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DATE: February 25, 2015

FROM: KELBIN "KC" CAROLINA

Lower Providence, Twp., Montgomery County, PA

TO: Chairman Folmer; Minority Chairman Williams and all
honorable members of the Senate State Government
Committee

SUBJECT: Comments to be submitted to the record of Public Hearing
on SB 3, PN224-An Act providing for the medical use of
cannabis in the Commonwealth of Pennsylvania

I respectfully request that my comments be submitted as part of the record. I humbly address the Committee as a proud citizen of this great Commonwealth. I also address the Committee as a prospective licensee if SB3 becomes law, as a member of a disadvantaged minority, African-Americans, and as a parent of a child who suffered a serious medical condition during infancy.

Speaking as a parent of a child who suffered a serious neurological condition during infancy, I am deeply sympathetic with parents of children with seizure disorders hoping for the legalization of medical cannabis, especially strains of cannabis very high in Cannabidiols (CBD) which has worked wonders in alleviating the effects of severe pediatric seizure disorders.

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But I am also aware that there are beneficial medical effects of strains high in Tetrahydrocannabinols (THC), the psychoactive ingredient in cannabis, such as treating severe pain.

Second, as a prospective licensee, I am interested in SB 3 moving forward in its current form with the following comments offered for consideration by the Committee. I urge the Committee to consider adding a residency requirement to the bill, a set aside for African-Americans and other disadvantaged minorities and an expanded list of medical conditions. Finally, I urge the Committee to reconsider permitting the smoking and vaporization of medical cannabis.

[2-year residency requirement]

I urge the Committee to consider adding to the bill a 2 year residency requirement for licensees. Consider that without a 2 year residency requirement, it is conceivable that existing licensees in other states would come to the Commonwealth and snap up many of the licenses. I understand that adding such a requirement might be in violation of the Commerce Clause of the federal constitution. However, consider if due to the particular circumstances of the statutory scheme set forth in SB3, if not many of the licensed activities occur entirely within the Commonwealth, without most transactions never crossing state lines. For instance, all growers must be licensed by the Commonwealth. They may only sell their product to processors also so licensed. Finally, the processors may only sell their product to licensed dispensers within the Commonwealth.

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[Minority set aside]

I also urge the Committee to consider adding a set aside for qualified license applicants who are African-American or other disadvantaged minorities. I raise this consideration not only out of my self-interest as a prospective licensee but as an African-American. However, my narrow self-interests set aside, an impelling reason for a minority set aside is due to the fact that for at least the last 40 years members of my race have been arrested, convicted and incarcerated at alarming rates for various levels of cannabis possession and other offenses involving cannabis under the act of April 14, 1972 (P.L.233, No. 64), known as the Controlled Substance, Drug, Device and Cosmetic Act (the "Controlled Substance Act"). Therefore, there ought to be a minority set aside for licenses to, grow, process or dispense medical cannabis. Presently there are no provisions in the bill providing for a minority set aside.

It is my understanding that the prison system was the fastest growing industry in America but now is being replaced with the cannabis industry, both medical and recreational. Both industries have had or will have a large level of participants from the African American community that will most likely be more than the 13% of the USA population. Hundreds of millions of dollars have been made in the new cannabis industry and billions more are projected. A portion of the licenses to grow, process and dispense ought to be set aside to minorities to redress the past wrongs of discrimination.

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[Expanded medical conditions]

Although the current list of medical conditions to be treated by medical cannabis in the Commonwealth is a long one, there are other serious medical conditions susceptible to beneficial treatment by medical cannabis. Other serious medical conditions, such as severe or chronic pain, have been known to respond well to treatment by medical cannabis.

[Smoking and vaporization]

I realize that the Senate Co-Sponsorship Memoranda from Chairman Folmer and Senate Daylin Leach, dated December 3, 2014, listed as a bullet point of SB3 that no individual may smoke medical cannabis. I appreciate that the decision has been reached by a consensus of the bill's sponsors and other legislators. I would request that the smoking and vaporization of medical cannabis be permitted by the bill for financial reasons. It may be some time before medical cannabis is covered by major health plans, Medicare, Medicaid, and the Affordable Care Act. The expense of medical cannabis for the patient may in some cases be prohibitive. This expense can be significantly reduced by permitting smoking and vaporization which requires less processing and therefore less expense, which savings may be passed onto the patient.

As a result of my feelings and comments, I respectfully request that my remarks be entered into the record.

Respectfully submitted,
Kelbin "KC" Carolina

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