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JOURNAL
OF THE
SENATE
OF THE
STATE OF SOUTH CAROLINA



REGULAR SESSION BEGINNING TUESDAY, JANUARY 12, 2021

FRIDAY, FEBRUARY 18, 2022

Friday, February 18, 2022
(Local Session)

~~Indicates Matter Stricken~~

Indicates New Matter

The Senate assembled at 11:00 A.M., the hour to which it stood adjourned, and was called to order by the ACTING PRESIDENT, Senator McLEOD.

CO-SPONSOR ADDED

The following co-sponsors were added to the respective Bills:

S. 32 Sen. Verdin
S. 33 Sen. Verdin
S. 141 Sen. Verdin
S. 363 Sen. Verdin
S. 1006 Sen. Verdin
S. 1077 Sen. McLeod
S. 1087 Sens. Grooms and McElveen

ADDENDUM TO THE JOURNAL

The following remarks by Senator CASH were ordered printed in the Journal of January 25, 2022:

Remarks by Senator CASH

This past Saturday, January 22nd was the 49th anniversary of the Roe v. Wade Supreme Court Decision that struck down abortion laws in all states in our nation. Since that time, 63 million unborn babies have been killed by abortion in this country. And of course 63 million is a number that is hard to wrap your mind around. So I did a little study of the census. Did you know, according to the 2020 Census, our State is the 23rd most populace state in the union. We are the 23rd. 63 million is the total population of the 27 states behind us from Alabama down to Wyoming. You add up their populations, they would all be wiped out by that number, 63 million. What's to become of Roe v. Wade? Will it reach the half-century mark next January or will SCOTUS substantially aim to overturn Roe v. Wade when their decision on the Mississippi case is handed down this year? If overturned, what will happen in South Carolina? There are 12 states that have what is known as trigger laws on their books that would essentially ban all abortion as soon as Roe v. Wade is overturned. South Carolina is not one of those states. I stand here today to say there's no good reason why South Carolina should not

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be one of those states. There's no good reason why we should not have a trigger law on the books that would reflect the wishes of this State concerning abortion if Roe v. Wade is overturned. It is for that reason that I have introduced S. 988. As a companion Bill to the House, H. 4830, the General Assembly has four months to pass a trigger law that would ban abortion should Roe be overturned this year. But I will say, if the GOP super majorities in the House and the Senate cannot pass a trigger law in the next four months there will be no excuse. If we do not pass a trigger law in the next four months to ban abortion in South Carolina should Roe be overturned, it will be because we lack the political will to do that. If after 49 years of Roe, if the decision on the future of Roe looming before us in the next six months, if after 63 million dead babies, if we cannot get this done, well, it will be only because we do not think it is really that important. Colleagues, what will we do? S. 988 will be heard in subcommittee tomorrow morning. I invite your support of this trigger law to ban abortion should Roe be overturned. And, I'm available to discuss any questions or concerns you have about this Bill. The time is now for South Carolina to join the other 12 states that are prepared for the overturn of Roe v. Wade. In closing, I would ask you to join me and Senators RICE, VERDIN and GROOMS who co-sponsored this Bill. Thank you.

ADDENDUM TO THE JOURNAL

The following remarks by Senator K. JOHNSON were ordered printed in the Journal of February 2, 2022:

Remarks by Senator K. JOHNSON

Thank you, Mr. PRESIDENT. Members, we all know we've been at this for three weeks, or to be more exact we've been at it for seven years. I've sat here these past three weeks and listened to all of the debate and I think we can all agree that regardless of which side of the issue we stand on, there have been some compelling arguments made that make a lot of sense. I'm convinced that at least in my mind, despite the great and intelligent comments made, I don't think we're changing anybody's mind. I think we could vote now or we could vote a month from now and it would be the same. But I do want to say that, and as I've said from the beginning, we come up here and we quote polls, we quote statistics, we quote other people's words, and I found when I was more involved in this Bill as a member of the subcommittee, that for every poll that says

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one thing, there's another poll that says the exact opposite. We talk about doctors, what doctors are saying, and doctors standing with us at press conferences and those type of things, which is all true. I've also found that probably as many doctors that support this Bill, there are just as many who don't. It was said that we are here standing in the way of doctors providing services or treatment to their patients and I take exception to that only because, as I mentioned when I was at the podium last on this Bill, most of the opinion that I have was formed by meetings I've had with doctors. These are not doctors from all over the country or all over the world but they are doctors that live in my community that I represent and that I go to church with. They are people I know and trust. Early on in this debate about medical marijuana, the doctors convinced me that it's not a good Bill. Yes I really think medical marijuana helps some people and that's good, but it also harms some people. We talked about brain development and how it harms people's hearts. If we pass this Bill to help those like Ms. Richardson, and I know she's probably tired of us using her as an example -- but I think it was a good presentation. So, if we're talking about helping people such as her by passing this Bill, what about the folks we're harming by passing this Bill? There is debate as far as whether medical marijuana is harmful or not, and again I say, if you support this Bill, you will find people who will say that medical marijuana is harmless. If you don't support the Bill, you'll find people who will say that it's dangerous; therefore, there are two sides to the story. We talk about polls and again you can find polls that say one thing and I can find polls that say the other. I gave you the example of the Winthrop University poll so we can come up here and argue and state all of these fine facts, figures, data, statistics, and everything but the truth of the matter is that it splits both ways. So we're not trying to stand in the way of physicians helping their patients. We all know that regardless of what your ailment there are prescription medications that are legal and approved by the FDA to solve your issue. If a person decides that they don't want to take prescription medication and they want marijuana -- and that seems to be what the case is now. I hate to keep harping on it but I'll tell you, I have back aches, and I have days when the pain is excruciating but I don't want marijuana. I take the medicine that I know is legal, it's been tested and it's safe. It's what I take. So I just want us to keep an open mind and realize that when we come to the podium and we state all these facts that support our position, there are at least as many facts that support the other position. Just keep an open mind, but speaking of doctors, I think we all

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got this email that was on my desk this morning that was from Dr. Rachel McGuire here in Columbia, and again she's a physician and she wants to treat her patients and she wants to give them what they need to get well or at least to alleviate their pain or help their nausea; however, she's not for medical marijuana. Let's not make it seem like every medical professional is for medical marijuana because they are not. It may be because everybody knows that I'm against the Bill that most of the communication that I get from doctors, and I hope they don't look at this as we can start bombarding him for information, but most of the information I get is from people who are against this Bill. And they state the reason why they are against it. Dr. McGuire says that she's been to Colorado, I don't know if she's practiced there or not, but she has seen and witnessed the unintended consequences of medical marijuana. Like I said when I began with my remarks, sure we probably will help some people like Ms. Richardson, I don't doubt that at all, but we're also going to harm some people and that's my problem. If we could come out with medical marijuana in any way, shape, or form that would help people and not also hurt people that would be great. But I believe that when we pass this Bill or if we pass this Bill, we're going to, again, help some and harm others. And I think that the ones that are harmed would be the greater number. And the ones that are harmed, more than any other class of people, would be young people. I told you about the three or four physicians that I talked to, one in particular from Manning, and one from Lake City, that were very adamant about what they see in their practice, which is more and more young people are dependent on marijuana. More and more young people have used marijuana as a gateway drug and as much as we try to deny it, I think there's enough evidence out there to support it. As I said the other day, it's in my neighborhood and people I know at an early age got with some older kids and they started with marijuana and then it goes from one thing to the next thing. I will tell you again as I move to a close and I don't want to be repetitive. Most of the people who have contacted me in support of this Bill -- I'm not talking about the medical professionals, just the average citizen -- and I'm not fooled by them. What they really want is recreational marijuana. They don't have any kind of ailments that we talked about that marijuana would solve, but they see this Bill as a way to go from medical to recreational, and I don't care how much we say it is not going to happen, there are a lot of people who are convinced that that's what's going to happen. And I firmly believe with every fiber in my being, that is not Senator DAVIS' intent, but I believe also with

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that same amount of feeling that's what will happen if we pass medical marijuana. We will find, shortly after that, I don't know how long it will be but at some point, we're going to have legal marijuana in South Carolina and that is a whole other set of issues. I just want to make it clear that I think we have made some compelling arguments, but keep an open mind because with every argument that's made for this Bill, there are as many facts, figures, data, whatever, that can be made against the Bill. And I don't expect those who are for the Bill to come up and quote all this information that is against the Bill, but it is out there. I can dig out a lot of information that I received, personal information, face-to-face contact type information from people who testified when we first started seven years ago, against this Bill. They told us horror stories and stories about unintended consequences. So yes, we can look at how this Bill may help, but keep in mind, look at the other side also as far as what would happen that would be negative. I have sat here and listened to members who have served a lot longer than me in this Body. They have told me on a couple of instances when they voted for things, and they look back and say Lord why did I do that? We cannot predict the future, but if this Bill passes just based on what I've heard from places like Colorado, California, and other places, it's not good. When you talk to those folks, if you really want to do the right thing, ask them about the other side of the issue. Not the fact that it might have helped Ms. Richardson but who was harmed. And I think we do as a legislature have an obligation to make sure we look out for the interest of all of South Carolina and I don't think we want to solve one issue by creating a lot of other issues. And so I just want to say that I'm not swayed by polls, the only polls I'm swayed by are the people I've met with and talked to face to face. I don't know how many people these polls have questioned. I don't know who they called. They certainly have not called me. There are people I have met with and sat down and talked to and that carries a lot more weight than any poll that may be out there, because like I said polls fall on both sides of this issue. So I just wanted to go on record and let you know that I don't doubt that maybe some people will be helped, but I really believe that more people will be harmed if we pass this Bill. Thank you.

ADDENDUM TO THE JOURNAL

The following remarks by Senator HEMBREE were ordered printed in the Journal of February 9, 2022:

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Remarks by Senator HEMBREE

My fellow Senators, this is the amendment that some of you will remember from last night, it was getting rather late, we had just finished dinner, come back, and I was given the opportunity to give you a bit of a preview of this amendment -- and what I will characterize as a dramatically different approach to providing medical help to South Carolinians that are suffering from diseases that can be helped by substances that are contained in cannabis. The Chamber last night was, well, it was late, folks were kind of in and out and I know there is some in and outgoing on today. So I feel compelled to sort of walk back through the amendment and the mechanics of the amendment first, just for those who may have missed it. Hopefully this will give those that are not in the Chamber now, but are interested, time to come back in. I will not belabor it, as far as the mechanics of the amendment, but I will review it quickly.

First, there is a definitional section. I'll take it back one step. This is a version or sort of a modification of Julian's Law that this General Assembly passed several years ago which created a process by which CBD could be studied, researched, and presumably used for medical purposes. In the interim, the FDA approved epidiolects -- this was geared toward and aimed at mainly children that had epilepsy. That's what Julian's Law permitted. It permitted research on CBD for the purposes of treating epilepsy. In the meantime, the FDA approved epidiolects, and now we have that treatment available. A doctor can prescribe this treatment currently. That has been the law of the land for several years now. You can get it at the pharmacy and it is treated like medicine. It is medicine -- FDA approved. That is kind of the background on where we start. I'll walk you through the components of the Bill first. It defines, in this definitional section it -- adds a definition of cannabis. We use the definition that was in S. 150, the Bill that Senator DAVIS has presented to us, so we essentially we just cut and pasted his language into this Bill. Secondly, we defined debilitating medical condition. This proposal, would expand the universe of diseases that can be studied in South Carolina from epilepsy to essentially the list that Senator DAVIS has in his Bill, S. 150. I will touch on the distinction; it's all the same conditions. I went through those last night. Debilitating medical conditions would be cancer, multiple sclerosis, neurological disease or disorder to include: epilepsy, glaucoma, post-traumatic stress disorder, Crohn's disease, sickle cell anemia, ulcerative colitis, wasting syndrome, autism, severe or persistent nausea in a person who is not pregnant and

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that is related to end-of-life or hospice care or who is bed-ridden or home-bound because of a condition, a chronic medical condition causing severe and persistent muscle spasms, a chronic medical condition causing severe or persistent pain or a terminal illness with a life expectancy of less than one year in the opinion of the person's treating physician. So in the conditions that are eligible for study under this model, they are exactly the same -- with one twist. We did not include the opioids, the reference back to opioids, "as equaling a chronic medical condition causing severe, persistent pain." We actually just used the actual words, "a chronic medical condition causing severe and persistent pain," instead of this reference to opioids. That's the one difference between the conditions that would qualify for treatment under this model or Senator DAVIS' amendment. It defines physician and qualifying patient, which means a person with a debilitating condition, which is defined above. Those are the definitional sections and those are the changes that are made to Julian's Law. Next: 44-53-1820 Section A. This is kind of the meat of it. A statewide investigational new drug application. Now, let me tell you an investigational new drug is a term of art. That is a process through the FDA that companies, academia, state government and others, can apply through this, for this investigational new drug application. That process meshes and connects with the federal system so we do not run afoul of federal law. Not run afoul of the federal system but to stay within the confines and the rules that the federal government prescribes for these sorts of trials. A statewide investigational new drug application may be established in the State, if approved by the United States Food and Drug Administration, to conduct expanded access clinical trials using cannabis on qualifying patients pursuant to an investigational new drug application. So, we set that up in the State. Now, here is something that's real interesting about this that I have learned. We have to get FDA approval to do the clinical trial. I mean, there is no question about that. At a time in history it was very difficult to study cannabis, because it was a Schedule 1 drug. Although the FDA might be saying, "Well, you know, we're okay with it, or we would be fine," the DEA, would step in and say, "No, that's a Schedule 1 drug." The DEA would hinder states, academia, and others from conducting research on marijuana, on cannabis. This is the interesting part, as I was researching this I learned the very proviso in the federal budget that says DOJ won't prosecute you if state law allows you to do this -- so the very proviso that this medical marijuana program is based on is the same proviso that gives us the opportunity under this scheme

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not to have to get DEA approval, the same way as we did before. Which makes it easier, more available, and more flexible for us to do these kind of clinical trials. So it is an interesting thing that this proviso is sort of the what is good for the goose, in this case, is good for the gander.

ADDENDUM TO THE JOURNAL

The following remarks by Senator BENNETT were ordered printed in the Journal of February 9, 2022:

Remarks by Senator BENNETT

Thank you, Mr. PRESIDENT. I knew it was a dangerous move when I saw the eyes cross when I asked to be heard. I will be brief. You have probably noticed or maybe you haven't noticed, which is ok, nobody notices me much anyway, but I've sat back there pretty quiet during this whole debate. I want to join the chorus of thanking Senator DAVIS in his efforts and his work over the many years. It is pretty rare, at least pretty rare for me, where I face an issue sitting in this Chamber during a debate, where I will be completely honest with everybody here -- I did not make up my mind which way I was going to go on this Bill until about an hour ago. I want to thank everybody in here that participated in the debate because I think that is what it is all about. Whether you are for a Bill or against a Bill, try to improve a Bill, and the debate goes on. Senator DAVIS, I think you said you have been working on this for seven years. I think I have been telling constituents in my community for about seven years that I wasn't sure where I was on this issue. I believe in my heart of hearts that marijuana is a dangerous substance. I think we all believe to a certain degree that it's a dangerous substance or else we wouldn't have spent all the time that we've spent trying to fashion a piece of legislation that is going to be workable. To be honest with you, I don't know that we have. I think it is to Senator DAVIS' credit, and probably to his detriment, because he has tried to include everybody, and make this thing something that we all can agree upon, or coalesce around. It probably creates a problem with the legislation down the road that we do not even really realize yet. I think we have probably created an infrastructure here that is going to have some challenges to it. I think we are going to spend the next couple of years, now let's be honest -- it still has a long way to go. It has to go across the hall -- they have to do whatever they are going to do to it. They send it back to us, and we pass it. Then it will go the Governor, and it has all of these issues. We have a

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long way to go but assuming it goes the way we say it is, I think we're going to come back here over the next number of years and revisit a lot of challenges that we just don't know about and that's okay. I do not think that is necessarily a problem, but I think it is something that we all should expect and understand -- it is not a perfect Bill. I think the public is going to be a little surprised by what is in it, what is not in it, what they can do, and what they cannot do. I am going to end up supporting this Bill. As I said, I didn't know that I was going to do that until about an hour ago. But I wanted to take the opportunity to, again, thank everybody that was engaged. I was engaged. I wasn't not listening. I was listening to the debate. I wasn't engaged in the debate because I really didn't have to. But I appreciated all of the information that came through. So, I wanted to stand up and thank you all. And I wanted to let my constituents know that what I've been telling you over the last seven years is the truth. I didn't know where I was on this and I had to get the information. A lot of my constituents will be disappointed with that and a lot of them will appreciate that, I think. But that's what it is like being here, right? So I'm going to support the Bill. Thank you, Senator DAVIS. I think we are going to be dealing with this again. This is not the last time we are going to have to be dealing with issues that pop up and problems that pop up. I hope, I pray, that one of the biggest things - - what we were able to do here, I pray is that we were able to curb this opioid problem. I pray that medical cannabis will help us do that. Folks, we have in this State thousands of people who are dealing with substance abuse problems with opioids that we can never understand. Some of us can understand it because we have family members that went through it. Others will never understand it. This entire Nation has that problem. I hope and pray that this is part of the solution. If it is not, we gave it a shot. But I hope that some people get some help and the help that they need. I hope we have not created something that we are going to look back on as a Frankenstein monster and have to fix. But I'm ready to do that if we have to. So thank you very much to all my colleagues.

ADDENDUM TO THE JOURNAL

The following remarks by Senator SENN were ordered printed in the Journal of February 8, 2022:

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Remarks by Senator SENN

So colleagues I rise to talk on the amendment. I'm definitely going to talk on the amendment, but before I get into the meat of this particular amendment I wanted to tell you some things -- how I feel about the Bill, and also show you some things that I saw when I was watching the testimony in Medical Affairs. And I do that because I am well aware that Senator DAVIS has worked very hard seven years to get this Bill passed. He also has confidently spoken, not only to the newspaper over the weekend, but also to a national medical group last weekend, and stated that he knows he has 23 votes out of 45 Senators. And I have no reason to doubt him. So with that being said, over the weekend, I came very close to just withdrawing my amendments because I don't want to waste anybody's time. If he's got the votes, he's got the votes. Then I woke up this morning and I thought, you know what, the one thing I never want to do is leave this State worse than when I found it. And as a mother of three, I can tell you, I honestly believe that this Bill will lead us to trouble, and it will lead the State to where it is going to be worse than when I found it. So like I said, one of the things that struck me when I was thinking about this this morning is that the Bill, in and of itself, is called the Compassionate Care Act. That implies that we are trying to help people with serious medical illnesses, and I do believe that Senator DAVIS does want to help people with serious medical illnesses. But we need to have an intellectually honest conversation because to simply say, oh well don't worry about things turning medical -- from medical to recreational, just because South Carolina is so conservative -- well that's just disingenuous. You have to look at the fact that 37 states have passed medical marijuana, 18 of which now -- 18 of which, have already gone to recreational. Now, you can't just say well, our General Assembly of the future is going to listen to their constituents. You know why you can't say that just because we hopefully will still be conservatives in the future. You can't say that because of the fact that once medical marijuana gets in here, they are going to target those of us who do not like the industry. They will pick us off one by one with their money, because they will have already invested lots and lots of money in the State of South Carolina. So, if we're going to talk about it, let's do a little bit better than say well our state's not going to do it because we're conservative. We know that that's exactly what's going to happen. How we do know a lot of this is we have the data from the other states. History repeats itself. So I'm going read to you a few points that I believe you can just go ahead and chalk to up South Carolina going along with. And I recognize that I

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may not be able to change the minds of the numbers that would need to come out of the 23 and go along with the no votes, I doubt that's going to happen. But I do hope that you all at least take seriously a lot of these amendments. I don't even think we can amend this 56 page Bill, into being something palatable, but there are certainly some things we do need to amend to make it palatable. But again, let's go ahead and look at what we can expect from the other states. I have been studying this for weeks and weeks now and I have the data, if anybody wants it. I've got a big thick notebook up here and you all can come and ask me where I got this information.

But what we are going to see is increased access, dependence and suicides by youth. That we can count on. We know we also can count on accidental overdoses by children who have gotten hold of their parents', or in Lexington County, their teacher's medical marijuana. You Senators from Lexington, Senator SHEALY and of course Senator SETZLER, I know that you all read with interest when a school teacher in Lexington County mistakenly put her medical marijuana gummy bears in a children's box of candy. So when two children went up and they picked those gummy bears, the teacher realized oh my gosh you can't have that one. She took it back, but the other child had also picked those gummy bears, walked out and went to afternoon care, asked for help opening the package and, thank gosh, an aftercare worker realized that teacher just about gave access to medical marijuana to a child from the classroom candy box. So you are going to see an increase in those kind of instances, as well.

Let's also talk about veterans. We already talked about the fact that we know we are going to have increased access, dependence and suicides by youth. You're also going to have this by the veterans. And a lot of what I've heard about in favor of let's pass this Bill -- it is going to help our veterans, is that you know the veteran suicide rate is so high, they've got PTSD and they need help. They need help. I get that. I love our veterans. Who doesn't love our veterans? But if you look at the states surrounding us -- us, you look at North Carolina, you look at Georgia - their veteran suicide rates are below the national average. But if you look at states such as Colorado, Oregon and Arizona where they have passed recreational marijuana, you will see that the incidents of suicides far, far outweigh anything than in the states that don't have it. In particular, Colorado's veteran suicide rate in comparison to ours -- ours is 38.4% for age group 18 to 34. Colorado's is 71.1% -- Arizona 86.4% and Oregon, 88%. And that tracks not just with the age group that is younger.

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It tracks with the older age groups, as well. So, again, the only state that we know of in the Southeastern Seaboard that has an out of line or out of wack veteran suicide rate is Florida. And they passed medical marijuana. So let's don't argue anymore. This data comes from the VA. This data is as of 2021. So, let's don't try to say that if we pass this, it is going to help our veterans stay alive.

We will see no decrease in the use of opioids or opioid synthetics because what the trials and studies have shown is that these folks will then use medical marijuana in addition to the opiates that they're already taking. They will then add that to their regimen, making them at increased risk of morbidity. That's what we know is going to happen from the other states.

In addition, the list of ailments that will soon qualify, if we pass this, will go up exponentially. That's where they are going to come first. And if look at this Bill, and I have to agree with Senator HEMBREE from yesterday, this Bill stacks a board that would be allowed to then add what type of ailments would qualify. The board would include medical cardholders, parents of medical cardholders and physicians predisposed to want to increase those type of card ailments. That's what will happen first. That's in the playbook. Then we go next to the play book, and then you're going to see even if our state's General Assembly does not want to take up passing recreational marijuana, you will see big marijuana fund a huge effort to have it put on a referendum. That's what they'll do. Look at Ohio. Ohio just passed medical marijuana four years ago. Already they've got enough signatures in their state so that they can force the General Assembly to debate and they've said clearly that even if the General Assembly denies going to recreational marijuana, they're still going to get enough signatures to put it on a referendum. That's in the playbook. That's what's going happen in South Carolina.

So, again, what we've already talked about is the unprecedented rise and qualifications of citizens for these medical marijuana cards has been the ages of 18 to 30 claiming chronic pain, and this should be the healthiest demographic that we have. Senator DAVIS and I talked a little bit about this. I don't know if you realize, but I will tell you that I told Senator DAVIS when he was kindly entertaining me and entertaining now some of my amendments -- but when he was trying to get me to be number 24. He wanted to know what it would take. I indicated that we needed to only have objective serious medical illnesses, not medical illnesses that cannot specifically be diagnosed. So, if I go into a doctor and I say, doctor I'm hurting. I'm in pain. That is not an objective

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diagnosis. That is a subjective diagnosis. And you know, I wouldn't even mind with PTSD, even though that also is a subjective diagnosis. For us to put amendment in there that says combat veterans -- that's the one category, the one category that if they feel like marijuana would help them with PTSD. If they can prove that they're actually combat veterans, then I think that they ought to have access if that's what they want, but he wouldn't do that. He thought about it and I think he honestly tried to accommodate me, but the marijuana lobby does not want that. They do not want us to have only true identifiable medical illnesses. Now they have changed it to where they are even adding -- it is even worse than when I saw it the first time -- fibromyalgia and things of that nature. Again, those are diagnoses that just cannot be objectively identified.

I also said that rather than vaping I would appreciate that if we're going to have this medicine, supposedly, in a form that can be inhaled, that it be in the form of an inhaler, like asthma. That is something to me that at least does indicate that it is medicine, and it is not what all of the kids are doing these days, which is vaping. Vaping medical marijuana or any kind of substance and they'll be doing it in the bathrooms at schools. Also, I didn't even write this on my list, but I can tell you now that what's going to happen is once we classify this as medicine, and it is going to happen like it has in other states, there are going to be challenges in accordance with the ADA. Because employers, except in certain circumstances, prisoners, inmates and students, who have medical marijuana prescriptions will have to be accommodated. That is going to add expediently to our state's burden, making our nurses and our prison wardens and everyone else have to worry about it. Oh and who is going to pay for it by the way? Who is going to pay for the medical marijuana? This is all going to follow when somebody files an ADA complaint and that will be coming, as well.

Now if I could ask staff to please play for me clips one, two and three of Ms. Debbie Moak's testimony with the Arizona Governor's office. So while the screens are coming down -- Senator DAVIS and I ended up agreeing on the 94.2% that now is the chronic pain level in Arizona. What we couldn't agree on, and I'll have to go ahead and admit that Arizona stopped keeping the data in the same form in which they had previously. I could not see the exact number of those in 18 to 34 category, so I can't say for sure that they are the overwhelming majority, but I can say the overwhelming majority of cardholders is now increased since this testimony was taken. And for you new Senators -- you new senators, you need to know that this Bill did not go through the traditional process. No

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testimony was taken this session. So, again, I knew that I had in my head that the overwhelming majority of the cardholders in the younger subset was for chronic pain. If I could get to you play Ms. Moak's testimony. This lady, again, was with the Arizona Governor's office. The governor opposed a switch to recreational -- he lost, even though she was going to states trying to say don't do this, but he lost and it is now recreational, (video 2). And the next one please, (video 3).

Before we move on to any other clips, I'd like to take a moment to also mention that in Arizona there was an Attorney General who was definitely opposed to legalizing marijuana for recreational purposes. His name is Mark Brnovich and he was widely quoted as saying, "In Arizona we legalized medical marijuana for medical purposes, the results of that apparently are that there are a bunch of 18-25 year old males with back problems and migraine headaches, because that is who is getting the cards, most of them." So we know what is going to happen there and here. In addition, the things that we know we can expect to happen is we are going see a vast jump in car accidents with people who have marijuana in their systems. As you know, it is going to be very difficult for us to prove whether the marijuana was active at that point in time such that it could have contributed and the only way to do that would be to provide funding for law enforcement and hospitals to take mandatory blood draws. That's what we will have to do in order to prove that if one of our loved ones gets hit by a driver who seems to be impaired -- that's the only way as lawyers, as prosecutors, that you will be able to prove it. In addition, we will have a difficult time tracking marijuana prescriptions. It is going to take a lot of software. Otherwise, people will be able to jump from pharmacy to pharmacy or whatever we are going to call these things. Quite frankly, I don't think it makes any difference if you call something a therapeutic whatsoever. It is still a pot dispensary and so we need to be able to track and make sure that somebody is not going from one county to the next to the next picking up whatever they can and that is going to be some expensive software.

I would like to point out something I found interesting and I did not know until just this weekend, that Colorado has actually gone back and decided that they had prescribed too much medical marijuana. At one point you could get 40 grams and now they have reduced it to 8 grams. And I was curious about that, this is a recreational marijuana state. Why would they decrease the amount you can get per day by 32 grams? And you know why they did it? Because those under 21 are not considered adult, so they had a problem with the 18-21 year olds still having to rely

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on medical marijuana cards and then getting prescribed up to what they would consider an adult daily usage. So, that's why they went in there and decreased it downward and even that amount, 8 milligrams, is higher than what the FDA has recommended for clinical trials like those in the Right to Try category that we have already passed. Nobody wants to mention it. The media never seems to mention it; that we have already passed the Right to Try and there are a lot of clinical trials where people can participate and get marijuana if they feel like it is going to help them. They get the certification from a doctor that they are either within a year of death or that they have an ailment, which will indeed place their morbidity at issue. So it is not even within a year of life, they basically have to prove that they have a condition that if they don't get it reversed by some form of medicine that it will end up killing them. Nobody mentions that. Nobody mentions Epidiolex, the new pill that the FDA has now approved with THC in it. Nobody mentions that that's available either -- FDA approved. You can get a real doctor to prescribe it, not one that just goes along with the flow to maybe increase his medical practice some, but you can also go get it from a very real pharmacist, not one that is called therapeutic or whatever. It is a real pharmacist. Nobody likes to talk about that, but it is exactly what has happened. So that you know, the FDA put out a recommendation that no more than 5 mg for those therapeutic trials, the clinical trials, and I see no reason in the world why we wouldn't do the same at the very least, to say no more than 5 mg per day and we need a tracking system for it. So again, we can also expect that the majority of cards will be granted by a small percentage of doctors, (video 4). If you all didn't hear that, 25 doctors prescribe 62% of the card recommendations in Arizona.

(Video 5). That was Representative Eddy Tallon. I hope you were able to hear the doctor. Her best recommendation was hydrate, go slow and start low and journal. That's the best this doctor can do and yet we are now trying to give over what these patients should take to a pharmacist.

ADJOURNMENT

At 11:04 A.M., on motion of Senator McELVEEN, the Senate adjourned to meet next Tuesday, February 22, 2022, at 12:00 Noon.

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