know, my son is 11. He is not looking to smoke cannabis, at this point. However, I would like him and what we believe the most efficient way for him to receive the consistent cannabis use would be through a gummy, an edible, you know, not something covered in Spongebob Squarepants or marketed as candy, but something that he can stomach. I think-- you know, we flavor all of his other medicines to, to keep them in him. It is a, a horrible place to be when your, your child then throws up that medication. That's just asking for a really, really bad, sometimes, you know, you know, life-threatening day for that child. So I would like him to have access in a-- in an edible form. And when he is older, if he has the ability to and he felt a seizure coming on, I would absolutely support him smoking cannabis, if that means that his brain is not to be ravaged by a seizure that could kill him.

**DeKAY:** During the course of a seizure, is it-- how tough is it to get medication ingested in him to stop the seizure?

**CRISTA EGGERS:** It's very difficult. And so, you know, at those times, obviously, we would be looking at something under the tongue-- would, would be the best option at that moment. But, you know, it, it's so

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different for, for everybody. That's what's so unique about this is-- you know, just a few days ago, my son's doctor said, how are the meds working? Oh, they're not working very well. OK, let's just up that dose. Well, that dose isn't approved. Right. We, we use my feedback, my son's feedback, and his doctor's feedback to, to figure out what works best, and I, you know, would hope that we would do the same with cannabis.

**DeKAY:** Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you very much, Ms. Eggers. Next opponent. Welcome.

**MARCIE REED:** Hi. My name is Marcie Reed, M-a-r-c-i-e R-e-e-d. I've been coming to speak for the last year, and I really don't know what I can say anymore to those that think medical cannabis is so awful that you're trying to stop this as an option for so many, 71% of people to be exact. I guess I can say-- I guess all I can say is you never really get it till it affects you. I have a 12-year-old that I have been fighting for years for this natural medicine. Every day for the last 6.5 years, I have given my son anywhere from 8-10 pills a day, and that's when he's not sick. Now, I want you to tell me, as a parent, that doing that wouldn't concern you. DeKay has talked about it being a bandage and needing to get to the root of the problem. This has stuck with me since he said it, because if they knew the root of Kyler's seizures, we would certainly get it taken care of. The root to somebody's cancer, sometimes there isn't anything to fix it. But if you could keep them comfortable, not a total zombie, and be able to enjoy them till the end of-- till the end, wouldn't it be much better? As for not taking out-of-state practitioner recommendations, that is ridiculous. The healthcare practitioners in Nebraska have been threatened not to recommend this to anyone. So how are we even supposed to access it? The commission has been dragging their feet on this since the beginning. We are not even close to rolling out a program and having this as an option for people. I'm a firm believer that this should be a decision between a patient and their doctor, not lawmakers that don't have degrees in which medicine is best for the patient. I would give anything to have a healthy child that didn't need this as an option. So when you consider this bill, think about what you would do if it was your child, someone you loved, or even

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yourself. A controlled substance that is prescribed to people now is much worse than medical cannabis, a natural plant.

**HOLDCROFT:** Thank you. Thank you, Ms., Ms. Reed. Any questions from the committee? Seeing none, thank you very much for your testimony.

**MARCIE REED:** Thank you.

**HOLDCROFT:** Next opponent.

**ANGELA CORNETT:** My name is Angela Cornett, A-n-g-e-l-a C-o-r-n-e-t-t. I am here to testify in opposition to LB1235 as it is currently written, because it will hand too much power to a commission that has actively sought to overturn or diminish patient protections passed by the voters. As a nurse, I have serious concerns with the desire to prohibit out-of-state recommendations. Many patients see out-of-state specialists. Sometimes there is no other choice than to seek medical treatment out of state for complex medical conditions. If you've not experienced that, you're fortunate. That is not the case for many other people. Patients shouldn't have to establish care with an entirely new medical provider if they already have a current therapeutic relationship with a medical provider that knows them and their medical history. Asking the patient to establish care with an entirely different provider is burdensome. Some Nebraska patients already have medical cards in other states. The current law allows them to possess and use cannabis for medical purposes under their medical provider's supervision. This bill will effectively strip current protections for Nebraska patients who currently hold medical cards issued by doctors in other states. Imagine that you're going on a road trip. You're going to travel through about 6 states or so. You have a seizure disorder, and you take your medications with you wherever you go. Some are controlled substances, but you follow the law and have never had a problem having legal access to your medication while traveling or crossing state lines. Now let's say you're traveling and you're using cannabis as a seizure treatment. When you cross the state line, are you really supposed to stop your medical treatment at the border? Should you be required to establish care with a brand new doctor in that state before you can legally possess or use the cannabis that has been effective in controlling your seizures? Are you supposed to stop your potentially life-threatening treatment until you are able to get through that

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process, every time you cross the border into a different state? It's asinine, if we think about it. Cruel. Do we want people to continue to travel around Nebraska instead of through it? Do we want people to continue moving out of this state or avoid moving to this state in the first place? At some point, we have to start treating this as a medication and think about whether we would impose these very same burdens on someone--

**HOLDCROFT:** I'm sorry. That's your time, Ms. Cornett. Let's see if there are any questions. Senator Rountree.

Thank you, Chairman. Holdcroft. And could you just go ahead and wind up, please? Thank you.

**ANGELA CORNETT:** Thank you. At some point, we have to start treating this as a medication and think about whether we would impose the very same burdens on someone taking pharmaceutical seizure treatments or opioids for pain. Reciprocity across state lines should be the norm, especially with the movement to reschedule cannabis at the federal level. My greatest fear with this bill is that it puts significantly more power into the hands of the very people who have already chosen to slow-walk it and try to strangle it to death. Overregulation will diminish the industry's capacity to develop targeted solutions for specific medical needs, and it will make effective products less accessible to patients. That is not congruent with what we voted for. The THC caps and restrictions on forms of cannabis are in direct conflict with the ballot measures we passed. This type of overregulation is not going to stop recreational use. But you know what it will do? It's going to mean that those sickest patients, the people with cancer, the people with seizures, they are not going to be able to access products that will actually be effective for them, and that is a travesty. What the people voted for. I heard some comments up here regarding Senator Cavanaugh's bill, and if it's your opinion that we need to stick with appointees instead of elected officials on our commission board because that's what people voted for, then that also should be your position when you look at the fact that voters chose to allow patients to possess 5 ounces of whole plant, even if you don't agree. Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you very much, Ms. Cornett. Next opponent.

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**LIA POST:** Hello, my name is L-i-a P-o-s-t, Lia Post. I am from Springfield, Nebraska, and I oppose LB1235. I was not invited by the Nebraska Medical Cannabis Commission to speak. I've never been paid to be here to speak. I'm certainly not worried about buying a gun. But I have been a guinea pig for the last 11 years of my life and I've been through a bundle of meds. I've had a lot of procedures done on my body. And look, to be vulnerable, there was a time when I did not want to participate in life at all, because of my complex regional pain syndrome. And it's also called the suicide disease, because it just eats at your brain. So, you know, when you're on your knees, with your face in the carpet, sobbing and like, begging God to save your life, and of all the things to hear, you hear, just show up. So I don't expect anybody else to share my faith. You know, it's a personal relationship and that's where it should stay. But I just want you to know, like, God put me in this position for a reason, and I tend to use that position to help other people, make other people better. I mean, you guys, it is so hard to come up here. It is. And I'm a missus, just so you know, Senator, not, not just a miss. There is, crazily, some man in the state of Nebraska that loves me and has been married to me for over 30 years, so blessed, blessed woman.

**HOLDCROFT:** Thank you, Ms. Post. Any questions from the committee? Yes, Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. Thanks for being here, Mrs. Post. I, I would tell you, I say "Miss" to everybody, just to-- you know, out of an abundance of caution, generally.

**LIA POST:** Absolutely.

**J. CAVANAUGH:** But I appreciate you being here. And I just-- I appreciate being vulnerable and sharing your story. And I was thinking about-- I'm trying to remember the first time I saw you come testify in one of the committees I was in. And my recollection was you had trouble getting up to the front. You had a, a walker thing with a chair attached to it. And I almost think that-- you might have inserted yourself in the-- jumped the line because of the discomfort you were in and you needed to testify, if I remember that right. And I-- you know, you make an impact wherever you go. I appreciate you. But I just wanted to point out that you walked up here-- for the

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record, we'll say. You walked up here without having, you know, the, the walker. And you, you do seem to be more mobile and, and--

**LIA POST:** Yes.

**J. CAVANAUGH:** --experiencing less problems than when I first saw you.

**LIA POST:** Amen. 11 years of it. It works, and-- when you're not under the constant fear of being a criminal. I mean, that just deeply impact-- impacts any patient. I mean, how can it not?

**HOLDCROFT:** Well, thanks for being here.

**LIA POST:** Thank you. Appreciate y'all.

**HOLDCROFT:** Thank you, Mrs. Post. Next opponent.

**DOMINIC GILLEN:** Just FYI, I'm going to deviate a little bit from what that says, so. Good afternoon, Senators. My name is Dominic Gillen. It's D-o-m-i-n-i-c G-i-l-l-e-n, and I am here today in opposition to LB1235. This bill is being presented as a fix-it bill, but in reality-- it probably is a fix-it bill. It's a "fix the mess the commission created" bill. And I hope that we don't see it passed the way it's written now. My son, Will-- and some of you have seen him. We've thought-- he's been in these committee meetings before. He now has a valid medical cannabis card. OK? And-- with a doctor's recommendation and a clear legal right to access whole plant medicine-- medical cannabis in the state of Nebraska, under 437. I would like to not see those rights taken away from him, and that's what would happen if this bill passes. This bill effectively rolls-- as many people have already said-- 437 and 488 together, which many of you on this committee and in, in the body would have screamed bloody murder had this been a petition written like this. But now we're going to do it-- but now it's OK to put them together. And to quote, you know, one of, one of you-- there's been a quote that-- the Examiner did a thing on will of the people. And there's a senator that said, I totally agree with the will of the people. And see, we didn't have to do anything with these particular initiatives, including 437 and 438. But now, here we are, amending 437 and 438. How is that the will of the people? How does that jive? At what-- and now I'm deviating. Will Gillen, for the record, is the first patient to come before this body,

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12 years ago, to seek help from our state senator at the time, to get relief. 12 years ago. And here we still are. And he's still suffering, and we're still coming, and we're still showing up. My faith is very important to me. And I will tell you that yesterday, my, my testimony was very angry, and I had-- after church, it changed. OK. And the reason why was my-- our pa-- my pastor was talking about the Sermon on the Mount, and specifically asking, seeking, and knocking. And that's what we have been doing over and over and over again-- asking, seeking, knocking. And we will continue to ask, seek, and knock, forever and ever, as long as I have breath in me. I wrote this post on my-- before I left to come to Lincoln today: On my way to Lincoln to testify in 2 bills related to medical cannabis. This is far from my favorite thing to do, but I go today with the knowledge that he has blessed us, my wife and I, with one of his most prized and vulnerable possessions. And I get the privilege of speaking for him, for speaking for my son, Will. What an awesome responsibility and blessing at the same time. God is good, whether you believe it or not, that's where-- that-- I believe that, and I believe in my heart that that is correct and that we will continue-- I know my light is on, and I'm sorry. We will continue to fight. We will continue to show up. We continue to do what we have to do for Will. For Will. For Will. For Will. For Will. Because when you look at that child, I know that every day I get to wake up and take care of Jesus in my house. I get to wash the feet of Jesus with my tears. And I, I wish we could get rid of all this fighting about this and just come to some understanding and, and, and really do what will be helpful to people.

**HOLDCROFT:** All right. Thank, thank, thank you, Mr. Gillen. Any questions from the committee? Yes, Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. Thanks for being here, Mr. Gillen. I just wanted to ask you to elaborate-- well, thank you for sharing Will's story and, and being here again. But you did say, so Will has a valid card, and you said that this bill would essentially undermine that. Can you elaborate on what--

**DOMINIC GILLEN:** Well, the way the bill was written, it would have to be a Nebraska practitioner, and we don't have-- and that's not where his card and that's not who his-- it is. And so, it would be null and void, unless there was-- unless those people were grandfathered in

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somehow, which I don't think that's part of the bill, as far as I understand, so.

**J. CAVANAUGH:** So Will sees a specialist that's out-of-state?

**DOMINIC GILLEN:** Yeah. I mean, he-- yeah, we-- he has a doctor out-of-state.

**J. CAVANAUGH:** OK. And you've been seeing that doctor for a long time, I assume?

**DOMINIC GILLEN:** Some time, not a long, long time. And, and honestly, to be completely honest with you, we're still wait-- we're still waiting for this to be done the right way here in Nebraska. And if we need to go to the Omaha Tribe, then that's what we-- then that's what our plan is to do. But you know what? It's his legal right, and we'll, we'll do what we have to do, and I just wish there was a way that we could see past some of this other stuff.

**J. CAVANAUGH:** Well, thanks for being here.

**HOLDCROFT:** Any other questions? Yes, Senator DeKay.

**DeKAY:** Thank you for being here. We've talked before, too. And you talked about the way-- you said that for Will, it would-- medical marijuana would help stave off seizures coming forward. Is that the way you--

**DOMINIC GILLEN:** Well, it's much like what Crista said. We would hope that it would be something that would-- if you imagine Will's brain as a bowl of spaghetti, that's what an EEG looks like for him. A normal EEG is, you know, regular patterns. Where our hope would be that it would take some of that spaghetti and straighten it out. And he needs whole plant, quite honestly, Senator. And he wouldn't be smoking it. But there are other full-- there are other ways to use the whole plant, including the flower, other than smoking. By heating it and making it into an oil, which is what we would-- which is what we would do.

**DeKAY:** Now, that's, that's a question I was going to ask.

**DOMINIC GILLEN:** Yeah.

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**DeKAY:** How would you-- with Will's condition, how would he have to ingest it?

**DOMINIC GILLEN:** It would have to be orally. I mean, when he's in the middle of a seizure, trying to give him medicine is-- if he's convulsing, it's almost, it's almost impossible. You literally have to try to hold him down.

**DeKAY:** Could that come in a form of oil before you would have to break it down into an oil form, or not?

**DOMINIC GILLEN:** I'm not sure I understand your question. I'm sorry.

**DeKAY:** Well, rather-- yeah, we're talking about flower, talking about gummies, we're talking about oils, talking about pills. Would, would you be able to buy that in a pre-packaged oil form that would-- rather than buy it in a flower form and [INAUDIBLE]?

**DOMINIC GILLEN:** No. We'd have to buy the flower, and then-- as far as I know, we would have to buy the flower and then create it ourself.

**DeKAY:** OK. Thank you.

**DOMINIC GILLEN:** Yeah.

**HOLDCROFT:** Any other questions from the committee? Yes, Senator Rountree.

**ROUNTREE:** Thank you so much, Chairman Holdcroft. And thank you so much, Mr. Gillen, again, for coming and testifying. And I, I appreciate your faith, the strength of your faith. You're the only voice that your son has, so continue to ask, seek, and knock, because the [INAUDIBLE] shall be opened unto you.

**DOMINIC GILLEN:** That's right. Thank you, sir.

**ROUNTREE:** Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you--

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

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**HOLDCROFT:** --Mr. Gillen. Next opponent. Welcome.

**JESSIE McGRATH:** Good afternoon, Chairman Holdcroft and members of the committee. My name is Jessie McGrath, J-e-s-s-i-e M-c-G-r-a-t-h. I am here to oppose LB1235, and I've been here listening to the testimony of these parents, these individuals who are suffering medical conditions that can be helped by medical marijuana. I would think that you, as senators, would want to look out for the, the health and welfare of your constituents. The fact is the voters of this state passed a law that says that this can be used. But yet, you're-- you have a commission who is doing everything they can to make it as impracticable as possible for individuals to get proven medical relief. And my heart breaks, listening to these parents discussing what's going on with their kids, these individuals who have had-- for years, have been trying here, coming here, asking you, begging you to give them some relief. Now, I just retired in June of last year from the Los Angeles County District Attorney's Office, and I spent my career as a criminal prosecutor. I saw what happened in California, over the course of that entire career. My first case involved 300 pounds of marijuana that was being trafficked. I ended my career as the head of our asset forfeiture section, where probably three-quarters-- at least three-quarters of the \$50 million in forfeitures that I did came from illegal cannabis sales, because the state taxed it at such a rate that it made it easier for organizations and groups to do it illegally, and that's something that we need to avoid in this state. We actually need to have a Cannabis Commission that knows what the hell it's doing, that can put forward regulations, rules-- this body can do taxation in relationship to it, but it needs to be done on a reasonable basis. So I, again, just want to reiterate everything that these, these opponents that-- before me have testified to. And it is extremely frustrating to, to see people that have been coming here for years and years and years with a known, proven help for, for them and their families, and constantly turning a blind eye. I was so glad that in this last election, I was able to vote for the legalization of medical marijuana, and I thought that we would probably get something good. But instead, we have politicians who are using their own personal animus and dislike and distrust and hatred of cannabis to hurt people. And that is wrong. So, thank you, and if you have any questions, I'd be glad to answer them.

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**HOLDCROFT:** Thank you, Ms. McGrath. Any questions from the committee? Seeing none, thank you very much. There is one. Sorry. Senator.

**ROUNTREE:** [INAUDIBLE]. Thank you so much, Chairman Holdcroft. And thank you so much for your testimony. I know you've listened to everything and a lot has been said today, but if you had one part of this bill that you could make a recommendation to change that could make it better.

**JESSIE McGRATH:** Well, one would be to not limit it to in-state doctors--

**ROUNTREE:** OK.

**JESSIE McGRATH:** --who don't, don't do it. I mean, I live in Lincoln. My doctor is in-- I have a couple of different doctors. They're in Los Angeles. I see them. They can send me a prescription for the medication that I need that can get filled in a, in a pharmacy here. There should be no restriction on, on a, on a prescription or recommendation that comes from out of state. They're all licensed by their state medical boards, just as the physicians here are licensed by the Nebraska State Medical Board. That would be one of the key things that I would focus on, because that gives you providers to be able to get the medicine.

**ROUNTREE:** Thank you.

**HOLDCROFT:** Any other questions from the committee? Seeing none--

**JESSIE McGRATH:** Thank you.

**HOLDCROFT:** Thank you, Ms. McGrath. Next opponent.

**AMY BURGESS:** Hello, again. Amy Burgess, A-m-y B-u-r-g-e-s-s. I'm going to kind of echo what everybody has said here, as far as opponents go. This is a start, but it needs work done, definitely. The Patient Protection Act needs to be protected. We do need the seed-to-sale system, the tracking system. We do need to talk about licensing labs, because I believe it was asked before. Do you-- what do you do with labs? Do you send it out of state or anything? That is interstate trafficking, and that's illegal federally. We can't do that. We have to have in-state labs. There also needs to be something about uses for

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research, as far as medical research, to see the efficacy of products and things like that. If you guys have any questions about dosages, administrations, different methods of administration, all the different ways that you can do this, please ask me because I can tell you the physiology of all of that. I really don't have a whole lot else to say other than it's a start, but it needs to be worked on. I do not agree with it the way that it is written, but it is a start.

**HOLDCROFT:** Thank you, Ms. Burgess.

**AMY BURGESS:** Yes.

**HOLDCROFT:** Questions for this testifier? Seeing none, thank you for your testimony.

**AMY BURGESS:** Excellent. Thank you.

**HOLDCROFT:** Next opponent. Welcome back.

**TROY BURGESS:** I'm back. Thank you. It's been a long afternoon. Appreciate you guys' time. Troy Burgess, T-r-o-y B-u-r-g-e-s-s. I think, you know, our first gentleman did really well for what I have to say, as a industry. We have a long ways to go. This bill is not what we need. We need a seed-to-sale tracking system. We need a way to tax it, we need to be able to license it and license patients, but we don't need to take away patients' rights, and that's where I have problems with this bill. We are trying to regulate this to zero, and we just can't do that. People need this medicine. There's questions asked about when people are having seizures. And the thing with cannabis is once we get them on-- because I've treated thousands of patients. Once we get seizure patients on cannabis, we find the right routine, just almost with any medicine. I'm on my third round of antibiotics because I can't get rid of this stupid sinus infection. We find the routine, and as that builds up in their system, it goes into their neurological receptors and helps stay off the seizures to begin with. And as we get through month 2, month 3, month 4, they become-- basically, we can get them almost to zero seizures. And sometimes that takes flower, sometimes that takes more than 5 grams, and that's where the committee is overstepping their bounds, and we need the protections of the patients that we already currently have in law. That law allows a doctor or practitioner from any state to work on the

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right medications for those patients, where we can build up that tolerance and stay off the seizures to begin with, and that will save lives. It takes one seizure to kill somebody. We don't know which one it will be, but it will take their lives. Now if we can eliminate those through a treatment program, don't we, don't we-- don't they deserve that? And as an industry, that's why I'm here. That's why I'm passionate about it. I missed a flight today to be here because this is that important. I have to jump on a private plane later today, to get where I need to be. Because I have somewhere to be, but this is more important. Because if I don't show up as an industry, who's ready to support Will, back there? We need to support these people. We can disagree. If you don't like cannabis, that's your opinion, but your district of the one that did. So let's come up with a term that we can all agree, for they can get their medicine that they need, in a safe manner. Thank you.

**HOLDCROFT:** Thank you, Mr. Burgess. Any questions from the committee? Seeing none, thank you very much for your testimony.

**TROY BURGESS:** Thank you.

**HOLDCROFT:** Next opponent. Anybody else here to oppose LB1235? Neutral testifiers? Are you neutral?

**BILL HAWKINS:** I think--

**HOLDCROFT:** Are you--

**BILL HAWKINS:** Opponent.

**HOLDCROFT:** Opponent? OK.

**BILL HAWKINS:** Yes. I think I'm going to be an opponent this time.

**HOLDCROFT:** All right. Very good.

**BILL HAWKINS:** Senator Holdcroft, Chairman, members of the General Affairs Committee, my name is Bill Hawkins, B-i-l-l H-a-w-k-i-n-s. I'm with the Nebraska Hemp Company. I'm a lifelong Nebraska resident. I am an herbalist and organic farmer. And I guess I oppose this bill because it eliminates the patient's rights, and it eliminates the Patients' Protection Act by putting it under the preview of the

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Cannabis Commission appointed by the Governor. So a couple clarifications. Senator Storm, I appreciate your questions. As far as dosing in the pharmaceutical industry, and especially with these kids with seizures, they're guessing at the dosage. Most of the medicines that they are prescribed are not clinically trialed for them. So as an herbalist, we use the whole plant. And when you start separating out individual molecules is where you become-- you come up with all the side effects. So if you look at pharmaceutical drugs, there's a huge list of side effects that affect the patient. And if, if you listen to the TV commercials, it can scare the heck out of you about these pharmaceutical drugs. So, dosing. In other states and in other countries, Israel, specifically, has been researching this plant for decades. This plant has been around for centuries, and we can talk about the safety of this plant versus other pharmaceutical drugs till we're blue in the face. But this bill, one specific thing that people haven't discussed that I'd like to bring up is in Section 5, in creating the registry of patients and physicians. A individual may apply to the commission to be enrolled in the patient and caregiver registry as a potential qualified patient. Down at line (2), enrollment in the registry as a potential qualified patient. So therefore, if you're a potential qualified patient, that means you can be denied as a qualified patient. So therefore, it gives the commission the authority to deny a patient the right to medical cannabis. That's not what the people voted for. So I would say I am opposed to this bill. We need regulation to get patients safe access to this medicine as soon as possible, but they do have the right, with a writ-- written recommendation from any state, any physician, any ailment to possess 5 ounces of medical cannabis.

**HOLDCROFT:** OK. Thank you, Mr. Hawkins.

**BILL HAWKINS:** Thank you.

**HOLDCROFT:** Any questions from the committee? Yes, Senator Cavanaugh.

**J. CAVANAUGH:** Thank you, Chairman. Thanks for being here, Mr. Hawkins. I appreciate you bringing up that point because nobody else has brought it up, about the potential qualified patient. So just to put a point on it, what you're saying is under current law, someone with the recommendation from their doctor, whether they're in Nebraska or outside of Nebraska, if the doctor recommends possession of cannabis,

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then they are in compliance with the law if they possess less than 5 ounces. Right?

**BILL HAWKINS:** Correct.

**J. CAVANAUGH:** And so what you are saying under this is, someone can get a recommendation from a doctor. Then they would apply to the commission, and the commission could decide the doctor shouldn't have made that recommendation.

**BILL HAWKINS:** And first of all, the pa-- a physician has to be qualified, and it's the same thing. They apply to be qualified, and so the physician can be denied. And therefore, then the patient can be denied. And it's kind of a little bit confusing in there, because it-- I'm not sure if you have to be quali-- have a recommendation before you can apply, or you have to apply and then you get your recommendation, so it's a little confusing in there. But either way, it's redundant, in it's a qualified patient with a qualified medical condition. So therefore, the commission is allowed there, by this bill, to decide the qualifying medical condition, also.

**J. CAVANAUGH:** Right.

**BILL HAWKINS:** So it is totally eliminating the Patients Protections Act.

**J. CAVANAUGH:** OK. Thank you.

**BILL HAWKINS:** Certainly.

**HOLDCROFT:** Any other questions from the committee? Seeing none, thank you, Mr. Hawkins.

**BILL HAWKINS:** Thank you, and I greatly appreciate the commission's [SIC] time.

**HOLDCROFT:** Any other opponents?

**\*SHANNON CORYELL:** Please oppose LB1235 and do not advance it out of committee. This bill puts an undue burden on patients like me. Thank you for your time.

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**HOLDCROFT:** Anyone testifying in the neutral? OK. With that, there were 3 proponents, 110 opponents, 3 neutral, 1 ADA, which was distributed to all members. It was from Shannon Coryell of Omaha. Are we good? With that, that ends the hearing on LB1235, and our hearings for today. I'd like to go ahead and go into an exec with the committee, so I'll ask you to--