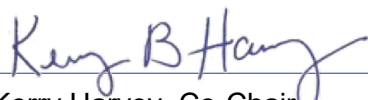


TEAM KENTUCKY™



SUMMARY OF THE ACTIVITIES OF THE MEDICAL CANNABIS COMMITTEE



Kerry Harvey, Co-Chair
Team Kentucky Medical Cannabis Advisory Committee
Secretary, Justice and Public Safety Cabinet



Ray Perry, Co-Chair
Team Kentucky Medical Cannabis Advisory Committee
Secretary, Public Protection Cabinet

Table of Contents

Introduction	2
Healthcare and Public Health	5
Criminal Justice and Legal	10
Advocacy Groups	14
Opposition.....	15
Conclusion.....	17

Introduction

On April 21, 2022, Kentucky Governor Andy Beshear announced that the Governor's Office of Legal Services was researching available options for executive action his administration could take concerning the availability of medical cannabis in Kentucky.

During the 2022 legislative session, the Kentucky House of Representatives passed House Bill (HB) 136 which, if enacted, would legalize and regulate the use of medical cannabis. The bill passed the House 59-34 with bipartisan support. In spite of this strong bipartisan support, Senate leadership did not call the bill for a vote. Consequently, Governor Beshear formed the Team Kentucky Medical Cannabis Advisory Committee. The Committee's purpose was to provide a forum for Kentuckians to voice their opinion on this issue to better inform Governor Beshear's consideration of executive action.

On June 14, Governor Beshear announced the 17 members of the committee:

- Kerry Harvey, Justice and Public Safety Cabinet Secretary, Co-Chair
- Ray Perry, Public Protection Cabinet Secretary, Co-Chair
- Dr. Amber Cann of La Grange, pharmacist and business owner
- Julie Cantwell of Rineyville, advocate with Kentuckians for Medical Marijuana
- Jennifer Cave of Louisville, member, Stites and Harbison
- Eric Crawford of Maysville, advocate
- Cookie Crews of Frankfort, commissioner of the Department of Corrections
- Dr. John Farmer of Louisville, OB/GYN, medical director of Solid Ground Counseling and Recovery, addiction treatment provider in Louisville, Morehead, and Hazard
- Dr. Jonathan Hatton of Whitesburg, family medicine, Mountain Comprehensive Health
- Brian Jinter of Jeffersonville, Indiana, certified public health worker in Louisville
- Dr. Nick Kouns of Lexington, internal medicine, Clark Regional Medical Center
- Alex Kreit of Cincinnati, Ohio, director of the Chase Center on Addiction Law and Policy, Northern Kentucky University
- Dr. Linda McClain of Louisville, OB/GYN, Commonwealth Counseling Center
- Andrew Sparks of Lexington, former assistant U.S. Attorney
- Dee Dee Taylor of Louisville, chief executive officer, 502 Hemp Wellness Center
- Julie Wallace of Morganfield, Union County Attorney
- Kristin Wilcox of Beaver Dam, co-founder of Kentucky Moms for Medical Cannabis

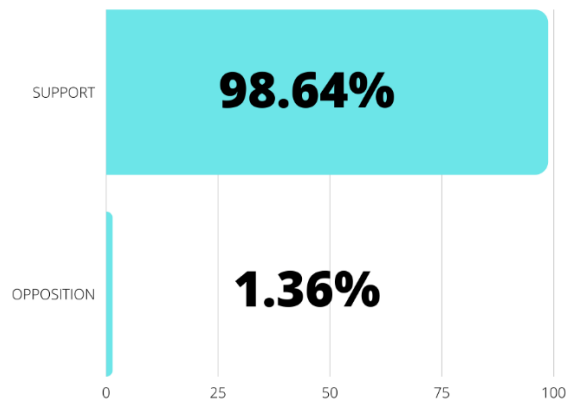


The committee members represent all corners of the commonwealth and bring experience in health care, treatment of opioid use disorder and other diseases of addiction, law enforcement, criminal justice and advocacy for medical cannabis to the table.

The members of the Team Kentucky Medical Cannabis Advisory Committee were tasked with hosting town hall meetings throughout the state open to the public for discussion from residents, local leaders, health care providers and advocacy groups. The committee held four town hall meetings throughout the month of July in the following counties:

- Wednesday, July 6 at the University of Pikeville, Pike County
- Thursday, July 14 at Northern Kentucky University, Campbell County
- Tuesday, July 19 at the Kentucky Transportation Cabinet, Franklin County
- Monday, July 25 at Hopkinsville Community College, Christian County

Over 150 Kentuckians attended the town hall events with more than 70 individuals voicing support for medical cannabis. Many of the speakers have personal experience with medical cannabis, having lived in, or travelled to states where it is legal. No opposition was presented to the committee members at any of the town hall meetings. Each town hall meeting was recorded and uploaded to the advisory committee's [YouTube page](#).

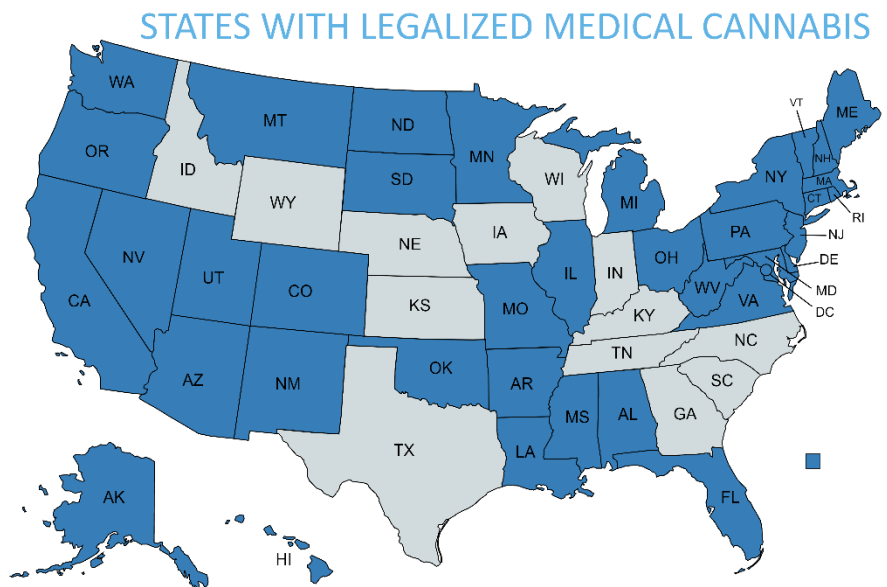


The state's medical cannabis website, medicalcannabis.ky.gov, allowed Kentuckians to submit their feedback online. As of August 12, the website received 3,539 comments. Of those comments 98.64% of respondents support legalizing medical cannabis in Kentucky:

- 3,491 responses voiced support of medical cannabis in Kentucky.
- 48 responses voiced opposition to medical cannabis in Kentucky.

Thirty-seven states, including five of Kentucky's seven border states, Illinois, Missouri, Ohio, Virginia, West Virginia, the District of Columbia and four U.S. territories, allow the use of medical cannabis. Many Kentuckians believe it is time to do the same.

This submission summarizes the feedback the advisory committee received from more than 3,500 Kentuckians, both online and in-person. It is organized into four categories: Healthcare and Public Health, Criminal Justice and Legal, Advocacy Groups and Opposition. The summary is presented by Secretaries Perry and Harvey and is not intended as an encyclopedic discussion of the issue. Rather, the report summarizes what we heard from Kentuckians. Their voice, not our opinions, are presented for the Governor's consideration.



The committee heard a variety of recommendations concerning the most effective ways to make medical cannabis available in the commonwealth, including from members themselves. This summary mentions some of those recommendations, but we note that most of these would require legislative action.

As Co-Chairs of the Team Kentucky Medical Cannabis Advisory Committee, Justice & Public Safety Cabinet Secretary Kerry Harvey and Public Protection Cabinet Secretary Ray Perry have compiled this report as a summary of the opinions and commentary provided by Kentuckians. By compiling comments heard from across the commonwealth, the co-chairs seek to provide an accurate overview of constituent sentiments to better inform Governor Beshear.

Healthcare and Public Health

The majority of Kentuckians who spoke at the town hall meetings indicated, from personal experience, that cannabis relieves pain from chronic medical conditions. Often the pain described was hindering the individual's ability to perform routine daily tasks, such as walking, getting dressed, attending school and work, driving, participating in physical activity, holding their grandchild, making connections and friendships, and the very foundations of daily life.

Several participants spoke on behalf of themselves or a loved one (parent, child, spouse, etc.) suffering from severe seizure disorders. These individuals stated that their Kentucky doctor sometimes recommended using cannabis. By traveling to other states to obtain the medication, the seizures were greatly reduced. Some reported going years without seizures due to continued use of medical cannabis.

In addition to seizures, speakers at the town hall meetings reported relief from many conditions, including the following:

- Chronic Pancreatitis
- Post-Traumatic Stress Disorder (PTSD)
- Chronic Pain
- Epilepsy/Seizures
- Drug Resistant Epilepsy
- Heart Conditions
- Anxiety
- Insomnia
- Multiple Sclerosis
- Duplication 15 Syndrome
- Various Mental Health Issues
- Cancer/Chemo Radiation Side-Effects
- Dementia
- Crohn's Disease
- Gastroparesis
- Migraines
- Depression
- Parkinson's Disease-Induced Pain

Additionally, the committee heard from Kentucky health professionals whose experiences indicate cannabis relieves pain and other symptoms, creating a better quality of life.

Parents of children suffering from an illness that cannot be managed with traditional medications spoke at length to the committee. These parents stated children deserve to live without constant pain and suffering. They added they would do anything to help their child receive the relief needed, but do not want to be criminals. They must weigh their child's suffering against traveling to another state to legally obtain medical cannabis for their child, only to find themselves violating the law upon reentering Kentucky. Some parents worried their kids, or adults with disabilities, could be removed from their care if illegal activity was discovered.

At the Northern Kentucky Town Hall, one Kentucky mother talked about her 14-year-old son, who has struggled with epilepsy and serious side effects from prescription medications since he was eight months old. She said, in part:

"I have a list of things I would like to share with you: cramps, drowsiness, increased hair growth, nausea, vomiting, nearsightedness, chest pains, lethargy, aggressive behavior, anger, rage, anxiety, chills, cough, burning, crawling skin, prickling skin, numbness of the limbs, abnormal or nightmarish dreams, headaches, migraines, life-threatening rash, suicidal thoughts, depression, dizziness, insomnia, loss of coordination, loss of appetite and weight loss, increase of appetite and weight gain, bladder pain, liver toxicity, mental changes, double vision, tremors, low platelet count, hair loss, mania, diarrhea, panic attacks, constipation, increase or changes in seizure activity, bloody or cloudy urine. What I have shared with you are the side effects of anti-epileptic drugs, specifically the ones that [Kentuckian's son] has taken for seizures in his lifetime, all of which are legal in our state. How many of you would choose those kinds of drugs for your children if those drugs could commonly cause only a few of what I've listed above? This is the only choice we have. The natural choice, one that can not only take away the seizures but take away these terrible side effects, is not a choice afforded to us. It's an opportunity my child is being denied. Here's one thing I can promise you: cannabis doesn't come with a ginormous list of side effects like the ones I just listed. What it does come with is an opportunity for my son and other children like him – children who suffer at the hands of those who refuse to see the healing qualities of a plant created by a God that I worship every single day of my life. It comes with a hope for a future without seizures. It comes with a promise that people like my son can one day live a normal, seizure-free life. A life filled with the normal stuff: a driver's license, the movies, video games, hanging out with friends, alone time when you need it, and a chance to stop the worry, to stop the panic and enjoy the beauty that this life has to offer."

Katrina, a mother who attended the town hall in Frankfort, told the committee that she would speak for her 20-year-old son, Michael, who wasn't able to speak for himself.

“Michael has been sick since the day he was born. He was born with a rare disease called gastroparesis. It causes intense pain, nausea and a lack of appetite. Michael has a list of about 25 other diagnoses as well, which I won’t go into today because we don’t have time.

In Utah, he was prescribed medical cannabis by his GI doctor because he had been on every medicine available for gastroparesis. At 10 years old, one night, he begged me to die because he was in so much pain and we couldn’t relieve it. Utah gave him the ability to utilize cannabis legally. His pain was relieved ... When we moved to Kentucky to be with family, we lost that ability ...

I have people tell me, just go ahead and give it to him. Doctors don’t have to know, nobody has to know. Sorry, he is a disabled human being, and I am the parent and guardian of a vulnerable adult. And furthermore, I fully believe that doctors do need to know what he’s on. Both supplemental and prescribed. So no, that is not an answer for us.

The other problem being, if they did take him away from me, who is going to take care of him like I do? Who is going to know him like I do? Are there institutions in Kentucky capable of dealing with autism and 25 different medical complications? He would die.

I ask you to please do everything in your power to get this legalized. For our people. The state of Kentucky is counting on you and people like Michael are counting on you.”

Many military veterans came forward to explain that their PTSD was significantly eased by the use of cannabis. Some described the inability to sleep because of the disorder while others reported being put on numerous medications to ease pain, treat anxiety, sleep or move their joints fully.

One veteran in Northern Kentucky, who served in both Iraq and Afghanistan and then pursued a career in law enforcement, described his daily struggle. He had been prescribed multiple traditional medications that left him contemplating suicide:

“After Afghanistan, I was on thirteen medications, and I wanted to eat a bullet every single day. My daughter didn’t have her daddy anymore ... I’ve been a cop my whole life, I’m not going to just go out and start using weed. I investigated suicides. I didn’t want to commit suicide because I didn’t want to leave that for my family. An old hippie convinced me it was time for a change. One puff, I dropped a med. Second puff and I dropped another. Within a year I didn’t drink and was off 12 of the 13 medications. I still have all those injuries and disabilities, but I can function. I can live. I can have friendships and conversations again.”

At the Pikeville Town Hall, one Kentuckian spoke about an accident he suffered over 20 years ago that left him with intense nerve pain. Physicians tried numerous medications, but nothing has worked. Several days prior to town hall, this Kentuckian was taken off another round of medication due to serious side effects and is still searching for a solution. He testified in part:

“I’m in an area right now that my doctors want to try new medications to see if they can help me deal with this nerve pain, because I average about twenty hours a day in bed, because getting up, walking around, sitting in these chairs is extremely painful. My pain scale is generally about an eight to a nine. They always ask me, ‘why do you never get to a ten on this pain?’ I had a five-millimeter kidney stone in 2016. That’s a ten. ... I’m currently living on one kidney, taking two and a half milligrams of morphine every day. I’m on amitriptyline to try to help with just wearing clothes because my skin is so sensitive. It feels like an anaconda wrapped around my leg having anything, even a blanket, on me. ... The only way I sleep is four Zanaflex, four milligram pills, about an hour before bedtime. That’s the only way I sleep. Otherwise, I am continuously moving, up/down, all night long. I really appreciate you and I’m really hoping this gets legalized so maybe my doctor will let me try it so I can get through the day.”

Physicians serving on the Team Kentucky Medical Cannabis Advisory Committee stated they are unaware of any reported overdoses from cannabis and that it is virtually impossible to die from consuming too much cannabis, in stark contrast to opioids.

“I have no knowledge of any reported overdoses from cannabis. It is not possible to die from consuming too much cannabis. By legalizing medical cannabis, physicians would be allowed to prescribe THC products instead of opioids. This not only gives doctors more options for treating patients, but also helps stop addiction before it starts,” stated **Dr. John Farmer**, advisory committee member and OB/GYN, medical director of Solid Ground Counseling and Recovery, addiction treatment provider in Louisville, Morehead, and Hazard.

Another physician who serves on the advisory committee, Dr. Linda McClain, an OB/GYN with the Commonwealth Counseling Center, states that by legalizing medical cannabis, physicians will be allowed to prescribe THC instead of opioids; thereby, stopping addiction before it starts.

“CBD has anti-inflammatory benefits so someone with a kidney disease, for example, cannot use ibuprofen but could benefit from THC. I previously managed a clinic in Georgia where I saw first-hand the efficacy of medical cannabis. Those patients were not interested in getting high, they simply wanted to feel better. If physicians could prescribe THC, a natural plant, to help enhance someone’s health instead of several chemical medications why wouldn’t we?” – **Dr. Linda McClain**, Louisville, Ky.

Many of the Kentuckians who voiced their support through the website disclosed the multitude of pain medications they were taking and their fears of becoming addicted. One Kentuckian wrote, “I prefer not to take any of the heavy-duty drugs for fear of addiction.” This is a sentiment shared by many citizens of the commonwealth.

Kentuckians who shared personal experiences with medical cannabis supported legalizing it. The medical benefits were reported to be wide-ranging and effective for the treatment of a variety of disorders.

Criminal Justice and Legal

Several legal issues were discussed during the town hall meetings, including:

- Allowing universities to study the effects of cannabis;
- Understanding how the U.S. Department of Justice works with the 38 states where medical cannabis is legal;
- The effect of medical cannabis on curbing opioid use and addiction; and
- Government regulation of medical cannabis

Attorneys with varied experience served on the Team Kentucky Medical Cannabis Advisory Committee. These members consider the claim that marijuana is a gateway drug to be a dubious claim.

Committee Member Andrew Sparks, who served as an Assistant United States Attorney in the Eastern District of Kentucky for fifteen years, stated those states that have legalized medical cannabis have not seen an increase in crime, DUIs, or violence related to the legalization. He noted that while recreational use and street sales continue to be prosecuted in many of those 38 states, the majority of law enforcement agencies are not focusing on marijuana.

“Across the nation, most of the legal community is spending their limited time and resources on prosecuting the drug cartel for fentanyl, methamphetamine, heroin and more serious crimes that are killing our children and people. We have to invest in targeting the biggest threats and issues to our communities, which is not marijuana.”

– **Andrew Sparks**, former Assistant United States Attorney.

Committee members believe that Kentucky’s higher education institutions can play an important role in cannabis policy. Dr. Farmer and Dr. McClain, both of whom specialize in addiction treatment, recommended that colleges and universities in Kentucky be permitted to study the effects of medical cannabis. This research would benefit the commonwealth and the nation. In particular, the University of Kentucky Pharmacy School is a top five school in the country and resulting work in this area could have far-reaching impacts for the fields of medicine and behavioral health.

This recommendation builds upon recently enacted legislation. In the 2022 Regular Session, the legislature passed [HB 604](#) which created the Kentucky Center for Cannabis at the University of Kentucky. This center is tasked with advancing the study of the use of cannabis and its derivatives for the treatment of certain medical conditions. This includes researching the health effects and efficacy of ingestion methods, and continued review of the medical literature concerning cannabis.

Some Kentuckians called for cannabis use to be decriminalized in the commonwealth. A consistent theme throughout the town halls was that many people in the commonwealth are using cannabis for medical reasons, and there was a general sentiment that the state should not make criminals out of sick people.

One Kentuckian suffering from PTSD explained at the Pikeville Town Hall that medical cannabis saved her from opioid addiction:

“I’ve been off opioids since 2009 when I found out that I was pregnant with my daughter. I had been on them consistently for about two years at that point. What started it was when I was 15, I got my tonsils and my adenoids removed and they prescribed me liquid hydrocodone, and I was immediately hooked after that. I was very thankful that my daughter saved my life, and I was able to get off the opioids, however I did it with the use of cannabis. I know that smoking while pregnant is not good for you, but the horror that I went through trying to withdraw from the pills on top of being pregnant was just more than I could take. I made sure to tell my doctor what I was doing, and while she was against it, obviously, because it was 2009 and [legalization] wasn’t even in the works at that time, it was the only thing that helped me.”

A father from Northern Kentucky described his battle with PTSD, major depressive disorder with suicidal ideation and drug addiction. He recounted multiple encounters with the legal system. He then committed to 20 years of therapy and many prescription drugs with damaging side effects taken over long periods of time. He has been sober since 2005. Since his recovery, he has learned about people suffering from the same illnesses getting substantial relief from cannabis.

“I could have tried cannabis right in the beginning and skipped all those nights that I’m punching concrete floors, trying to keep from taking my own life. ... Thousands of nights, my family could have not been in terror. Wondering if I’m going to come home, wondering if I’m going to kill myself. With mental illness, it doesn’t just affect one person, it affects every single person they are around, every single person they love and the level of harm that my mental illness created could have been shrunk significantly had there been a doctor to walk me through that process [with cannabis]. How do we deal with people who are just emotionally attached to the idea that cannabis is bad and a gateway drug?”

This father is now navigating the healthcare system for his daughter with an autoimmune disorder. He has read about people having positive results using cannabis to treat Crohn’s disease but would not consider it for his daughter without being under the treatment of a physician.

“We live in Kentucky, and we are not going to try that route at this point, because I wouldn’t have a doctor who can say this is when, this is how, this is why.”

When asked if he would travel out of state to seek care for her, he responded:

“If I had to drive six hours to get a doctor, I would. The way it is now, as a Kentucky resident, you can’t get a card [in another state] without committing fraud by forging your address. Her medication had us terrified during Covid because the point is to suppress her immune system. So, if we could have something that didn’t do that, man...we would definitely entertain that.”

A man spoke at the Frankfort Town Hall who travels from Kentucky to Oregon for the state’s legal medical marijuana program.

“In 2015, I became a non-law-abiding citizen in Kentucky. After 5 spine surgeries in a ten-year period, I found I just couldn’t get any relief for much of anything. And if you consider pain levels at some elevated rate, over some length of time, it turns into torture. It robs you of your life and takes control of everything.

In 2015, I went to Oregon and qualified for their medical marijuana program. That very day, after seeing a doctor, I was able to purchase in their apothecaries under their program. I took my purchases, went back to my car and drove back to Kentucky. And that’s pretty much been the story since. It helps me get out of bed in the morning and go to sleep at night. It gives me a relief I can’t find any other way. And I’ve taken lots of narcotics ... Pain is always going to be with us, it’s the suffering.”

States that have already legalized medical cannabis have enacted various regulatory schemes. Attorneys on the committee believed that Kentucky could benefit from these experiences. An often-expressed viewpoint was that an advantage of being among the last states to legalize medical cannabis is that the commonwealth can learn from the experiences of states that have been quicker to make medical cannabis available to their citizens.

Advisory Committee Member Eric Crawford, a long time Kentucky advocate, believes that Colorado has the best system in the nation and would be a good model for Kentucky to study:

“Legalizing medical cannabis has the potential of keeping Kentuckians from purchasing marijuana off the black market, ensuring the cannabis they receive is not laced with dangerous drugs like fentanyl. This will save the lives of many of the commonwealth’s citizens.” – **Eric Crawford**, advocate, Maysville, Ky.

Around the nation, various regulatory approaches have been implemented. Some have worked while others were amended. This was the case in Colorado. The state legalized medical cannabis in 2000 through an amendment to the state’s constitution. There was very little regulation in the distribution of the cannabis to those who needed it.

In 2010, the state’s lawmakers passed and enacted the [Colorado Medical Marijuana Code](#), implementing stricter regulations for licensing and distribution. The legislature also passed a law requiring people to see an in-person physician to receive a recommendation for medical cannabis use.

That said, several committee members and town hall attendees expressed concerns about overregulating medical cannabis. Several believe that citizens should be allowed to “grow their own.” There was a concern that excessive regulations could limit accessibility and decrease affordability.

Advocacy Groups

Advocates from Kentuckians for Medical Marijuana and Kentucky Moms for Medical Marijuana, as well as those who have used or had a family member who used medical cannabis, served on the advisory committee. These advocates have fought for years to legalize medical cannabis in Kentucky.

One advocate on the advisory committee cited opioid overdose deaths in the commonwealth. According to the Office of Drug Control Policy, in 1999 Kentucky lost 197 individuals to drug overdoses. In 2021, the overdose death number skyrocketed to 2,250, which was the first time in the commonwealth’s history that overdose deaths exceeded 2,000. Many who are addicted to opioids began using them as prescribed by a physician. Over time, they need a stronger dosage of the pain medicine to keep up with the pain as the body adapts to the opioid.

2,250 DEATHS

The number of overdose deaths in Kentucky in 2021. Over 2000 for the first time in the state’s history.

Advocates believe that overuse of opioids can be curbed with the legalization of medical cannabis. Should physicians be allowed to prescribe cannabis over opioids, addiction can be stopped before it starts. Other Kentuckians on the advisory committee, online and at the town halls, expressed the same sentiment.

Advocates on the committee also raised the issue of drug testing at work in personal testimony. They believe that protections should be put into place to ensure that, if medical cannabis use is legalized, Kentuckians are not fired for using it when submitting to required drug testing for employment, school, extracurricular activities, receiving state benefits or while under the supervision of probation and parole.

“THE EXPERTS ARE THE PEOPLE LIVING WITH THE ISSUE”

Some advocates on the committee believe that there is no need for the involvement of pharmacies in the legalization of medical cannabis, stating that “the experts are the people living with the issue.” Some asked why pharmacies should be involved in the distribution if medical cannabis is not a drug approved by the Food and Drug Administration.

A pharmacist from Jefferson county, working in biotechnology, attended the Frankfort Town Hall where he shared that his family works in medicinal cannabis in Pennsylvania. He wants to ensure that pharmacists in Kentucky are included in dispensaries to review drug interactions as he is concerned about safety of individuals consuming too much THC at one time, and not being able to measure the accurate dosage. He worries that physicians will prescribe and then not follow-up for a year or more. It will be up to the pharmacist to monitor renewals.

Opposition

No opposition to medical cannabis was expressed by attendees of any of the four town hall meetings. Only 1.45% of submitted comments on the advisory council’s website voiced concerns about medical cannabis.

One voice of opposition came from the Kentucky Narcotics Officers’ Association (KNOA). KNOA published a document titled “Kentucky’s Medical Marijuana: HB 136 – Issues and Concerns” and mailed a copy to the attention of Governor Beshear and co-chair Kerry Harvey, Secretary of the Justice and Public Safety Cabinet.

In the letter, KNOA outlined several points of opposition. The first point is that of potency. The organization feels if medical cannabis is legalized in Kentucky, the THC levels in it will rise to the levels of recreational marijuana. KNOA writes that more research needs to be done on the issue before a decision on legalization can be made. The organization also writes that medical cannabis use will lead to safety hazards in the workplace and on Kentucky’s roadways.

KNOA also opposed the passage of HB 136 from the 2022 Regular Legislative Session. The organization published a document in which it outlined seven points of concern:

1. “Patient/Practitioner relationship is superficial at best. This is not based on any currently accepted standard of medical training.”
2. “Potency caps for THC levels are proposed at 35% for raw biomass and 70% for products of consumption that include vaping, tinctures, and edibles. What is the scientific basis for these levels, which coincidentally mirror what is currently for sale in the public marketplace?”
3. “High Potency THC products are at the center of most all the public health and public safety issues associated to marijuana legalization.”
4. “Dosing and monthly possession level are yet to be determined”
5. “What independent third party is ultimately responsible for the testing of marijuana products to ensure potency caps are being met?”
6. “Just like alcohol, there should be an age restriction of at least 21 years to use or possess marijuana regardless of the cardholder’s condition.”
7. “This bill essentially creates the commercial infrastructure and sets the stage for future legislation for recreational marijuana sales.”

Note: the original documents elaborate further on each point.

In the 46 online responses to the advisory committee’s webpage, there were many general themes to the opposition submitted:

- Legalizing medical cannabis will lead to the legalization of recreational marijuana. *
- Prescriptions should be given by physicians, not dispensaries.
- People will find a way to get medical cannabis for recreational use.
- Kentuckians should be protected from being terminated from their jobs for medical use.

- Cannabis use impairs drivers and endangers all Kentuckians.
- There is not enough data/research to support legalization.
- THC levels should be low.
- Legalization will be a detriment to Kentucky's law enforcement officers.
- There are already too many drugs on Kentucky's streets.
- Cannabis is a gateway drug that will only increase drug use in Kentucky. *
- Kentuckians already travel to bordering states to receive medical cannabis, which has made them addicted and broken up families.
- Research shows an increase in the development of mental illness in those who regularly use marijuana.

**Most prevalent objections in online submissions*

Conclusion

Between the four town halls and 3,539 online comments, Kentuckians made their voices heard on the issue of medical cannabis. The overwhelming majority of those Kentuckians are in favor of legalizing medical cannabis.

Desperate Kentuckians, knowing that the town hall meetings were being recorded and could be seen by anyone, came forward to tell the advisory committee their names and counties in which they reside, and expressed a need for medical cannabis. Many of those who spoke had anxiety issues or medical conditions that made it harder to attend an in-person meeting or stand in front of a panel to speak. It took bravery and passion for each speaker to come forward.

Legalizing medical cannabis in Kentucky is an issue that has bipartisan support. HB 136 passed the House with support from Republicans and Democrats. An anonymous letter mailed to Co-Chair Harvey dated June 28, 2022, read in part:

“I’m a Conservative Republican and I strongly support Medical Marijuana for all Kentuckians.

I’m in my 70’s now & have aches and pains everywhere. I have severe arthritis in my hands & knees. I have back disk problems, urinary issues, and kidney disease. The only time I get a decent night’s sleep is with a small amount of marijuana.

I’ve never used Marijuana until these pain issues in my mid 60’s. I’m completely convinced that Medical Marijuana has a purpose & should be legalized immediately.”

Thousands of Kentuckians took advantage of the opportunity to speak to their governor concerning medical cannabis. Almost all of them believe that medical cannabis should be available to Kentuckians, as it is to most of the people of our nation. They believe so based on their own experience. These Kentuckians advance the simple proposition that this substance can, in appropriate cases, relieve the unnecessary suffering of many of their fellow Kentuckians.