



**Kansas Association of
Chiefs of Police**

PO Box 2163
Hutchinson, KS 67504
(620)242-6565



**Kansas Sheriffs
Association**

PO Box 1122
Pittsburg, KS 66762
(620)230-0864



**Kansas Peace Officers
Association**

PO Box 2592
Wichita, KS 67201
(316)722-8433

**Testimony to the Special Committee on “Medical” Marijuana
Opposition Testimony**

October 12, 2022

Sen. Olson, Rep. Barker, and Committee Members

Thank you for allowing us this opportunity to present the concerns of our associations with the proposed legislation to legalize “medical” marijuana (2021 House Sub for SB158 and 2022 SB560). The opposition of our associations remain unchanged. We continue to be concerned with the unintended consequences of this legislation on public safety in Kansas and implications of a lack of clarity and control in regulatory areas impacting law enforcement. Those impacts include both operational obstacles and legal obstacles to effectively enforce the act and effective enforcement of illegal drug violations outside the scope of the “medical” marijuana laws.

We are presenting our largest public safety and law enforcement concerns below. We recognize there are other concerns that we share with other presenters with expertise other than law enforcement. To be clear, even if the topics we list below are addressed, we do not see our position on medical marijuana moving to supportive or even neutral. However, if the bill moves forward despite opposition presented by us and others, these are some of our main concerns we believe need to be addressed to reduce loopholes, gaps, and lack of clarity in the current bills; and more importantly to give law enforcement the tools needed to effectively enforce and assure compliance with the legislative limitations and requirements. Some of these changes are necessary to minimize the harm to our investigative abilities to control drugs remaining illegal or outside the scope of the “medical” marijuana law.

Our position on medical marijuana continues to be we are not opposed to marijuana being used as medicine when it is treated as medicine through appropriate research, FDA approval, and appropriate prescribing and pharmaceutical procedures. We have supported legislation to allow more research on medical marijuana. We have supported legislation changing the drug schedules to allow pharmaceutical drugs containing marijuana derivatives. We oppose calling a federally controlled substance a “medicine” and allowing it to be dispensed by non-pharmacy outlets with no more than a doctor saying the person has a qualifying ailment and could benefit from use of the federally controlled substance. And doing this while not clearly prescribing the strength of the active ingredients (THC or CBD) in the products to be used, the type of active ingredients (delta-9, delta-8, etc.), the amount of active ingredient to be consumed in each dose, and the time period between dosage consumption.

We recognize other states have also used the mislabeling of what is proposed as “medical” marijuana. In our opinion, this is a very misleading label. If you went to a physician for a heart ailment and they told you just go down to the local heart medicine store and ask for a particular substance they have that makes you feel better, I am sure you would be taken aback and ask for clarification. You would want to know the strength of the active ingredient to use? How much of

the active ingredient should be taken? How often should it be taken? And if the answer was to take whatever strength makes you feel better, in whatever dosage makes you feel better, and as often as you need to make you feel better, we seriously doubt you would be likely to return to that doctor for treatment. Yet that is exactly what is laid out in House Substitute for SB158 and SB560.

We are prepared to work with any of the committee members and/or the revisors to draft specific language for each of the following. However, that is difficult for us to do on our own for this presentation given we have two different bills, that while similar, have significantly different provisions, wording and organization. We will attempt to provide enough information on each point to further your understanding of why it is important and a general direction we believe must be taken to address the concern. This is further complicated by one bill having passed one chamber with no hearing in the other chamber; and one bill that was never amended in committee or passed out of committee after hearings were held. That makes it difficult to find the starting point for specific language recommendations.

Critical components of law

1. **Medical Marijuana exemption while in local jails.** The Kansas Sheriffs Association strongly opposes allowing medical marijuana to be administered in the jails. This must be explicitly exempted in the statute. Failure to exempt this could require jails to violate federal law and introduce a controlled substance into the jails. Even worse, since the bill recognizes it as “medicine,” the cost may very well be borne by the taxpayers. It also would inject marijuana into the jail setting with the potential for distribution to prisoners who are not authorized to have it.
2. **Eliminate raw plant material sales and possession.** (SB158 §30/SB560 §30) We fully support the no smokables and no vaping restrictions and oppose removing those provisions from the bill. Vaping produces high concentrations of THC into the user and smoking creates not only harm to the user, but also to everyone around through secondhand smoke ingestion. But it makes no sense to allow vegetation and buds to be sold and possessed if it is illegal to smoke it. We understand some of the proponents testifying in support during the last session acknowledged that if vegetation is available, it will likely be smoked. Vegetation sales will encourage ignoring those restrictions, but the worst outcome is it will encourage people to attempt extraction of THC in home labs. This is a very dangerous process.
3. **Clarify in the bill that even if cannabis vegetation is legally obtained through the “medical Marijuana” program, extraction by anyone not specifically licensed as a processor to do so remains a violation of KSA 21-5703.** This is a major public safety issue as home extraction processes often use flammable materials and is conducted by untrained persons unwary of the life-threatening risks it creates.
4. **Establish a maximum THC strength for both vegetation (if you ignore concern number 2), for the extracts, and for products.** (SB158 §30/SB560 §30) Those levels should be based on what is needed for “medical” results, not some arbitrary number picked by the processors and distributors. It certainly should not be an unlimited level nor at levels that are close to pure THC. We believe the levels proposed in SB158 of 35% for plant material and 70% for extracts and in SB560 of 35% for vegetation and no limit on extracts grossly exceeds reasonableness. Neither bill set a maximum THC content of products.
5. **Allowable quantities for purchase and possession by registered users and caregivers must be clarified.** Both SB158 in sections 10(b) and 11(b) allows the registered user or

caregiver to “purchase” an amount not to exceed a 30-day supply. SB560 sections 10(b) and 11(b) allows the registered user or caregiver to “possess” an amount not to exceed a 30-day supply. They both lack any control over how often such a purchase can be made. We believe the bill should include “purchase or possess an amount not to exceed a 30-day supply and the total purchase in any 30-day period cannot exceed the authorized 30-day supply.

Also in sections 10(a)(3) and 11(a)(3) of both bills the purchase and possession of paraphernalia is allowed without restriction. As currently worded, we believe a registered patient or caregiver would be exempt from the paraphernalia laws even if they were using them for ingesting other drugs such as meth, cocaine, or heroin as long as the paraphernalia was also used for medical marijuana. We suggest making this only apply to paraphernalia used exclusively for medical marijuana.

SB560 §28 and 37 and SB158 §29 and 37 establish a requirement for dispensaries to report to the prescription monitoring system, but we do not find any requirement they check the prescription monitoring system at the time of sale for prior purchases. Nor do we find a prohibition of selling additional products to a registered person if they have purchased their 30-day limit within a certain time period prior to the new transaction. The bill needs to eliminate the possibility for users or caregivers to purchase excessive quantities of products and restrict the dispensaries from selling excessive amounts of products to a buyer.

The quantity allowances for purchase should be a quantity per time period just like prescription drugs. Those quantities must be readily identifiable by law enforcement through documentation and database access since a 30-day supply may vary from patient to patient. Law enforcement needs the physician to state in the authorization what a 30-day supply is for each patient. That information needs to be on the user and caregiver registration card or available in a real-time data base so that law enforcement can determine if this is being violated. Without this information any limit will be unenforceable.

6. **Illegal distribution of medical marijuana and paraphernalia.** There should be clear penalties for distributing medical marijuana by registered users and caregivers to persons the marijuana is not intended for. Unauthorized distribution to minors should be a significant criminal penalty. An alternative is to make a clarification in statute that distribution to non-registered users or caregivers is a violation of applicable statutes in KSA Chapter 21, Article 57.
7. **Section 62 (d) in SB560 and Section 66 in SB158 amending KSA 21-5706.** We are concerned the language stricken on page 53 lines 25-43 of SB560 is a problem as it relates to CBD preparations allowed in KSA 65-6235 which does not appear to be subject to the medical marijuana laws being proposed. We are concerned the amendment may be problematic for people administering CBD preparations under the authority of KSA 65-6235. The use of the specific products authorized in KSA 65-6235 appear to remain authorized without being registered under the proposed act in SB158 and SB560. By deleting the noted provisions in the bills, the protections allowed to patients and caregivers in KSA 65-6235 are lost. We don't believe relationship and interactions between the authorizations in KSA 65-6235 and the proposed act have being thoroughly addressed.
8. **Licensing.** In section 12 of both SB158 and SB560, we believe making a fraudulent application should require suspension, revocation and denial of a license and should not be

at the discretion of the agency. Similar permissive “may” language is also found in sections 19, 33, and 34 of SB560. While we understand some violations are best handled with agency discretion, others such as fraudulent applications or committing crimes utilizing the licensed or registered activity should require suspension or revocation. They probably should include criminal penalties in some cases. We believe the sections we have cited should require revocation for specified serious violations and agency discretion for other violations.

9. **Storage requirements.** Section 48 of SB158 and sections 49 of SB560 are essential but need strengthening. For example, section 49 (c) exempts this law totally if the medical marijuana is accessible to a child registered to use it. The prohibition should only exempt access necessary for the administration of the medical marijuana. It is still a problem if a registered child has unsupervised access to the medical marijuana where they may choose to self-medicate. We also believe this provision may exclude charging a violator with endangering a child if the circumstances justify that charge. We recommend language that would allow charging of endangering a child which the elements of that crime are met. An example of those circumstances are if the storage noncompliance results in possession or consumption by a child who is not a registered user or if the violation results in an overdose of any child.
10. **Labeling.** SB158 §28, 29, and 61, SB560 §28 and 36. In March 2020, the CARES Act gave FDA new tools to regulate over-the-counter drugs. It appears the new regulatory implementation will take several years to occur. But the federal legislative intent is to increase FDA regulation of most over-the-counter medicines.¹ Over-the-counter drugs must be labeled to reveal: **Active Ingredient**, Therapeutic substance in product; amount of active ingredient per unit [*This should include requiring identifying various delta types of THC and their concentrations*]; **Uses**-Symptoms or diseases the product will treat or prevent; **Warnings**-When not to use the product; conditions that may require advice from a doctor before taking the product; possible interactions or side effects; when to stop taking the product and when to contact a doctor; if you are pregnant or breastfeeding, seek guidance from a health care professional; keep product out of children’s reach; **Inactive Ingredients**-Substances such as colors or flavors; **Purpose**-Product action or category (such as antihistamine, antacid, or cough suppressant; **Directions**-Specific age categories, how much to take, how to take, and how often and how long to take; **Other Required Information**- How to store the product properly and required information about certain ingredients the product contains. The purpose of this labeling is to tell the user “What a medicine is supposed to do, who should or should not take it, and how to use it.” The label must also include the expiration date, lot or batch code, name of the manufacturer, packer or distributor, net quantity of contents, and what to do if an overdose occurs.² There is no reason this kind of information should not be set as a statutory minimum for labeling regulations. We believe these should be required as minimums for the regulations. Nor is there any reason the authorizing physician should not put information on dosage and usage in the approval documentation and place on the registration document the user possesses. Consideration should be given to also making a violation of labeling requirements a consumer protection violation.

¹ GAO Report, July 2020; <https://www.gao.gov/products/gao-20-572>; <https://www.gao.gov/assets/gao-20-572.pdf>

² FDA website: <https://www.fda.gov/drugs/resources-you-drugs/over-counter-medicine-label-take-look>

Law Enforcement Operations

11. **Realtime law enforcement access to the database of registered medical marijuana users and caregivers is critical.** We must be able to verify 1) a person's registration status if they tell us they are registered but don't have their card with them; 2) the status and validity of a card presented to us by name or by number; and 3) the allowable 30-day supply. This can be accomplished in a secure and controlled manner via the Kansas Criminal Justice Information System, the same way we obtain driver's license records and criminal records.
12. **Presentation of licensing and registration documents to law enforcement must be required.** The law must require any license or registration document to be in the persons possession when possessing cannabis and require it to be presented to law enforcement on request. A provision needs to be inserted into the bill to mirror the driver's license laws providing it is a violation not to have the license in their possession, and further providing the charge will be dismissed if a person who is cited presents the license to the court showing it was in effect at the time of the violation.
13. **Law enforcement reporting of violations to regulatory authorities.** There must be clear statutory provisions about law enforcement authorization to enforce or report licensing or registration violations to the regulatory agencies. Current alcohol laws have a similar provision that can be used as a model.
14. **Law Enforcement Investigations.** Ensure regulations are in place so when law enforcement contacts a dispensary, a producer, or processor, etc. there is a requirement to provide reasonable cooperation with the investigation. This must include access to the premises and applicable licenses. Law enforcement is allowed access to enter a licensed bar without resistance due to the state license. If marijuana is going to be licensed through Kansas, the same regulations should apply.

Law Enforcement Costs

- A. **Drug Canines:** Many of our canines have been trained to detect cannabis and could become limited in usefulness with this legalization. Some jurisdictions in other states have faced legal challenges when marijuana trained dogs are used as a basis for probable cause to search for any drug the dog is trained to detect. A portion of revenues from marijuana processing and sales should be set aside for law enforcement to be reimbursed for the cost of replacing canines if that becomes necessary. Those costs are between \$10,000 and \$15,000 per canine.
 - Mitigation of this problem might be enhanced by adoption of our recommendations 2, 6, and 12 above, but we won't know if it will be accepted by the courts until someone challenges our use of these existing drug dogs as probable cause.
- B. **Testing related to DUI-Drugs (Marijuana):** States implementing marijuana legalization, either medical or recreational, have experienced increases in marijuana related DUI violations and collisions. Field testing devices are just now starting to prove reliable. There will be significant costs to law enforcement agencies for the purchase of these testing devices as they are approved, and for DUI related procedure training.
- C. **Field Testing for Compliance:** Field testing materials will be needed to determine if cannabis we find are within the limits set by statute. Field testing is critical to enforce the limits of THC content in a manner that does not impose hardships on those the legislation authorizes to possess cannabis as medicine.
- D. **Forensic Laboratory Costs:** Our forensic laboratories will need to invest substantially in additional equipment, supplies and perhaps people. State proceeds from cannabis sales

should be set aside for reimbursing our locally operated forensic labs for these costs. This would include the KBI, Sedgwick County and Johnson County labs. The alternative is for those labs to simply direct all cannabis related lab work to the KBI. This alternative is also problematic, potentially creating a load on the KBI lab negatively impacting their ability to timely respond to other criminal forensic analysis addressing violent and nonviolent crimes.

- E. **Training Costs:** Extensive training programs for law enforcement officers need to be developed. This needs to be done by the regulating agencies, not by the industry. This needs to be done in cooperation with the Kansas Law Enforcement Training Center and offered in both classroom and video training formats. Passage of this bill will change current legal issues and procedural policies. Probable cause for drug violations and related searches will change, all the intricacies of the laws relating to enforcement and regulatory requirements will have to be learned, and a thorough understanding of how the differences between state and federal laws will have to be covered. Funds recovered through licensing and taxes should be made available for this purpose.

Other concerns:

- a. Educating the public and all registered users and caregivers about safety, storage, legal restrictions, and concerns with sharing their medical marijuana with others. Section 38 of SB560 addresses educating those that work in dispensaries, registered users and registered caregivers, but we find nothing in the bill assigning a state agency responsibility for educating the public on the use and safety precautions on the risks of sharing medical marijuana.
- b. Black market marijuana distribution should be expected to increase as has been seen in other states in various levels of legalization.
- c. We have concerns about the detection of marijuana-related impairment in both commercial and non-commercial vehicle operations. Handling of these cases will likely create more officer time to investigate, document, and participate in prosecution. The expanded use of marijuana products will surely negatively impact traffic safety.
- d. Accidental exposures – We have grave concerns about the packaging and safe storage of these products. Bland packaging that will not appeal to children would be more appropriate than brightly colored packaging, packaging similar to candy, or packaging with cartoon characters. We believe these restrictions need to be in statute and not left to regulations. These steps will alleviate what other states have experienced with accidental child overdoses.

Presented by:
Ed Klumpp, Legislative Liaison

Approved for presentation by:
Sheriff David Groves, Cherokee County
President, Kansas Sheriffs Association

Chief Jerry Harrison
President, Kansas Association of Chiefs of Police

Amy Osburn
President, Kansas Peace Officers Association

Suggested Bill Language Related to Concerns Presented In Our Testimony

The suggestions below need work by revisors to assure the language is correct and assure proper placement in, and integration with, the entirety of the act. There are some areas we were not qualified to make a specific recommendation due to the complexity of the bills. However, we request permission of the committee to work with the revisors on language for all or our recommendations prior to the committee making their final recommendations.

1. **Medical Marijuana exemption while in local jails.**

Add a new subsection such as:

“Nothing in this act shall authorize the possession, use or distribution of medical marijuana in any jail, correction, or detention facility nor require any government agency to pay for any expenses incurred by an inmate or prisoner related to medical marijuana.”

Consider adding a provision to this new section similar to what is found in K.S.A. 65-6235 section (d). For example:

Nothing in this act shall be construed to require the Kansas medical assistance program or any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical corporation contract, fraternal benefit society or health maintenance organization that provides coverage for accident and health services to provide payment or reimbursement for any medical marijuana products or services.

2. **Eliminate raw plant material sales and possession**

This would just require deletion of the authorization provisions for vegetation in (SB158 §30/SB560 §30). The extraction issue is addressed in our recommendations in #3 and #6 below.

3. **Clarify in the bill that even if cannabis vegetation is legally obtained through the “medical Marijuana” program, extraction by anyone not specifically licensed as a processor to do so remains a violation of KSA 21-5703, and**

6. **Illegal distribution of medical marijuana and paraphernalia**

Distribution, extraction, production, or sales of any cannabis or cannabis product or paraphernalia by any person not authorized by law to do so shall be treated as a violation of applicable law in Chapter 21 Article 57.

4. **Establish a maximum THC strength for both vegetation (if you ignore concern number 2), for the extracts, and for products.**

This amendment would be in SB158 §30 or SB560 §30. We believe you will be receiving other testimony on appropriate THC levels. Absent knowing exactly what those recommendations are, we do not have specific recommendations for this request at this time. However, we do not believe it will require a significant rewrite of those provisions, only an adjustment to the percentages proposed.

5. **Allowable quantities for possession by registered users and caregivers must be clarified**

Amend Section 10 and 11 of SB158/SB560 and SB560 Sections 16 and 28 to add the underlined, italicized content:

Sec. 10 (a) A patient registered pursuant to section 8, and amendments thereto, who obtains medical marijuana from a licensed retail dispensary may:

- (1) Use medical marijuana;
- (2) subject to subsection (b), purchase and possess medical marijuana; and
- (3) purchase and possess any paraphernalia or accessories used *exclusively* to administer medical marijuana.

(b) A registered patient may purchase and possess medical marijuana in an amount not to exceed a recommended 30-day supply. The patient is not permitted to purchase more than a 30-day supply within any 30-day period.

Sec. 11. (a) A caregiver registered pursuant to section 8, and amendments thereto, who obtains medical marijuana from a licensed retail dispensary may:

- (1) Subject to subsection (b), purchase and possess medical marijuana on behalf of a registered patient under the caregiver's care;
- (2) assist a registered patient under the caregiver's care in the use or administration of medical marijuana; and
- (3) purchase and possess any paraphernalia or accessories used exclusively to administer medical marijuana.

(b) A registered caregiver may purchase or possess medical marijuana on behalf of a registered patient in an amount not to exceed a recommended 30-day supply. The caregiver is not permitted to purchase more than a 30-day supply within any 30-day period. If a caregiver provides care to more than one registered patient, the caregiver shall maintain separate inventories of medical marijuana for each patient.

SB560 Sec. 28 Add new section (b)(3) and renumber the remaining:

(3) determine any dispensing of medical marijuana during the past 30-days as recorded in the prescription monitoring system and assure all medical marijuana dispensed in the past 30-days does not exceed the 30-day authorized amount for the patient.

SB560 Sec. 16 make existing provision subsection (a) and add subsection (b):

(b) create a real-time private database accessible to law enforcement via the secure Kansas criminal justice system showing all registered patients and caregivers searchable by name and birthdate, and by the identification number used on the persons registration card. The database shall reveal the current status of the registration and the approved 30-day supply for the patient.

7. Section 62 (d) in SB560 and Section 66 in SB158 amending KSA 21-5706

We recommend either restoring the stricken provisions in SB560 section 62 subsection (d) on page 53 line 25 through page 54 line 1 and make the new proposed provision on page 54 lines 1-10 a new subsection; or repeal K.S.A. 65-6235 and making those provisions part of the medical marijuana act. Otherwise, what is authorized in K.S.A. 65-6235 appears to remain authorized without the protection of the stricken language.

8. Licensing

These changes will be extensive and extend to the regulatory provisions of not just patients and caregivers, but also licenses issued under the act for physicians, dispensaries, manufacturers, processors, etc. There should be statutory language mandated suspensions and revocations for false representations on applications or any documentation required by the act or if a disqualifying event for being issued a license occurs after the license was issued. Considerations should be given to require the regulatory agency to identify any additional violation which should require a suspension or revocation instead of a discretionary action.

9. Storage requirements

Amend SB560 Sec. 49

(b) (1) Violation of this section is a class A person misdemeanor.

(2) A violation of this section resulting in consumption of medical marijuana by a non-registered child under the age of 18, or resulting in a medical emergency or overdose of a child under the

age of 18 may also be convicted of endangering a child as provided in K.S.A. 21-5601, and amendments thereto.

(c) This section shall not apply to any person who stores or otherwise leaves medical marijuana or a medical marijuana product where it is readily accessible to a child under 18 years of age if:

(1) ~~Such child is a patient registered pursuant to section 8, and amendments thereto~~ access is necessary for administration of the medical marijuana to the child who is a registered patient;

and

~~(2) such medical marijuana or medical marijuana product is not readily accessible to any child under 18 years of age other than the child described in paragraph (1) who is a patient registered pursuant.~~

10. Labeling

At a minimum, add some items to the required labeling.

SB560 section 28 amend subsection (b)(3):

(3) comply with any packaging and labeling requirements established by rules and regulations adopted by the secretary of revenue, including, but not limited to, labeling medical marijuana and medical marijuana products with the following information:

(A) The name and address of the licensed cultivator or processor that produced the medical marijuana or medical marijuana product and the retail dispensary;

(B) the name of the patient and caregiver, if any;

(C) the name of the physician who recommended treatment with medical marijuana;

(D) the directions for use, if any, as recommended by the physician;

(E) the health warning as specified in rules and regulations adopted by the secretary of health and environment;

(F) the date on which the medical marijuana or medical marijuana product was dispensed; and

(G) the quantity, strength, kind or form of medical marijuana contained in the package;

(H) a listing of all THC concentrations by delta types; and

(I) a listing of the concentration of any other active ingredients.

Add new subsection (f):

(f) A violation of this section is a class A misdemeanor.

11. Realtime law enforcement access to the database of registered medical marijuana users and caregivers is critical (

Add provision requiring KDHE to make a real-time data base available to law enforcement through the Kansas Criminal Justice Information System.

Amend Sec. 9 subsection (b) in SB560 by adding subsection (5):

“(5) A statement of the physician identifying the types and quantities of a 30-day supply of medical marijuana recommended by the physician.”

12. Presentation of licensing and registration documents to law enforcement must be required

Add a new provision in the section on the registration card similar to the driver’s license on person provision in K.S.A. 8-244:

“(a) Every registered patient or caregiver shall have such person's registration card in such person's immediate possession at all times when possessing medical marijuana in public. However, no person charged with violating this subsection shall be convicted if such person

- produces in court or the office of the arresting officer a registration card theretofore issued to such person and valid at the time of the violation.
- (b) Every registered patient or caregiver shall promptly deliver such person's registration card upon demand of any officer of a court of competent jurisdiction or any law enforcement officer when the registration card is in such person's immediate possession at the time of the demand.
 - (c) A violation of this section is a class C misdemeanor."

13. Law enforcement reporting of violations to regulatory authorities.

Add a provision similar to that found in K.S.A. 41-106, such as:

"Any duly authorized law enforcement officer who observes a violation of the medical marijuana act may, after serving notice to the licensee or a person in charge of the licensed premises, or to a registered patient or caregiver, submit a report of such violation to the regulating authority for review. Upon receipt of such report, the regulating agency shall review the report and determine if administrative action will be taken against the licensee or registered person. If the regulating agency determines that administrative action will be taken, an administrative citation and notice of administrative action shall be delivered by United States mail to the licensee within 30 days of the date of the alleged violation."

14. Law Enforcement Investigations.

Add a new section to clarify reasonable inspection by law enforcement officers, such as:

- (a) All businesses licensed under this act shall provide access during normal business hours to law enforcement officers to view the license issued to that business and to view the premises where medical marijuana related activities are conducted.
- (b) Law enforcement officers must be permitted to enter the premises of a licensed business any time the owner, manager or employees are on the premises.
- (c) All businesses and person license under this act and all patients and caregivers under this act shall cooperate with law enforcement investigating an allegation of law or regulations of the act. This does not imply any person does not maintain their fifth amendment rights of self-incrimination.

Law Enforcement Costs Related to the Act

Our testimony lists clear potential costs to law enforcement created by passage of this act. We do not have specific language to implement a program to help address these costs, but we believe provisions should be put into place that a portion of fees and taxes received by the state from this act be set aside in a state fund created to allow state and local law enforcement to seek reimbursement of these costs. The use of those funds should available through request by law enforcement agencies for costs association with replacement of a drug canine trained in detecting cannabis with a canine trained to detect drugs other than cannabis; costs of testing required for prosecution or investigation of violations of the act; the purchase of field testing devices to assist in enforcement of cannabis related violations including DUI field tests for THC in a driver's system, costs to forensic laboratories for testing directly related to the enforcement of medical marijuana laws and regulations, and training costs to educate officers on the laws and regulations concerning medical marijuana.