

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate May 20, 2025

KELLY: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the eighty-first [SIC] day of the One Hundred Ninth Legislature, First Session. Our chaplain for today is Senator Bosn. Please rise.

BOSN: Please join me in prayer. Heavenly Father, thank you for this eighty-second day of the Legislature. Please guide my colleagues and myself as public servants of your will. We humbly ask for your wisdom and guidance as we gather here today and the next 8 days to address the important matters that are before us. Help us to discern what is right and just and to work together for the good of all Nebraskans. God, we pray for unity and understanding among all members of this body. May we approach our tasks with open minds and hearts, willing to listen to one another and seek common ground. Help us to find solutions that will serve the best interests of all regardless of political differences. We ask for your strength and courage as we face the last days of the session and the challenges ahead. May we find the resilience to persevere, the courage to stand for what is right, and the wisdom to make sound decisions. We commit our work to you, knowing that with your help, we can make a positive impact for Nebraska. Thank you again for the privilege of serving Nebraskans. In your son's most precious name we pray. Amen.

KELLY: I recognize Senator Ibach for the Pledge of Allegiance.

IBACH: Please join me in the pledge. I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

KELLY: I call to order the eighty-second day of the One Hundred Ninth Legislature, First Session. Senators, please record your presence. Roll call. Mr. Clerk, please record.

CLERK: There's a quorum present, Mr. President.

KELLY: Thank you. Are there any corrections for the Journal?

CLERK: I have no corrections this morning, sir.

KELLY: Are there messages, reports, or announcements?

CLERK: I have no messages, reports, nor announcements.

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KELLY: While the Legislature is in session and capable of transacting business, I propose to sign and do hereby sign LR181, LR182, and LR183. Mr. Clerk, please proceed to the first item on the agenda.

CLERK: Mr. President, General File, LB677, Senator Storm would move to indefinitely postpone the bill pursuant to Rule 6, Section 3(f).

KELLY: Senator Hansen, you're recognized to open on the bill.

HANSEN: Thank you, Mr. President. Well, colleagues, with a bill with this much of a magnitude of who it's going to affect in the state of Nebraska, how many moving parts there are, all the rules and regulations that we have put in place from the bill and also from the committee amendment, I'd like to thank the General Affairs Committee for putting together the committee amendment and everybody who's worked on this bill over the course of many months, how many stakeholders were involved, which were many, if not as many as you could possibly get. And all the people throughout the state of Nebraska, 70-some percent of people who voted for this initiative. I just want to talk a little bit, actually not even about the bill. I kind of want to lay a little bit of a foundation, because sometimes a topic such as this can be a little of emotion that it kind of stirs up in us, clouds our judgment maybe sometimes, and kind of hinders debate and discussion. So what can we all agree on? I've talked to many people here on the floor, I've heard what they've said, I've listened, and I'm going to go on a, on a limb here and assume that we can all agree that medical cannabis in some form helps people with certain conditions who suffer from debilitating illness. That's a consistent theme I've heard from everybody I've talked to. A lot of times it's, I think this actually helps people, but; I believe this can actually help somebody with this condition, however. So even those who are staunchly opposed to the idea of medical cannabis in the state of Nebraska, I'm going to assume they agree with me, and I would say everybody else in this room that it can help people in some form, in some way, for certain people. And if that's the case, you believe in medical cannabis. And that's OK. I know sometimes that scares some of us. It's kind of an alien thought to believe that this can help people, and I believe in it. So then I think the discussion today needs to be about the idea of how do we regulate it? How do we get this medicine to certain people who we believe it can help with in a regulated, safe fashion and make sure those people who don't need it don't get it? I believe that's what we accomplish with this bill and the amendment. This is probably going to be one of the most comprehensive, and I'm sure some people like this, regulated and restrictive medical cannabis programs in the entire country. And I

want everybody to know my philosophy about this bill and how we approach medical cannabis, is if we're going to say it's medical, we treat it like medical. This is not recreational. I don't care what anybody says and I want them to prove me otherwise. I want to treat this about as close as we possibly can to a pharmaceutical medication. Because if that's the intent, we need to treat it that way. So when you-- when I, when I go through the bill over the course of time here, answer as many questions as I possibly can, which I encourage everybody to ask me as many questions as they possibly can. If I don't know the answer, I'm going to find it, I'm going to get right back to you, and I will mention it on the microphone if you want me to. The idea that this needs to be regulated, I'm going to use a good example, let's go back to gambling. Some of you weren't here when we went through gambling, when that passed on a ballot initiative. That was probably about what, 4 or 5 years ago? As many of you might remember, Senator Tom Brieese, now Treasurer Tom Brieese, was chair of the General Affairs Committee at that time. And if anybody knows Senator Brieese-- Treasurer Brieese at that time, he was staunchly against gambling in the state of Nebraska, adamantly against it. I wouldn't say hated it, maybe he did. But he came to the realization even when it, when it passed in a ballot initiative, he even admitted we need to do something about this. We need to regulate it. We need to do our job as representatives of our constituents. And he did just that. He regulated gambling in the state of Nebraska. And that's what we need to do here. We don't want to pawn this off on anybody else and abdicate our responsibilities. This is our job. We've done it throughout every ballot initiative in the state of Nebraska in our history. We don't want to start now and set a dangerous precedent of not doing our job and let others do it for us. Another thing I think we can all agree on is that it is currently right now the law in the state of Nebraska. The people voted for it, the governor signed it, it's the law. And I'm going to guess everybody here who's read the ballot language, who understands what happened with the ballot initiative, believes we need to put some guardrails in place and guide this the right direction. So I think those are some things we can agree on, and I think that's a good foundation to start on. So what happens if we do nothing? (A) I believe we're not doing our job. This is our responsibility. Now we just have to agree on how we do that. If we don't do anything, the ballot initiative language is very clear on what is allowed and what is not allowed. And it is much more broad than what this bill and amendment is trying to accomplish. Much more confusing than what we're trying to accomplish. And it does nothing but hurt those specific individuals who need it to be able to get it the right way and safely. It only hurts law enforcement. Confusion is

one of the worst enemies in law enforcement. Though, if we don't do anything, law enforcement has no directive. Some people will probably say, well, we'll just use the same laws that we have now. I guarantee you this is going to be in court if we don't. And if we're concerned about getting sued or suing others, if we don't do anything, I guarantee we'll be spending millions in lawsuits. Again, colleagues, it's our job. And let's do it the right way. They will also not be able to tax it. That's kind of our responsibility as legislators, to set fees, to tax. Medical cannabis, I'm sure a lot of our constituents, once they find out that we did nothing and now we cannot tax it, they're not going to be too happy, especially when all the money, the profit or the revenue that comes from my bill and this-- and the committee amendment goes to the Property Tax Credit Relief Fund. And now we say, nope, we don't want to tax it now. It's our job. We need to set the fees. They can set the fines, according to the ballot language. But from my understanding, they cannot set the fees. All of us might remember all the bills that come through here this year even, and throughout the years, is all the fees that we have to increase, whether it's the DMV, whether it is gambling, whether it something else, we're increasing the fees. We do that very often. And that's what's involved with this bill as well. And also the funding for the medical cannabis program. I know we heard the governor mention that he would like to now take the reins on this, which is surprising considering it's the last minute in the ball game and now he wants to take the reins. I understand why. I understand his-- I'm going to assume his philosophy, the administration's philosophy on medical cannabis, and if they take the reins, they can choke it to death. I get it, it's strategic. They say there's going to be funding for it. There won't be. They say they have \$100,000 in money just laying around, which ask anybody on the Appropriations Committee, I don't know any other money laying around, and now all of a sudden we have money laying around. But the idea that we have money laying around to fund this is not true. We have \$100,000, they say to fund this, that money that we have appropriated is specific for a liquor law. It's not for medical cannabis. They say they have \$30,000 that we appropriated to this. But that's actually to help with the hiring of staff. Specifically, \$30,000 to hire staff to a bill this regulated and this broad? Anybody here who's seen a fiscal note knows that's not going to go very far. And so I can go-- I see I have a minute left, and as I speak, I'd like to even touch on a little bit about what this bill is not. And this is not recreational marijuana. Recreational marijuana, and I can assume if that ever is passed in the ballot, which could very well happen and be expedited if we do nothing, would be we, we support the use of marijuana in all forms. That's going to be one line

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on a ballot. There's going to be no confusion there. That is nothing like this. Anybody who's read the bill and the committee amendment, which is exciting reading, by the way, all 100-some pages of it.

KELLY: That's your time, Senator.

HANSEN: Yes, thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator Storm, you're recognized to open on the priority motion.

STORM: Thank you, Mr. President. Good morning, colleagues. So the marijuana debate's finally here, so we get to spend 8 hours on this-- discussing this. And with only 8 legislative days remaining, we are spending precious time on a matter that does not require legislative action. And I got to make that clear, because I get emails, I've had colleagues, I've had other people ask me, why do you oppose LB677? We have to have it. People voted for it, we have to have this. No, we don't. This body doesn't have to act at all, and we'll lay out that argument today why we don't have to act and we shouldn't act as this body on this. Spending the day on an, on an unnecessary matter is a legislative choice. In November, voters passed two ballot measures. Those ballot measures were written by and advocated for by the Nebraskans for Medical Marijuana in their measure and in their language. Initiative 483 or 438, now codified at Nebraska Revised Statute 71-24,106 to 71-24,112, known commonly as the regulatory petition states: The power to regulate all phases of the control of the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered cannabis establishments in the state pursuant to the Nebraska medical cannabis regulation is vested exclusively in the commission. It doesn't say in the Legislature, it says in the commission. I'll read that again. Nebraska Medical Cannabis Regulation Act is vested exclusively in the commission. The ballot initiative, as passed by the people, do not suggest, invite, or require the Legislature to act. To the contrary, they vest the regulatory authority exclusively in the Medical Cannabis Commission. And I've listened-- in this whole session, I've listened to my friends on the left get up here and constantly drum that we don't need to-- we do not need to go away from any ballot initiative language. That is the will of the people. I agree with that on this. That is the will of the people. And we even passed an initiative that talked about how we're going to regulate medical marijuana, and that is through an appointed commission, not through the Legislature. LB677 is not the will of the people, period. The sole role of the Legislature in the initiative language is the confirmation of the

governor's appointments to the Medical Cannabis Commission. That was the language written by the medical marijuana advocates. On April 24, the governor appointed both members of the commission with their confirmation awaiting action by the Legislature. Both appointments were reported to the Legislature on the 68th day, April 25, read across by Brandon more than 3 weeks ago, but we are still awaiting confirmation by this body to form the commission. The General Affairs has scheduled the confirmation hearing at 2:00 p.m. on Thursday, coming up May 22. Once the Legislature has completed its sole duty in the initiatives, the commission can begin promulgating the rules and regulations as required by Initiative 438 that the people voted for. That's what the people voted for, they did not vote for LB677. If we're about honoring the will of people as passed on the ballot box we should be focused only on completing the task they gave us, confirming the governor's appointees to the Medical Cannabis Commission. Altering the ballot initiative is going against the will of the voters. Where have we heard that this session and how many times have we heard that the session? Hear that almost daily. Going against the will of the people, right? The task as required by Initiative 438 are by July 1, 2025, the commission must establish criteria to accept or deny applications for registrations including adopting, promulgating and enforcing reasonable rules, regulations, and eligibility standards for such registrations per Nebraska statute voted on by the people. Once the Legislature confirms the commissioners, this work begins and ample time is available to meet the deadline. By October 1, 2025, the commission must begin granting registrations to the applicants that meet eligibility standards and other requirements established by the commission. There is no need for the legisla-- for legislative action to establish the regulation framework, which voter-approved initiatives granted to the Medical Cannabis Commission. Governor Pillen made this clear in a public release on last Friday. The people's law is being honored and his statement has been passed out on everybody's desk if you want to read it. I'm sure it'll get read up here today. But it's on your desk if you want to read what the governor has to say on this. So why are we here today? LB677 is a bill written by the marijuana industry. It's truly written by the medical or the recreational cannabis industry. And I have emails I can show you if you want to see it or we can read those today too if we need to get to that, written by the recreational industry. Commercial structure designed to maximize profits for the marijuana industry. Marijuana is a billion-dollar industry. They want to come into Nebraska after this ballot initiative is passed. They want to pass this bill and they want to sell lots of weed and marijuana to people. That's what they want to do. That's what this bill is about. That's

why they wrote it. It's about creating a vertical marijuana industry promoted by out-of-state interests wanting to create a commercial marijuana industry in Nebraska. That is what LB677 is. The 124-page amendment is not what voters voted for. That is not what people in this state voted for, it is what the marijuana industry wants. And like I said, I have, I have emails, I have text messages, I have-- if you want to see that, you can see it. A lawyer for a company in Colorado, a marijuana company, wrote this bill. He wrote it, gave it to Senator Hansen, put it up there. So we have all that. We have stacks of it here if you want to see that. You know, I have a lot of material evidence today to create a legislative record about marijuana. The next 8 hours will be spent discussing policy. However, if the proponents want to pretend it's a commercial industry bill, it isn't a commercial industrial bill, we can provide evidence on the record it is. We're happy to read them into the record if mistruths are stated on the floor. If proponents want to make this about pretending-- pending legal actions, we can also read items into the record. Let me see. Like I said, we have text messages for the people who collected signatures. They talked about how they cheated, why they had to cheat to get this through the-- get this ballot initiative passed. And right now, the Attorney General, and his case is in front of the Supreme Court on fraud. And the proponents will say, well, he's lost twice on that. And that's correct, he has. But now it's in front of the Supreme Court. We're going to get a final ruling. We'll get a final ruling probably by this fall. There was fraud in the ballot initiative. That's a fact. The Attorney General has laid out the problems with the amendment as well. We'll discuss a lot of that, and then we'll cover those in depth. 54 law enforcement officials, including the Nebraska Sheriffs Association, the police chiefs in Nebraska, oppose this amendment. That's on your desk as well. You can read, you can read and see if your sheriff is on the list that opposes this. There's 54 county sheriffs that oppose this. There is no need to take action to execute the will of the people-- there is no need to take action to execute the will of the people at the ballot box. This IPP motion is not just a priority motion to waste our time, it is a serious motion. I'm trying to stop recreational marijuana in the state of Nebraska, that's what I'm doing. There are, there are enough votes to advance this legis-- there are not enough votes to advance this legislation in time to do so. If a majority of the body wants to spend our remaining time on this issue, we will-- I'll be more than happy to do that, but we don't need to do that. We will with 25 votes to IPP this bill, we can move on to doing the work of the people with our remaining time. So if 25 people vote for this IPP, this is over with. We don't spend all day talking about this. It is no secret I oppose

marijuana legalization. I'm here standing for the families and kids who are targeted and exploited by the commercial industry, addiction for profit marijuana. In legalized states, youth, youth use goes up. Data clearly shows the impact of high potency THC on youth is indisputable, and we will discuss that today as well. Diversion of gummies and other high THC products for abuse is well documented. Children are getting accidentally exposed to commercial marijuana products, which is well documented.

KELLY: That's your time, Senator.

STORM: Thank you.

KELLY: Thank you, Senator Storm. Senator John Cavanaugh, you're recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. Well, I rise in opposition to the motion to indefinitely postpone and in favor of LB677 and the committee amendment. So there's a lot that people have said so far. And first off, I agree with Senator Hansen, which is a thing people will rarely hear me say. But I appreciate his diligence on this subject and his work to respect the will of the voters. And there is a distinction here, this bill is a bill that is supported by the folks who brought the ballot initiative. They asked for this legislation because they want more guardrails and more structure to the regulatory system. And they want that because the ballot initiative process does not allow to create a robust regulatory system. But first off, the ballot initiative, Ballot Initiative 437 legalized the possession of up to 5 ounces of cannabis for medical purposes. It is currently legal in the state of Nebraska to possess up to 5 ounces of cannabis or cannabis equivalent in some sort of extract or gummy or a thing like that. It is currently legal in the state of Nebraska to possess that if you have a doctor's recommendation. So the question that LB677 is seeking to answer is not whether or not we should legalize cannabis for medical purposes. The voters did that resoundingly. The question LB677 is seeking to answer is how do we make it accessible and safe and create a regulatory structure that will prevent this black market that Senator Storm and others are so concerned about and to prevent this slide into a recreational system. Some people who support medical cannabis of course will support a recreational system. But that is not what this bill is about and that is what this seeks to accomplish. So there is a whole lot of misdirection, there's going to be a lot of people saying things like trying to attack the fundamental question of whether cannabis is useful as a medical medicine. That question has already been answered by the people. The people want it, we have an

obligation to allow the people to get access to it safely in their communities at reputable establishments. That is what the bill is about. The Attorney General circulated a letter this morning that then, thanks to Senator Hallstrom has been circulated on the floor, is another act of bullying by the Attorney General. I pointed out this letter when he first circulated in his press conference, and I'd be happy to go through it again with you folks today, but almost every one of his criticisms in that letter is a criticism of the ballot initiative and not this bill. So those of you who maybe will stand up and point to that letter as justification for not passing this bill, I would caution you to first read the letter, then read the ballot initiative, and then perhaps read the bill. And so before you make a fool of yourself and stand up and try to point to that as justification, I would caution you to actually do the reading first. The people voted for this. Senator Hansen in conjunction with Chair Holdcroft, myself, the folks who brought this ballot initiative have worked to get this bill as a compromise. It has limitations in it that I don't agree with, that I don't like. I do think that it rolls back some of the accessibility that the voters asked for. But on the whole, I think it makes it more accessible and safer for people than no bill. And that is why I support the bill. I'm not in favor of a list of ailments. The ballot language specifically did not list ailments, it said in a doctor's judgment, in consideration of all these things, they can prescribe it or recommend it. This bill has a list of ailments, so it is a constraint on it. The ballot language did not put a limit on ability to mechanisms by which you could consume the cannabis. This bill says you can't smoke it. This bill limits the amount of flower you can own or possess. But it does still allow for the possession of flower, which I don't think we should put that limit on there, but that is a compromise in the interest of ensuring that people still have access to flower that I'm willing to accept at this point. So this bill is a constraint on the ballot language, but it is a constraint in the interest of accessibility, safety, reliability. That is what our charge is here. It is not to make a determination about whether this is a valuable thing. The people decided that already. Our charge here is how is it available? Is it safe? Can people actually get it?

KELLY: That's your time, Senator.

J. CAVANAUGH: Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. Good morning, colleagues. I rise today opposed to the indefinitely postpone motion and also in favor of LB677. I want to start by, by saying that there are certainly portions of this bill that I don't like. As obviously many of us in this body know, when a bill comes before us, there are compromises that have to be made and LB677 represents, I think, a true compromise in a number of those, those areas. I know Senator Hansen has worked tirelessly on this bill, along with a number other folks in the body. Senator Conrad worked very hard on a very similar bill in an effort to create or further extrapolate on this regulatory structure that was defined in the ballot initiative. I want to take just a minute to sort of zoom out to and talk about sort of the big picture here and, and why it is that I'm so supportive of trying to effectuate what the people's will is. Obviously, everybody in this body knows and watching at home knows there were ballot initiatives. That's why we're here. And those ballot initiatives for medical cannabis passed overwhelmingly. We know that 71% of the state of Nebraska, across a bipartisan spectrum, voted to support medical cannabis. And as has been stated, and I think it bears repeating to make sure people understand the current state of the law, as of today, it is currently legal to possess up to 5 ounces of marijuana with a doctor's recommendation. So I get emails about this all the time and calls about it, you know, the Legislature did not need to act in order to make that go into effect. That is a self-effectuating ballot initiative and it is currently the state of the law. The regulation ballot initiative did, as was talked about earlier, lay out certain parameters within which the governor-- the commission for cannabis is created. And there's the members of the Liquor Commission that are on that, as well as potentially up to two others, which the governor has now appointed. But the issue that I suppose myself and others take with that lack of regulation and that lack of clarification is that there are no definitions or guardrails with regards to what the commission needs to put in place in order to promulgate these rules to give out the licenses essentially to, to sell and distribute the, the medical cannabis. So the concern obviously is if we do nothing, the rules and regulations that are promulgated will be so restrictive that essentially nothing will be available. That is the concern. So LB677 does not seek to walk back the will of the people. LB677 seeks to enact the will of the people by prohibiting, essentially, the, the, the overly burdensome regulations to the extent of which that the medical cannabis that Nebraskans overwhelmingly voted for will not be available. As many of you might remember, there were town halls that we had a couple weeks ago at this point. And these were town halls that were hosted to discuss the issues of medical cannabis. And there was one hosted, I think, in La

Vista, one in Omaha, and we had one here in Lincoln, actually just outside of my district in northeast Lincoln. And at each one of those town halls, we had a vast number of people show up and express to us not just their desires and not just what they want to see us do with these bills, but, frankly, colleagues, they expressed their frustration because what they felt, what they know, is that there is a concerted effort amongst some in the government to walk back or effectively prohibit these ballot initiatives from achieving their actual goal. They see efforts by an Attorney General's Office to utilize the justice system in an effort to bully people into doing what they want. They see efforts by members of this body to try to fight legislation that actually allows access to medical cannabis. And they see a concerted effort across the entire spectrum of issues in this legislative session, trying to walk back the will of the people. So at those town halls we heard a, a very resounding request, which is to follow through with what these ballot initiatives told the state of Nebraska they wanted, which is access, actual access to medical cannabis. There are portions of LB677 that I am not a fan of, and I will talk about that, I'm sure, at some point today, but all said and done, what LB677 represents is a regulatory framework within which the confines are very clear. It does not permit recreational marijuana. What it does do is it allows access to patients for medical cannabis, which is what the will of the people has said they want. 70% of Nebraskans, colleagues, said this is their will. If we do nothing, we effectively allow the will of the people to once again be stifled. I want to say thank you to the people who have worked tirelessly on this bill. There are people who have been--

KELLY: That's your time, Senator.

DUNGAN: --advocates for this and they've done amazing work. Thank you, Mr. President.

KELLY: Thank you, Senator Dungan. Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. President. All right, so I'm, I'm hoping, like, as we kind of formulate debate and kind of have questions-- again, don't be afraid to ask questions on the microphone or even off the microphone. I'm going to do my best to kind of go through some of the nuances of the bill and also try to kind of maybe rebut a little bit about what we're hearing. And I think one of the things that we're kind of hearing is the idea that we have every right to do nothing. And that is correct. We do have every right to do nothing. And so I was hoping that Senator Storm would yield to a question, please.

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KELLY: Senator Storm, would you yield to questions?

STORM: Absolutely.

HANSEN: Thank you, Senator Storm. Can you think of any other commission that has been created or that we have created where the Legislature has taken no legislative action on?

STORM: Say that again.

HANSEN: Can you think of any commission that we have created or has been created, like through a ballot initiative, where the Legislature has taken no action to promulgate any rules or regulations or putting guardrails in place? Is there any commission we have ever done that?

STORM: Well, this is a brand new commission, brand new. This has just got-- in November, was just voted on by the people. So we need to allow this commission to formulate their, their plan and how they're going to regulate it. If we have issues, then I think we can come back next session and do that.

HANSEN: OK. So, right now, you currently can't think of any of them?

STORM: Yeah.

HANSEN: OK. So that's my point here, folks. Thank you, Senator Storm. I appreciate that. This would be sending a precedent that the state of Nebraska has never done before. We have never put guardrails or put rules and regulations in place for a commission that has been created. We've never said we're not going to do anything, we're going to totally trust the commission to promulgate all the rules and the regulations. It's a pretty dangerous precedent. I'm going to ask my conservative colleagues, what if this was a Democratic governor? And then he appointed two people to the Medical Marijuana Commission who are in favor of recreational marijuana. Would you take the same approach? Say, you know what, the governor and the commission is asking us to take a hands-off approach and let them put the rules and regulations in place. I guarantee none of us would. So why now? We're setting a dangerous precedent here, people, by not doing anything. We've never done it before. We've always given legislative approval for fees, for sources of revenue, for guardrails, for rules. We do represent the people. The executive branch does not. We are the ones representing the people. We are the ones who are supposed to put the rules in place for this. And guess what we did when it came to paid sick leave and it came to minimum wage? Against the behest of some of my Democrat colleagues who didn't like what we did, we did that exact

same thing. We said you know what, we know what the people voted for, but we want to put some guardrails in place. We want to make sure that this is workable for the people of Nebraska. I thought it was the right thing to do. But now we're doing the exact opposite. Let's not do anything. For something this-- for a ballot initiative this momentous, we're not talking about just minimum wage where it says we just want to go up to this amount, this involved so many stakeholders, which we have involved. This isn't just the, the marijuana industry who wrote this bill. Senator Storm is right. The marijuana industry was involved in this. The medical marijuana industry was. And these are the same people, he was right, some of them came from Colorado. But you know what they came to us saying? We don't want you being like Colorado. And we have the industry experience to prevent that. They were just one stakeholder who helped us with this bill. If you're building a skyscraper, you don't have one person do everything. They're not putting in the windows, they're not the ones building the-- you know, putting the foundation in, they're the ones not putting up the framework. It's a collaborative effort and that's exactly what went into this bill. So to say this is solely written by the, the marijuana industry and they gave it to us and that's exactly what this is, that is patently false. The Chamber of Commerce was involved, the Nebraska Medical Association was involved, the Nebraska Hospital Association was involved. You ask any-- the list of stakeholders that were involved in this is long. The list of people who were opposed to this and didn't help is very short. And so I had a handout here that I'm hoping everyone can look at here before my time is up. And we talked about what happens if we right now with the--

KELLY: That's your time, Senator.

HANSEN: --ballot language versus what we're trying to do with LB677. So everyone can take a look at that and ask questions.

KELLY: That's your time, Senator.

HANSEN: Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator Sorrentino, you're recognized to speak.

SORRENTINO: Thank you, Mr. President. Morning, colleagues. We've been warned by Senator John Cavanaugh not to make a fool of ourselves by harking back to the initiative or the Attorney General's letter or the bill, all of which I've read many times, but here we go, I guess I'm going to make a fool of myself here. So by encouraging us not to read

or discuss the actual documentation, I, I think really sets off a red flag. It reminds me of the Honorable Nancy Pelosi, when in 2010 she said, and I quote, don't read the bill, just vote for it. We can figure it out later. Nope, today's the time to figure it out. So I'm going to do the unthinkable and I'm going to go back to November 5, 2024 and I'm going to read you the 58 words of Initiative, of Initiative Measure 437 and I'll tell you what words I think you need to highlight: Shall a statute be enacted that makes penalties inapplicable under state and local law for the use, possession, acquisition of an allowable amount, up to 5 ounces, of cannabis for medical purposes by a qualified patient-- bold face that-- with a written recommendation-- bold face that-- from a healthcare practitioner-- bold face that-- and for a caregiver to assist a qualified patient with those activities. Now we've already heard the governor's name and we've heard Attorney General Mike Hilgers' name. I'll add a name that you'll want to use. This is from the Nebraska Secretary of State Bob Hilgers' [SIC] website. This is regarding Initiative Measure 437: The medical cannabis patient protection initiative contradicts federal law by leaving-- excuse me, legalizing cannabis in all forms, including marijuana, hashish, and concentrates, and the possession of drug paraphernalia. State and local laws cannot restrict the use, possession, or acquisition of cannabis in the workplace, schools, or any private or public space. While a medical professional must provide a certification of a medical condition, it is not a prescription, nor is it to be dispensed by a licensed pharmacist. The individual obtaining the certificate to possess and use cannabis does not have to be a patient of the certifying medical provider, nor are there restrictions on the type, dose, or frequency of administration. That's LB437 [SIC]. LB438 [SIC], 41 words: Shall a statute be enacted that makes penalties inapplicable under state law for the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by a registered private entity and that establishes a Nebraska Medical Cannabis Commission to regulate such use? Here's what the Nebraska Secretary of State's website had to say about that: The medical cannabis regulation initiative legalizes the commercial cannabis industry in Nebraska. In contradiction to current federal law, the initiative will facilitate possession and commercial manufacture, distribution, delivery, and dispensing of cannabis in all forms, including marijuana hashage and derivatives. The initiative allows the establishment of business and use of business equipment for the industrial production of any cannabis product for ingesting, inhaling, or otherwise introducing the drug into the body with no restriction on production for medical purposes only. I would add to that, yesterday we were-- we've talked

about this is for property tax relief. Yesterday, we were against property tax really when we voted down LB70 as it was a syntax against-- yes, I'm going to say it, everyday Nebraskans, we don't know what that is, for smoking, snacks, sodas, as not sustainable. But, apparently, medical marijuana disguised as recreational marijuana is now loaded up to look an awful lot like where this whole initiative was going to begin with, and that is sustainable. Let's do the math. If this is only medical marijuana, it does not provide substantial property tax relief. Only in the form of recreational marijuana, would it provide those kind of substantial numbers. Thank you, Mr. President.

KELLY: Thank you, Senator Sorrentino. Senator DeKay, you're recognized to speak.

DeKAY: Thank you, Mr. President. So far in my 3 years down here, I have heard a few medical marijuana bills in committee. In 2023, there was LB588 by Senator Wishart and a few others in Judiciary Committee. This year, there were four proposals that I heard, LB677 being one of them. For the longest time of my life, I was 100% opposed to marijuana in any form. When I started on the campaign trail though, I began to hear stories from parents and families about how medical marijuana might help them or their children. What particularly got to me was hearing stories of children with epileptic seizures that can't be controlled by conventional prescriptions or medical interventions. We're talking about children who had multiple brain surgeries and may take maybe 10 to 20 medications a day and still did not control their seizures. I have said before that I agree that people with epilepsy should have an option to try medical marijuana if there is no other medical intervention that has worked for them. That being said, I don't think LB677 is the answer. One of my concerns is that there is going to be ongoing litigation against ballot initiatives. Last year, Senator [SIC] Evnen certified that both the legalization petition and the regulatory petition cleared the 7% threshold by roughly 3,400 votes. If the court throws out the signatures on petitions notarized by the alleged dishonest notaries could leave the sponsor well short of the 86,499 valid signatures they needed for dismissal after the first phase of trial on each petition. If all the suspect signatures are subtracted from certified signatures, the legalization petition is left with about 62,533 signatures, and the regulatory petition is left with 70,562 signatures. Right now, no further legislation is necessary since the Legislature has no duty to amend the legislation the voters approved. The ballot initiatives are signed into law, become fully effective by October 1. In my mind, this litigation needs to be worked out first before any further legislation is considered regarding

medical marijuana in case there is unfavorable by the courts against one or both of the ballot initiatives. Medical marijuana is, is a pharmaceutical medicine. I don't know of any other medicine that is distributed to be ingested in a smoking form. It might, and probably does mask symptoms, but to call it a medicine that can be smoked would be the, be the first that I know of that can be ingested that way in this state or across the United States. It would also be unprecedented, as we heard earlier, to smoke a medicine. That would be the first in this country, too. So for me, when we're talking about medical cannabis or medical marijuana, I see medicine as in the form of a pill, an ointment, an oil, and nebulizer or maybe even an inhaler. But to call it 2 ounces of smoked flower, which would equal roughly 150 possible joints, depending on how big or small you make them, that is also unprecedented to me. So with that, I yield back the remainder of my time. Thank you.

KELLY: Thank you, Senator DeKay. Senator Lonowski, you're recognized to speak.

LONOWSKI: Thank you, Mr. President. First of all, there's a book that was passed around to several people: Tell Your Children. I recommend a lot of people look at that book. It talks about the dangers and, and the problems that marijuana has brought to us for quite some time. We spent a lot of time talking about Initiative 437, but as Senator Sorrentino mentioned, there was also Initiative 438. And since he went through that, I will remind you, it simply said it establishes the Nebraska Medical Cannabis Commission to regulate and provide necessary registration of medical marijuana. Who is that commission? It's former doctors, nurses, MDs, people that might have a little more knowledge about the effects of hallucinogens than, than what-- more experience than we have. Will Senator Hansen yield to a question?

KELLY: Senator Hansen, would you yield to a question?

HANSEN: Absolutely.

LONOWSKI: Senator Hansen, can you think of any medication that has been approved through ballot initiative, ibuprofen, codeine, Tylenol?

HANSEN: I believe there has not been from my understanding, but I could be wrong. So-- but if I find that out, I can get back to you.

LONOWSKI: OK, thank you. I would also like to mention that prior to that ballot initiative, several groups spent \$3.1 million trying to get this on our ballot. These, these groups were Growing the Good

Life, Western Future Funds, Second House Collaborative, and a few others. 1.6 million people sponsoring anti-marijuana legislation, zero dollars. There's a group called NORML, National Organization for the Reform of Marijuana Laws, and they've been working to make marijuana legal since 1970. The current bill for medical marijuana remains deeply flawed as it enters consideration by the full Legislature. I'm going to read an email that I got from a retired doctor from, from my district, Dr. French: Marijuana is still classified as a Schedule I controlled substance by the FDA and the DEA. This puts it in the same class as heroin, peyote, and ecstasy. These drugs are felt to have few or no medically accepted uses with a high degree of abuse and harm. Schedule II controlled substances of morphine, oxycodone, hydrocodone, amphetamines, and barbiturates do have medically accepted uses, but due to the addictive and abuse potential, are highly restricted by prescription to licensed prescribers certified with the DEA controlled substance licensing. Any medical marijuana should be more closely regulated than just a written recommendation. This should be amended to acquire a written prescription from a licensed prescriber, such as an MD, a physician, a physical assistant, or nurse practitioner. The current language of the bill would include chiropractic physicians who are not licensed to prescribe. And his letter is from about a, a week ago. Clinically proven benefits of marijuana are few. There are two FDA approved therapies containing derivatives of marijuana THC. Already available by prescription for three indications: Epidiolex for two rare forms of juvenile epilepsy, Dronabinol for chemotherapy-induced nausea, and for HIV-wasting disease. Beyond this, there are more documented harms than helpful uses of THC. The repeated claim that we need medical marijuana for pediatric epileptic patients is misleading since a medically tested and FDA approved medicine has already been approved and is available and has been for several years. A recent AMA paper regarding medical cannabis noted risks such as using cannabis in the short term may result in problems with learning, memory, attention, judgment, and coordination, while long-term use is associated with an increased risk of psychiatric illness and addiction. Other side effects include dizziness, nausea, vomiting, sedation, confusion, disorientation, and hallucinations. It has been found that the use in young adults raises the risk of psychosis and schizophrenia triple fold. Modern cannabis products have the concentrations of up to 20% higher than those that were 2% in the 1970s. And we've heard that argument at several different numbers, but it's a, it's a-- there's a great divide. These products are addictive. The concentrations of the THC and medical marijuana will be challenged to regulate and monitor adequately.

KELLY: That's your time, Senator.

LONOWSKI: Thank you, Mr. President.

KELLY: Thank you, Senator Lonowski. Senators Ballard and Storm would like to recognize some guests in the north balcony. They are kindergarten through fifth graders from Raymond Central. Please stand and be recognized by your Nebraska Legislature. Senator Murman, you're recognized to speak.

MURMAN: Thank you, Mr. Lieutenant Governor. I stand presently opposed to LB677, but looking to support the will of the people to make truly medical marijuana available in Nebraska. On the 2024 ballot, the majority of voters spoke clearly that they supported medical marijuana. While I have many reservations about this, the people voted and we do have to honor that. Furthermore, we have an obligation to ensure a reasonable regulatory system is put in place to ensure this is a true medicinal system. Without any regulations in place, that system won't reflect what the voters likely had in mind, but instead look like a confused mess. For example, according to a Nebraska Examiner article from May 12, our Attorney General has argued that the Medical Cannabis Commission should be drafting regulations right now. But a court ruling from the commissioners argued that they have no ability to carry out any duties without funding. That isn't what the voters were expecting when on the ballot they voted to create a Cannabis Commission. I think most expected there would be a reasonable regulatory system put in place then-- that ensured the process is truly for medicinal needs and that doctors or other traditional licensed medical professionals would be the persons making those recommendations. LB677, as amended, I think will get closer to that system. Without it, I'm not sure if there will be solid regulations put in place. I'm sure we will have many discussions about this condition or that condition should qualify and various aspects and I will be listening to the debate. I support changes to ensure that this is truly a bill focused on medicinal and not recreational marijuana. The people voted and we need regulations in place to make sure it is safe and reasonable to carry out the people's decision. Thank you, Mr. Lieutenant Governor.

KELLY: Thank you, Senator Murman. Senator DeKay would like to recognize some guests under the south balcony. They're Larry Arens, Norfolk; Chris Hegert, Kearney; and Chad Podolak, Columbus. Please stand and be recognized by the Nebraska Legislature. Senator Dover, you're recognized to speak.

DOVER: Thank you, Mr. President. I rise in favor of the IPP and oppose LB677. The measure that was passed by the people of Nebraska includes these words, quote, the power to regulate all phases of the control of the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered cannabis establishments in the state pursuant to the Nebraska Medical Cannabis Regulation Act is vested exclusively in the, quote, commission. What does this mean? It means that what the people of Nebraska passed, what they wanted is for the Medical Cannabis Commission to establish everything necessary to implement medical cannabis in the state. The Medical Cannabis Commission includes the three members of the Liquor Control Commission plus two members appointed by the governor. On April 24, the governor appointed both members of the commission with their confirmation awaiting action by the Legislature. These two appointments were reported to the Legislature on the sixty-eighth legislative day, April 25, more than 3 weeks ago, Journal page 1233, but are still awaiting confirmation by the Legislature. General Affairs has scheduled that confirmation hearing at 2 p.m. on Thursday, May 22. To repeat myself, what the people of Nebraska voted for is a Medical Cannabis Commission to establish the rules for medical cannabis. Why would we, as a Legislature, start messing with the commission that hasn't even started doing its work yet? We need to let the commission get in place and get started doing the job that they have been tasked with. In that budget that was passed last week, we gave \$100,000 to the Cannabis Commission so that they could get started. We also gave them \$30,000 of PSL each year. If needed, we can make a deficit appropriation for the commission in January. The governor's Policy Research Office, PRO, had brought authority and resources to make sure that the Medical Cannabis Commission gets up and running. My point is this: The only responsibility of the Legislature has in regard to the medical cannabis is approving the governor's appointees for the commission. That is the only role that the Nebraska voters have given us. The people of Nebraska voted to have a commission do what this bill is trying to do. I believe we need to get the Medical Cannabis Commission to do the work that the people of Nebraska voted for it to do. The tasks as required by Initiative 438 are by July 1, 2025, the commission must establish criteria to accept or deny applications for registration, including adopting, promulgating, and enforcing reasonable rules, regulations, and eligibility standards for such registrations. Once the Legislature confirms the commissioners, this work begins ample time-- excuse me, this work begins and ample time is available to meet this deadline. By October 2025, the commission must begin granting registration to applicants that meet eligibility standards and other requirements established by the commission. There

is no need for legislative action to put the regularity framework in place. To do so, would be to take ourselves, take ourselves responsible-- excuse me, to do so, would be to take on ourselves responsibilities that the voter-approved initiatives granted to the cannabis-- Medical Cannabis Commission. Any dispensary would be in violation of state law if they were to sell marijuana until the commission acts to permit regulations per Initiative 438. This would be the earliest, October 1, 2025. Thank you.

KELLY: Thank you, Senator Dover. Senator Storm, you're recognized to speak.

STORM: Thank you, Mr. President. Couple things I want to answer here from Senator Hansen, 438-- so we had 437 and 438, 437 basically said no long-- no longer illegal in Nebraska to possess marijuana. 438 was how we were going to regulate that. All these other initiatives that were passed last year did not have another initiative-- a ballot initiative attached to them telling them how we would regulate that what was passed. This one did and it says clearly, like it's been pointed out, that the Cannabis Commission will regulate the implementation of what the people voted for. It does not say the Legislature will do that, it says the commission will. And I'll also say that if we do have issues if they can't get this right, which I would rather take a conservative approach to this and not just jump off the cliff with a 122-page [SIC] amendment written by the Recreational Cannabis Commission and how we're going to implement marijuana in the state of Nebraska, I would take a conservative approach with the Cannabis Commission appointed by the governor, who-- the ballot initiative said that is who will be regulating this. I would let them do this first, see how it works. If we have any issues, we can always come back as a body and tweak those issues, not jump off the cliff and do a 122-page amendment on LB677 that was written by the Recreational Cannabis Commission. Also, I want to read what the governor said and then I'm going to-- well, actually I'm going to ask Senator Clements, can you yield to a question?

KELLY: Senator Clements, would you yield?

CLEMENTS: Yes.

STORM: How are we going to fund this? Can you talk as the chair of the Appropriations Committee, how, how are the Cannabis Commission going to be funded and do their job?

CLEMENTS: They're working with the Liquor Commission, which has enough appropriations to fund additional staff. The 2025 budget added \$30,000 to their salary limit, which is now up to \$1,085,000 per year for salaries, and they have an overall budget of \$2.1 million. And so the-- also, administrative services can help with drafting regulations for the commission.

STORM: So in your opinion, are they well-funded for the task that they're--

CLEMENTS: Yeah, they have enough now and they can also make a budget request for operating funds next year to, to allow them to function effectively, in my opinion.

STORM: And, and keep in mind-- thank you, Senator Clements. And keep in mind, you know, we've been sitting-- the governor appointed two people almost a month ago, and we've sat on that. And as soon as we get them appointed, we can have them start drafting up some regulations on how to do this, so. And I know that's coming up quickly, and that's no slide against Senator Holdcroft here. I know everybody's busy trying to get this through and make this work, so. But we, we have-- and the, and the governor has been moving to try to move this forward to show the people that we are trying to enact the will of the people. But this is a process, this isn't something we're just going to go-- and even if, if LB677 would go through, I mean, it's still, it's still a huge arduous process it's got to go through. But I would rather honor what the people voted on in the ballot initiative that they said who would, who would regulate this. And that is 438, and then let them get to work and do that. If we have any issues, we can always come back and fix that in the next session. But I want to read what the governor said so people on TV that are watching can understand this. And this came out last Friday: Today, Governor Jim Pillen announced his intentions to provide administrative support and resources to the newly created Medical Cannabis Commission through the Policy Research Office and the Department of Administrative Services consistent with the support those agencies provide to other agencies during the regulatory process. The commission was created through voter approval of two statutory initiatives related to medical marijuana November 2024. Initiative 437 enacted a statute known as the Nebraska Medical Cannabis Patient Protection Act, which is now codified into law. And 438 enacted a statute known as the Nebraska Medical Cannabis Regulation Act. Under the regulation act, the three members of the Liquor Control Commission shall be the ex officio members of the commission, and two more members are appointed by the governor. I have appointed two

experienced, well-qualified individuals to the Medical Cannabis Commission who will ensure the new industry is strongly regulated to the letter of the law and that people-- that the people of Nebraska enacted, said Governor Jim Pillen. I urge the Legislature to promptly confirm them so they can take up the urgent work of writing strong and effective rules of the road for the medical cannabis industry. With the support of the Policy Research Office, the Department of Administrative--

KELLY: That's your time, Senator.

STORM: Thank you.

KELLY: Thank you, Senator Storm. Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President. I rise in support of the IPP motion and I oppose LB677. There are a number of issues going on here that we really need to think about. Number one, I have concerns that there was fraud committed when it came to getting the ballot initiative on the ballot, the signatures were gathered inappropriately and we found that a notary committed fraud when he signed those. That brought on the Attorney General's initial suit. I think when we think about this regardless of how that turned out, and by the way, it wasn't 77% of the votes of the people of Nebraska that voted. It was 77% percent of the voters that voted for this. But are we going to reward bad behavior? And I think that's the real question. If the Supreme Court ultimately rules that this was, was done right, then why would anyone waste the time to get signatures, just dummy up a bunch of signatures, move them to the Secretary of State, and get it approved. I mean, this seems to be a very bad precedence that the lower courts have ruled on, and I'm hopeful that the Supreme Court will get it right. But that being as it is, as has been previously stated, the ballot initiative did not require the Legislature to do anything. And we're doing what we have to do, and, and the fact that we're now bringing legislation will continue to interfere with the Attorney General's suit, which I don't support, getting in the way of that. And let's be clear, this is, if you look at LB677, it is a recreational cannabis bill. If you're allowed to have a certain amount of, of flower, which is what's used to smoke, and you can have it in your possession in your home, it's recreational, folks. That's exactly what this is. And that's why there's such a hurry to get something done legislatively to be able to approve, essentially, recreational marijuana. I could go down through all the points that are out there in terms of why this is flawed, but this should not move forward.

Transcript Prepared by Clerk of the Legislature Transcribers Office
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There's a lot of work yet to be done and there's nothing that we have to do now in the Legislature. We could come back next year depending on-- and let the, the smoke clear on all the other lawsuits and decide how we want to proceed at that point in time. So with that, I'm going to yield the remainder of my time to Senator Storm.

KELLY: Thank you, Senator Jacobson. Senator Storm, 1 minute, 56 seconds.

STORM: Thank you, Mr. President. So I'm going to-- here's some highlights in LB677 and AM1251, and you tell me if this is recreational marijuana or not, or medicine. No limits are placed on the amount of THC allowed in medical marijuana. Allowable amount of cannabis does not include the weight of any other ingredient. Cannabis flower is allowed, and keep in mind, cannabis flower is what's smoked. You can Google it, you can look it up, the buds and the flower, that is what you smoke. They're not going to just crush it up and throw it into brownies. They're going to smoke it. Even if it says they don't-- you can't smoke it, they're going to smoke it. Smoking by vaping will be allowed. Actual smoking of cannabis and cannabis products-- let me see-- this is-- they say the actual smoking of cannabis and cannabis products are not allowed, but you can still have flower. So you're going to tell somebody, here's marijuana flower, don't smoke it. It's like giving a 5-year-old a candy bar and saying don't eat it. So that's not going to stop anybody. Licenses, including dispensaries and qualified caregivers, can be convicted drug dealers. OK? So health care practitioners-- health care practitioner defined as a physician, osteopathic physician, physician's assistant, nurse practitioner who is licensed under the Uniform Credentialing Act or is who is licensed in any state-- in any other state practicing. So you can have a doctor in California, Oregon, Colorado, who will take a phone call or over the web with somebody that says they have a backache or they have an issue, give them a, a marijuana card for 2 years. That's recreational marijuana. Let's see. Qualifying medical conditions--

KELLY: That's your time, Senator. Thank you, Senator Storm.

STORM: Thank you, Mr. President.

KELLY: Senator Storer, you're recognized to speak.

STORER: Thank you, Mr. President. Good morning. Would Senator John Cavanaugh yield to a quick question?

KELLY: Senator John Cavanaugh, would you yield?

J. CAVANAUGH: Happy to.

STORER: Thank you, Senator. My question is, did the people of Nebraska know what they were voting on when they voted for 438?

J. CAVANAUGH: I think so.

STORER: OK. Did they know what they were voting on when they voted for 434, which is the paid sick leave?

J. CAVANAUGH: I think so.

STORER: OK. Thank you. I ask that question because we have heard arguments against anything we wanted to do to on this floor to amend 434, but we're now hearing from many of those same folks, and the argument was because people knew what they were voting for. So we're now hearing arguments that we need to amend 438, which says: The power to regulate all phases of the control of the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered cannabis establishments in the state pursuant to the Nebraska Medical Cannabis Regulation (Act) should be vested exclusively in the commission. So you have to ask yourself if you're listening to this and following it all-- and I'm going to-- before-- let me back up for a second. One of the things that, that really has become clear, and I don't think is widely understood by many, because I confess I'm not sure I completely understood it, was we have, we have the ability to change things with ballot initiatives with an initiative and a constitutional amendment. The people can vote in a referendum, technically three things. The difference in an initiative and a constitutional amendment is an initiative the people are voting on changing state law. They're basically creating statute through a vote of the people. And that's what 437 and 438 were. The people voted on something because they didn't think we had done what they wanted, so they created their own state statute. That's different than a constitutional amendment, which is amending the constitution. So you have heard about-- we've had the discussions about paid sick leave, we've had the discussions about minimum wage, and now we're having the discussion about medical marijuana. So you do have to ask yourself why we have so much pushback, and we've heard it over and over and over again, that how abhorrent it is that this body would want to amend 434, we'll just continue to use that example, because the people knew what they were voting for. But now we have many of those same folks wanting to change 438, but yet the people still knew what they were voting for. So why are, why are we wanting to thwart the will of the people? They knew what they were voting for, and they said they wanted

all powers for rulemaking to be vested in the Cannabis Commission. So that's just kind of an obvious point, I guess, I want to highlight. But I will tell you why I think that is. Why the big rush? Why the panic? Emotions are being-- welcome to political theater, by the way, what you're watching here this morning. The question is, why is there this rush from the medical marijuana proponents to pass LB677 and its proposed amendments? Why? Because they voted, they voted for 437 and they voted 438 and they knew what they were voting for. So why the rush for LB677? Well, I will tell you why, because there are currently lawsuits in process. And I only have a short time, so I'm going to be quick. If either one of those lawsuits prevailed, medical marijuana would no longer be legal if we do nothing. If this body passes LB677, we put it into statute. So don't be fooled about the why, about the panic, about why the marijuana proponents are playing on your fear and emotion that we're going to have mayhem and chaos if we don't pass LB677. If we pass it, we put it in state statute. I yield the rest of my time.

KELLY: Thank you, Senator Storer. Senator Hallstrom, you're recognized to speak.

HALLSTROM: Thank you, Mr. President, members. I rise today in support of the motion to indefinitely postpone LB677. I want to start out by saying I, I started off this process with my legal training and background, believing that the Legislature was probably in a position where we needed to establish guardrails and guidelines for the implementation and enforcement of medical marijuana and regulation thereof. Over time, I've gravitated to the position that we do not need to take action and that's predicated heavily as Senator Storer suggested on the fact that there is pending litigation and I believe fully that we ought to let that litigation play out. Senator Dungan, I believe, indicated that the law is self-effectuating. I agree with that. And that the Cannabis Commission is directed to implement rules and regulations to grant registrations and I think inherent in that to establish fees and also to impose fines. One of the issues, and I, I think that Senator Hansen started out saying that doing nothing only hurts law enforcement. I would beg to differ, I've handed out, I think somebody else may have handed out, the letter from Attorney General Hilgers that was signed by 54 county sheriffs including 4 of the 5 sheriffs in my legislative district. Senator Cavanaugh indicated that it was an act of bullying by the AG, had little or nothing to do with the amendment that's going to be proposed by the committee, and that anyone who ventures out and has the temerity to suggest that they're basing any of their positions on the AG's letter, signed by those law enforcement officials, better read it or make a fool of themselves.

Well, I'm going to take the bait, as Senator Sorrentino suggested he would. I read it before, I read again after the admonition from Senator John Cavanaugh, it reminds me of Abe Lincoln, better to remain silent and be thought a fool than to speak out and remove all doubt. Well, I'm going to speak in the moments that I have and I'll be back on the mic again and if I'm thought a fool for having spoken out, so be it. But I beg to differ with Senator Cavanaugh in terms of suggesting that the letter only is bashing the initiative itself and the issue of medical marijuana, but rather is focused intently on the pending amendment that advanced from the committee. The first item is a suggestion, and I'm summarizing from, from the letter of the AG that's been handed out, that the recreational marijuana-- it is a recreational marijuana system disguised as a medicinal system, and that smoking marijuana while prohibited, the amendment still allows for possession of the marijuana flower, which is commonly used for smoking. I don't think that has anything to do with the ballot directly. It has to do the provisions of the specific amendment that will be before the body unless this bill is indefinitely postponed in advance of that discussion. The second is the requirements for receiving recommendation for marijuana use must relate to a set of enumerated health issues. That was not in the ballot initiative. That is in the pending amendment. The concern is that the catch-all provisions are broad enough to drive a truck through, and they also include serious medical conditions and a chronic pain provision. I believe Senator John Cavanaugh has an amendment that would remove even the, the, the criteria for qualifying for medicinal marijuana. There's also a recommendation that it's effective in terms of the recommendation by a doctor for a period of 2 years with no required checkup or review. That clearly has nothing to do with the language of the initiative, but is directed at the amendment itself. My time is about ready to run out. I will get back on the mic and talk in more length with regard to the AG law enforcement letter, which I believe fully relates to the amendment itself and is not crying over spilled milk at what the voters approved.

KELLY: Thank you, Senator Hallstrom. Senator Strommen, you're recognized to speak.

STROMMEN: Thank you, Mr. President. Senator Hallstrom did a good job of sort of breaking down the letter. I thought I'd just read the letter because I'm not sure if everybody's read it, and why not, right? AM1251, so nothing more than a-- this was the letter from the AG. It was also the letter that was signed by, again, 44 [SIC] county sheriffs: This is nothing more than a recreational marijuana system disguised as a medicinal system. For example, AM1251 is explicit that

smoking marijuana, which has no medicinal purpose, is prohibited, yet that prohibition is functionally meaningless, as this amendment also permits the possession of marijuana flower, which is most commonly used for smoking. Nor does the amendment limit or restrict vaping, which is most commonly used for smoking. Nor does this amendment restrict vaping, which is an electronic form of inhaling marijuana, often with high levels of concentrated THC, with dubious medical purpose. In addition, the amendment clearly contemplates a recreational marketplace because it authorizes every possible use and form of cannabis, including a wide variety of consumer products, such as drinks, topicals, and edibles. The most significant example of the false perception that this is for medical use is found in the requirements for receiving a recommendation for marijuana. The amendment provides that a recommendation can be issued only if it relates to a set of limited-- of enumerated health issues. This creates an initial impression that AM1251 is indeed limited to medical marijuana. Putting aside the lack of medical grounding for items included within the list in the first instance and the lack of peer-reviewed support, the structure makes clear that these limitations are weak. To start, the list gives the healthcare practitioner a level of flexibility that makes the list practically irrelevant. There are at least two catch-all provisions, an undefined serious medical condition provision, and a chronic pain provision that would give practitioners interpretive license to simply waive through a request for marijuana, even if not strictly tied to one of the other categories. And of note, the practitioner can also issue a recommendation that will be in effect for up to 2 years with no required checkups or ongoing treatment plan reviews. But even if those issues were addressed, the structure of the bill renders these enumerative restrictions simply advisory. The amendment provides that medical practitioners, whether in state or out of state, have civil and criminal immunity for their recommendations and that there is no legal mechanism or practical process by which a patient's registration card can be revoked if it was issued improperly based on the lack of proper diagnosis. The immunity provision concerning recommendations completely sidelines anyone who can hold these professionals accountable, including through criminal prosecution, civil action, or regulatory authorities by action by the Attorney General to revoke their license. That means an out-of-state practitioner could rubber stamp thousands of patients' complaints for chronic pain without a physical examination or any actual evaluation. And because there is no practical revocation process once an improperly issued registration card is issued to the individual, it would be essentially impossible for the card to be rendered void. These provisions mean that the

purported restricted list of medical conditions is simply advisory in nature. It opens the door wide for recreational use. The conclusion that this is a recreational marijuana bill is buttressed by the number of provisions. For example, the amendment would permit that the executive director of the Liquor Control Commission, a full-time employee of the state of Nebraska, to moonlight as the executive director of the Medical Cannabis Commission. The Liquor Control Commissioner's executive director indeed has experience in regulating recreational substances, but notably has no medical background. As an additional note, this improper dual employment structure creates a host of ethical issues, not the least of which are potential conflicts of interest, with having one person regulate both liquor and marijuana. Looks like I'm almost out of time so I'll come back to this. Thank you.

KELLY: Thank you, Senator Strommen. Senator Dorn, you're recognized to speak.

DORN: Thank, thank you, Mr. President. Wanted to talk about a couple things when I was up here. Number one is statute. This medical marijuana was a statute, in case you forget what that is. The people of the state of Nebraska voted on, it was a statute, roughly 1.2 million, just a little bit over 1. 2 million voters. So to put something on the ballot as a statute you have to have 7% of those signatures be certified to be accurate. Usually it takes about 10 to 25% more signatures because several of them or many of them get tossed out. So you had to have about 85,000 signatures to put it on as a statute. We have had two diff-- two different things up here this year that have been statutes that we've talked about on this floor, paid leave and minimum wage. We talk about those things. The other form that you can put on a ballot is a constitutional amendment. There you have to have 10% valid signatures. So it takes-- some people will tell you it takes 10% of 100-- of 1.2 million is 120,000. They have to be certified. They had to be valid. It takes, generally, people tell you, 150,000 to 160,000. Constitutional amendment voted on by the people and passed is in the constitution. We, the Legislature, do not get to change. A statute, though, we can change. And, as we found out, you have to have 33 votes on Final, the final vote for it. So there's a higher criteria. Why do we do it? I think sometimes this body just loves to have that challenge of, yes, we can so we're going to change something. There is that difference so when we talk about the medical marijuana bill it is a statute. The other thing I wanted to quickly talk about was in the budget. Senator Clements visited about it some. On the blue book, it's page 193, there's two things that we did in the Liquor Commission Agency. One was we increased the PSL, yes, by

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\$30,000. Their total PSL is a little over \$1 million. The other one was we increased their cash fund. When you look up above their total cash fund previously, the previous 3 or 4 years has been \$70,719. We increased that up to \$100,000. We gave them another authority to \$29,281. That's that \$100,000 you keep hearing some comments that, yes, they have the authority to use that for certain things, the Liquor Commission does. There's a gray area, whether they can use it for the medical marijuana or not. Most people are assuming they can. They have spent out of that \$70,000 previously and \$100,000 now, they, they will have some, I call it, flexibility, because they have spent between \$22,000 and \$32,000 each of the last 4 years. So there is some now, if they spend that \$30,000, there still is \$70,000 that, theoretically, they probably could do this with. And I'd like to yield the rest of my time to Senator Ben Hansen.

KELLY: Thank you, Senator Dorn. Senator Hansen, 1 minute, 35 seconds.

HANSEN: Thank you, Senator Dorn. Would Senator DeKay yield to a question, please?

KELLY: Senator DeKay, would you yield?

DeKAY: Yes.

HANSEN: Thank you, Senator DeKay. It seems like there's a little misconception about what's in the amendment and in the bill. I know we're kind of reading from maybe what's in the underlying bill, but the committee amendment is actually what-- is what makes up the propriety of the bill, like the entirety of the bill, and so there's a specific provision in there that says we cannot smoke it. Are you familiar with that? It says you can use the flower, a very-- again, a very small amount, for medicinal purposes such as creams and lotions, and some people actually grind it up and use it as-- they can use it to make their own pill. They can actually use it as a suppository, which is a quick way of getting it. And they can actually make their own oils and tinctures. But, you know, I'm, I'm pretty sure we mentioned this to you, that there's a specific provision in there that says you cannot smoke the flower. Correct?

DeKAY: That provision is in there, but at the same time, within that provision, how--

HANSEN: OK, that's one answer. I want to ask you one more question with the time I have left. And this is kind of-- I don't mean-- you

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know, this-- don't take it the wrong way. Do you trust your constituents to follow the laws we put in place?

DeKAY: Yes.

HANSEN: Good. We specifically put that law in place to say you cannot smoke this. If you do, if they smell it on you, you're breaking the law. I trust my constituents. I'm sure all of us trust our constituents to follow the rules and regulations and laws we put in place. If not, what the heck are we doing here? We put in there, don't smoke it. You can't. You break the law if you do. We agree that the smokable version of the flower--

KELLY: That's time, Senators.

HANSEN: --is not appropriate. Thank you, Mr. President.

KELLY: Thank you, Senators Hansen and Senator-- and DeKay. Senator Clements, you're recognized to speak.

CLEMENTS: Thank you, Mr. President. Just kind of smiling about Senator Hansen talking about trusting all of the constituents to follow the law. I'm not sure why we have any State Patrol here then and why we have sheriffs or policemen. I think it's a fact that not everyone's going to follow the law, and some people are going to be smoking it. I want to get just into the power to regulate is in this Initiative 438 to regulate cannabis for medical purposes is vested exclusively in the commission, and they are able to establish criteria for applications for registrations, the authority to adopt, promulgate, and enforce distinct sets of rules and regulations, to impose under the Administrative Procedure Act administrative fines for the violations and acquire offices and staff do all things necessary to carry out its powers, including adoption and promulgation of rules. And so I see in the Ballot Measure 438 that they've got the power to do this, what they need to do without LB7-- LB677. So I do support the IPP motion and would yield the rest of my time to Senator Storm.

KELLY: Senator Storm, you have 3 minutes, 21 seconds.

STORM: Thank you, Mr. President. A couple more issues I'm going to go over on Senator Hansen's bill. And I've had some school administrators reach out to me about this, so. And I'm going to read this exactly from the bill [SIC], Section 67: A school, facility, or service listed in subsection (1) of this section shall not unreasonably limit a qualified patient's access to or use of cannabis authorized under the Nebraska Medical Cannabis Regulation Act unless failing to do so would

cause the-- unless failing to do would cause the school, facility, or service to lose a monetary or license-related benefit under the federal law or regulations. So this will-- schools will not be able to allow cannabis into their facility. If a student has a card, a marijuana card, they can bring cannabis. The school would probably have to have an area where they could ingest that, that marijuana, but they're going to have to deal with that, and I've had some superintendents reach out to me about that, very much concerned about that. Not every state does that, keep in mind, that's not-- so I wanted to point that out to people. We will have-- if this passes, you will have marijuana in the schools. Another thing is, they also are going to allow for delivery of marijuana to patients. I call this drug dash, not DoorDash, so you will have cars driving around, or vehicles driving around delivering marijuana to people delivering it to their house. That's a concern. And then I want to read all the sheriffs on here. There's 54 of them. See if the senator's sheriff is on here that [INAUDIBLE]. First of all, Mike Hilgers is against it. He's the top law enforcement officer in the state of Nebraska, Attorney General, he is elected by the people. Adams County, John Rust; Boone County, Denny Johnson; Buffalo County, Neil Miller; Butler County, Tom Dion, the county I live in; Don Henery, Knox County; Terry Wagner, Lancaster County; Sean Carson, Logan County; Todd Volk, Madison County; Robert Sorenson, Cass County; Larry Koranda, Cedar County; Adam Frerichs, sorry if I misspelled [SIC] that, Cheyenne County; Jeff Franklin, Clay County; Shawn Messerlie, Colfax County; Bradley Boyum, Cuming County; John Westman, Merrick County; Milo Cardenas, Morrill County; Brent Lottman, Nemaha County; Colin Caudill, Otoe County; Ed Wemhoff, Platte County; Dwaine Ladwig, Polk County; Dan Osmond, Custer County; Scott DeCoste, Deuel County; Thomas Decker, Dixon County; Dustin Weitzel, Dodge County; Sheriff Aaron Hanson, Douglas County; Sheriff Kevin Darling, (Red) Willow County; Rick Hardesty, Richardson County; Alan Moore, Saline County; Greg London, Sarpy County; Chris Lichtenberg, Saunders County; Millard Gustafson, Gage County; Paul Cox, Garfield County; Paul Deaver, Greeley County; Jeromy McCoy, Hamilton County; Chris Becker, Harlan County; Ryan King, Hitchcock County.

KELLY: That's your time, Senator.

STORM: All right, thank you. I'll finish up later.

KELLY: Thank you, Senator Storm. Senator Lippincott, you're recognized to speak.

LIPPINCOTT: Thank you, sir. In November of 2024, voters approved two ballot initiatives that approved the use and regulation of medical

marijuana. The legality of this initiative is presently under review by the Nebraska Supreme Court in terms of how the initiative was legally placed before the voters. Recently, the legislators General Affairs Committee passed LB677 along with AM1251 on a 5-3 vote. This 124-page amendment sets up the framework for recreational use, supercharges the black market, handcuffs law enforcement, empowers lawbreakers, weakens public safety, and dramatically expands marijuana into every aspect of public life in our state. 54 county sheriffs and our State Attorney General signed onto a letter standing firmly opposed to this legislation. AM1251 is nothing more than recreational marijuana disguised as medicinal. The amendment permits the possession of marijuana flower which is commonly used for smoking. The amendment does not limit or restrict vaping with high levels of THC, of course we know that's the chemical that has mind-altering effects. It also allows marijuana to come in drinks, topicals to rub on your skin, and also edibles. This bill would give a healthcare practitioner the latitude to determine any medical condition as ample reason to prescribe marijuana and not to be held liable. The practitioner can issue a recommendation that will be in effect for up to 2 years with no required checkups or ongoing treatment plan reviews. The medical practitioner, whether in state or out of state, has civil and criminal immunity for the recommendations. Additionally, there would be no legal mechanism by which a patient's registration card, which is needed to receive marijuana, can be revoked. This means an out-of-state practitioner could rubber stamp thousands of patient complaints for, quote, chronic pain, without any physical exam. The restrictive list of medicinal conditions in this bill is only advisory in nature and opens the door wide open for recreational use of marijuana. The amendment will supercharge the black market and create a whole new generation of drug dealers. The provisions in the bill make it much harder for law enforcement to shield against probable cause for searches or arrest of those who carry large amounts of marijuana. The bill does not limit the amount a person can buy at any time. Therefore, one caretaker could buy hundreds of pounds a month and distribute marijuana to others. This would provide registered caregivers the opportunity to become candidates as distributors within a cartel's illegal distribution chain. Following alcohol, marijuana is the most prevalent in U.S. drivers under the influence. In one state with legalized medical marijuana, the prevalence of driving after recent marijuana use is over 56%. This is causing an overload of work for law enforcement, our judicial system, hospitals, and funeral homes. The bill's lack of accountability for medical practitioners means a prescription of marijuana for a pregnant lady and she has-- then miscarries or baby incurs severe developmental issues or someone

with medical health issues commits suicide, the practitioner cannot be held accountable. The amendment allows patients, caregivers, and licensees to buy, sell, and transport marijuana even if these individuals have prior convictions related to controlled substances. This bill also grandfatheres all existing smoke shops, which are fueling our synthetic Delta-8 crisis in the state. Some of these smoke shops are close to our schools. And, finally, this bill creates a vertical licensing structure which gives a company the right to be part of each aspect of the supply chain. This is the exact opposite of what Nebraska does in the alcohol industry with its trusted 3-tiered system that helps regulate the sale of alcohol. This provision was heavily influenced by and clearly intended to favor an out-of-state recreational marijuana, vertically integrated company, which has heavily lobbied--

KELLY: That's time, Senator.

LIPPINCOTT: --for this bill.

KELLY: Thank you, Senator Lippincott.

LIPPINCOTT: Thank you, sir.

KELLY: Thank you, Senator Lippincott. Senator Sanders would like to recognize guests in the south balcony. Fourth graders from Betz Elementary in Bellevue, Nebraska. Please stand and be recognized by the Nebraska Legislature.

ARCH: Returning to the queue, Senator Fredrickson, you're recognized to speak.

FREDRICKSON: OK. Thank you, Mr. President. Good morning, colleagues. Good morning, Nebraskans. So I want to, I want to bring us back to reality just here a little bit. We're hearing quite a bit of, I think, fascinating things said on the mic today and let's just remember what the current landscape is as it relates to medical cannabis, specifically in the U.S. So 39 other states, so 39 of our sister states have medical cannabis. So this discussion around the legality of this is simply, it's just kind of incongruent with the reality of, of the world that we're, we're living in. I, I sometimes think we sometimes need to go outside a bit, touch some grass, and just think about what the world is like outside of this room. Our constituents spoke and they were, they were pretty clear, you know, patients deserve safe and legal access to medical cannabis when recommended by their doctors. So when we think about what does that mean for us, it's

our responsibility now to implement something that what the voters have already approved. And that means, in my opinion, establishing strong and sensible guardrails. So let's be clear, we're, we're not-- we don't want this to be the Wild West. We need rules, we need oversight, and a system that ensures medical cannabis is used where it works, when it's monitored, when it's risky, and that it's not exploited. So regulations around product testing, for example, physician certification, and dispensary operations are, I think, the most prudent thing we can do given what the voters have decided. Two things can be true at the same time. We can support access while also safeguarding against misuse or abuse. And, frankly, in my opinion, LB677 and the, and the forthcoming amendment, it's an incredibly conservative interpretation of the ballot initiative. So to, to some of my colleagues who have expressed a little bit of concern and, you know, I'm trying to understand where that's coming from, I think we need to just relax a little bit. You know, cannabis is not going to just sort of leap off the shelves and, you know, corrupt the youth overnight. We have decades of research at this point that show that medical cannabis has been shown to help patients with chronic pain, with multiple sclerosis, with nausea from chemotherapy. I actually think a lot about-- my mom passed away from cancer a couple years ago, and towards the end of her treatment, she was-- at that point it was not curative, so we knew that it was all about keeping her comfortable in those last stages of life. And her physician said, frankly, medical cannabis could be helpful for her. But we didn't have the infrastructure in Nebraska at that time where that was an option. So we know that there are certain areas of medicine where conventional treatments or conventional medicines have fallen short. And the FDA has already approved some cannabinoid-based medications, and research is continuing to grow. Now, is cannabis risk free? No, of course, it's not. Right? But neither is Tylenol, neither is insulin, or any other medicine that we prescribe. And that's the whole point. That, that's-- it's regulation, right? Not prohibition, not paranoia, regulation. So our job here is to ensure that the program that we-- the voters have passed is safe, it's effective, and it's medically sound. We need to support our medical practitioners with, with clear guidelines to help them understand when this is appropriate, when it's not appropriate. We need to ensure we're protecting Nebraskans and patients. And we're making-- we also need to make sure, and I appreciate Senator Hansen included this, that we're tracking the outcomes here, and we're getting data with the annual reports to the Legislature so we can better understand how this is working in our state. So to my colleagues who are a bit worried, and I see I'm at the end of my time here almost, let's not get too concerned about fighting against the

will of the people. Let's help shape it. Let's help put in the right guardrails in place. And let's help build a system that we can be proud of and puts our patients first. With that, I will yield the remainder of my time. Thank you, Mr. President.

ARCH: Senator Clouse, you're recognized to speak.

CLOUSE: Thank you, Mr. President. And, colleagues, this is an, an issue that I've been studying since Day 1 that we've been here in session. And I've done a lot of research, read all the bills, talked to countless people about the pros and cons of what we're dealing with, met with the Attorney General to get his viewpoint. And I had a town hall in my district, it was a very small one, it wasn't really published that well, but we had some good dialogue and sharing ideas from those that are concerned about where we're at with medical marijuana. And I think the first question you have to ask yourself is, do you believe that there is a purpose or that there is such a thing as medical marijuana? And I know that the previous-- Legislature's previous bodies, there were those that said there's no such thing. And so the question you had to answer to yourself is do you believe that there is a use? And I personally have met with a lot of people. And I've talked with nurses and doctors, many of those that voted for it, and they do believe that there is a use. But to a person, they want it highly regulated. And I think that's important to keep that point in mind. Even those that are, are using for their purposes, they felt that it should be regulated because it doesn't-- we don't want to see it become a free-for-all. So then the question is, is it legal now? And I've heard that discussion mentioned. And based on everything that I've read, it's not legal until the Cannabis Commission puts rules and regulations in place so that the practitioners can provide a written recommendation. So until that time, it's a Class I narcotic illegal to possess in the state of Nebraska. Now, that's my interpretation of how I've read that, and as I've discussed it with various law enforcement, it is not legal as some may profess it to be, and I can be corrected on that. So one question that I would have if Senator Hansen is available for a question?

ARCH: Senator Hansen, will you yield?

HANSEN: Yes.

CLOUSE: Senator Hansen, one of the things that I would like to do, and I've talked to this-- about this from day one in committee and with several, is I would like to look at the shape of the commission. And I feel very strongly that we need to add a couple more people to that,

representatives from the law enforcement and also someone from the supply chain. And in addition to the two appointments that we have coming up this next Thursday, which include somebody from the medical profession. I'd just like a clarification on that, and are you willing to open that up to an amendment just on that piece on the commission?

HANSEN: Yes, I know we've talked about it previously and kind of the makeup of the, of the commission and making it kind of-- because there's a lot of stakeholders involved with this whole topic is kind of bringing them to the table as being a part of that commission so we can help get some of their opinion. Something I'm not opposed to, right? And so whether it's done this year or next year, but, you know, I mean, I'm not opposed to doing something like that.

CLOUSE: OK. I appreciate that. Thank you. So another question that I had in my mind is what really is our role? You know, we have the statute that was created by LB-- or the Ballot Initiative 437. Statute, as in the ballot initiative was 3 pages and 3 sections long. LB677 is over 90 pages and 187 sections long, or excuse me, AM1251 is 124 pages and 213 sections. So it's very extensive, and I don't know how we get our arms around all that when it expands that much. I've always been a believer that simpler is better, but I'm not seeing that in this, so it's very complex. And I, I just sometimes wonder and, hopefully, as our dialogue goes on through the day, determining what our role really is. Are we establishing the regulations or is that the purpose of the commission? And as I read through the ballot initiatives, that was their purpose. And the funding, I was always led to believe that our role was to make sure we had funding to get the commission started so that they could establish rules and regulations and we would help them along the way. So with the announcement from the Governor's Office, I don't know how that's changed and how that's impacted things. So that'll be a question in my mind that I'll be listening to the body as, as we continue dialogue. With that, I'll yield the balance of my seconds to Senator Storm.

ARCH: Senator Storm, 24 seconds.

STORM: OK. Thank you, Mr. President. Make this quick. So there is a state around us that has medical marijuana that I think has been pretty effective, and that's Iowa. And we'll get into this more. LB677 and the amendment that are based off of Missouri, Colorado recreational marijuana. Iowa has had medical marijuana since 2017 until now, and it's, it's actually ran pretty well.

ARCH: Time, Senator.

STORM: Thank you.

ARCH: Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. I yield the remainder of my time to Senator Hansen.

ARCH: Senator Hansen, 4:55.

HANSEN: Thank you, Mr. Speaker, and, yes, colleagues, that was probably the first time in history that Machaela Cavanaugh has yielded me time. So I want to bring up one opinion that Senator Jacobson said, I don't know if he's around here or not, but he had a concern that what we're doing here is getting in the way of what the Attorney General is trying to accomplish with his court cases. So, colleagues, here's, here's something for you to ponder and something I am willing to do. I hope people are paying attention. I am willing to put an amendment on this bill that says we will push back the implementation date of this until January 1 of next year, giving the Attorney General adequate time to state his case, to make his case for the Supreme Court to do what they need to do. I'm willing to give him his day in court. I want those who are in opposition to this and concerned that the AG doesn't have time to do what he needs to do, and put it in the hands of the AG like he wants us to, I'm willing to give him that opportunity. I will push this back until next year. If he's successful, because this language is tied to the ballot initiative language, it's null and void. I think Senator Storer was a little incorrect in her assessment on if we pass something now it's permanent and in law. If you look at the language of LB677 and the amendment, it's tied to the ballot initiative language. If the ballot initiative language isn't there anymore, we can't implement the law. So let's give him his day in court. I'm willing to, to work with those people who are in opposition to this bill who might want something like that. They know we want some rules and regulations in place, but they also want to respect the will of the Attorney General to do what he needs to do. This is the perfect solution, and I'm willing to come to the table with that if anybody is willing to get up here and talk to me about that. But if he is unsuccessful, which a lot of people think he is going to be, he's 0 and 2 so far, and it's not looking good. If he is unsuccessful, we have something in place next year to say, OK, look, now we put some guardrails in place for the implementation of this bill. I think that's a healthy solution that we can both work towards, something I'm willing to do. So I just want people to talk about-- to ponder that. If that's of interest to you, come to me. Willing to do it. And, again, a couple things I think that were

mentioned on the microphone, going to reiterate the fact that smoking is banned in this-- in the amendment, people cannot smoke it. Senator Clements is right, there's a reason why we have police officers, if you break the law you're going to jail. But we put the law in place so then they will be punished if they break the law. If we didn't have it in there, they wouldn't be breaking the law. So we do have to trust our constituents, doesn't mean they're going to do the right thing all the time, just like with opiates and fentanyl and everything else we prescribe, they abuse those as well. But we still trust them to do the right thing. Senator Storm read about a list of sheriffs in the state of Nebraska that support the Attorney General and his Opinion. One of them was my county, my county sheriff, Senator [SIC] Mike Robinson. However, Senator Storm, he did retire. So now we got a new sheriff. And I want to wish Senator Robinson actually the best. He's a great guy. He's done well for Washington County. And so I look forward to seeing who the next sheriff is. However, there are 40-some or 40-so sheriffs who did not sign the Attorney General's letter. I guarantee you contacted every one of those. Why did 40 of them not sign it? Do they disagree with his assessment? I would assume so, otherwise they wouldn't sign it. And the idea that we are delivering medical cannabis through DoorDash is completely false. You cannot do that in the bill. There's transportation, but that's when the people who will cultivate it to the independent testing labs to the people who dispense it, not from dispensing to the customer. You cannot deliver medical marijuana to a person's home in this bill. So to say you can, completely false. Also, according to the Attorney General, you cannot get 100 pounds of marijuana. I don't know how you even do that. You have to be a caretaker who takes care of almost 400 people in order to get 100 pounds of marijuana according to this bill. Pretty impossible. Plus, since they're on the PDMP, which a lot of people might be familiar with, you're going to get flagged and the State Patrol is at your door.

KELLY: That's your time, Senator.

HANSEN: Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator Andersen, you're recognized to speak.

ANDERSEN: Thank you, Mr. President. Everybody should be getting a handout from me that really shows the, the two different ballot initiatives, 437 and 438. I rise in support of the motion to IPP and in opposition to LB677. The people voted to implement medical marijuana. By statute, the statute being defined by the ballot

Initiative 437, 438, it is incumbent on the newly formed Nebraska Medical Cannabis Commission to regulate such activities. So if you look at page 3 on Initiative 438, it identifies in here and says what's required by the statute, the law enacted by the vote of the people, is to establish a Nebraska Medical Cannabis Commission to regulate the activities of medical cannabis. It doesn't say anything about the legislation. It doesn't say anything that we have to act or anything else that we need to do. So to respect the will of the people, we should facilitate the Medical Cannabis Commission by implementing LB677 as amended. And those things are under way with the identification of two commissioners by the governor and by the hearing we're having on Thursday. LB677 will implement recreational marijuana in direct opposition, I repeat that, in direct opposition to the will of the people. On that, Mr. President, I'd like to see if Senator Holdcroft would yield to a question?

KELLY: Senator Holdcroft, would you yield?

HOLDCROFT: Yes.

ANDERSEN: Senator Holdcroft, as chairman of the, the General Affairs hearing, can you provide a little context as to why we actually brought a law out when the statute says to create the commission?

HOLDCROFT: Well, thank you for the question, Senator Andersen. We, we felt-- you know, we, we had the-- obviously, the, the bill came to the General Affairs Committee and it's not like you can not do anything with it. We had, we had four, four bills on medical marijuana come to us. We had, of course, the public hearings on each one of them. We necked it down to LB677. And, and I felt, or we felt, that it was a little inadequate in some of its areas. It was a little broad on who could recommend, there were no ailments specifically described, and it was a little loose on delivery methods. So we put together the amendment, the first initial amendment, which tightened up who could recommend, identified the 15 ailments for which marijuana was, was a, a potential treatment. And then we specified no smoking and no leaf. With the first, the first amendment there was no leaf and then that did not make it out of committee, there were not enough votes and so we sought a compromise. Now, the compromise was to add 2 ounces of leaf. That was enough to get sufficient votes to get it to the floor. Now, why did I think it was important to get it to the floor? Well, at the time, I had, I had been in conversation with the executive director of the Liquor Control Commission, and he felt strongly, unless he got some funding and some authorization, that he could do nothing with the Liquor Control Commission on 1 July. And we've

heard-- at this time, when we were negotiating this amendment, that it would, on 1 July, pretty much be the Wild Wild West, and, and that seemed to be supported by the executive director of Liquor Control Commission. Now last week, the governor came forward with a different plan using the Department of Administrative Services, using PRO, lining things under the Attorney General. There's, there's some funding in the Appropriations bill, and so the urgency now that things are not going to happen on 1 July or before 1 July have somewhat been eased. But, still, we have the-- I think we brought forward the best amendment that I could get out of committee, AM1252 [SIC], and, and, hopefully, we'll get to that pretty soon and I can expand on that a bit.

ANDERSEN: Thank you, Senator Holdcroft. So to summarize basically what you just said is because the commission is now being established by the governor, the commission is identified and funding in place, then this bill is no longer necessary because the statute is being executed as voted on by the people. Is that, is that correct?

HOLDCROFT: Yes, I'd say that's a fair assessment.

ANDERSEN: Oh, thank you very much, Senator Holdcroft. I'll wrap up my comments with this bill is unnecessary, inappropriate, undermines the will of the people, and implements recreational marijuana. I cannot support this bill, but do support the IPP motion and fully support the governor's efforts to establish the Medical Marijuana Commission. And whatever time I have left, I will yield to--well, I'd yield to you, Mr. President.

KELLY: Thank you, Senator Andersen. Senator Raybould, you're recognized to speak.

RAYBOULD: Thank you, Mr. President. Good morning, colleagues. I want to thank Senator Hansen, I do support LB677 and I am opposed to the IPP motion. I, I promised Crista Eggers I would read her letter as she has been involved in the campaign from day one on behalf of her son Colton who suffers from seizures. My name is Crista Eggers, you have likely seen me day in and day out at the Capitol. I'm grateful for the meaningful conversations I've had with many of you, and I'm saddened by the ones that never happened. Tomorrow, you will be debating an issue, LB677 with AM1251, that will affect my life, my child's life, and the lives of thousands of Nebraskans in ways you may never fully understand. A little over 8 years ago, I testified in support of one of Senator Anna Wishart's early medical cannabis bills, not as a lobbyist or politician but as a mother desperate to help her son. I

worked alongside Senator Wishart to draft multiple bills over the years and later help with the writing the petition language for our ballot initiatives. I stepped into this fight not because I had any special talent or resume, but because it was the right thing to do. And when I did, I was given the incredible honor to walk alongside thousands of Nebraskans who share in the same fight. While there has always been great support for this issue, we have never had significant financial backing. We didn't have millions of dollars, corporate sponsors, or industry coalitions behind us. There was not a payroll of campaign staff or companies doing the grunt work. Our campaign has been the ultimate example of grassroots. This effort was started by caregivers like myself who saw the hope that children in other states were being given through medical cannabis treatment. You would think something so simple would have been easy. Who would be against doing everything in their power to help suffering children? However, the road to get to this day has been long and deeply painful. Why haven't I given up? Because I will not give up on my son Colton and many like him. While we didn't have a robust and shiny campaign, we did have thousands of Nebraskans who believed in this cause and were willing to put in the hard work. This movement has always been, at its core, a grassroots campaign led by patients, caregivers, and parents like myself. We have never wavered from our mission, medical access for patients. We educated and trained volunteers. We compiled packets of materials printed from my home computer and mailed petitions across the state, often paying for supplies and postage out of my own pocket. We led volunteer teams at community events, collecting signatures while enduring physical exhaustion, extreme heat, and sleepless nights. Without funding, we slept in our cars and paid for our own food and gas. We collected in the wind using rocks to keep our petitions from blowing away. We worked in the rain using grocery sacks to keep the petitions dry. Clipboards were not even in the budget, so we improvised with recycled signs that we cut down in my own garage. She goes on, on July 3, 2024, we submitted approximately 230,000 single signatures across our two initiatives, the most any one campaign has ever submitted in state history. What's even more staggering is our campaign did this with one of the smallest budgets ever had amongst ballot initiatives. The petition pages were tattered and torn, and many stained with coffee, all representing blood, sweat, and tears. When it was time to turn the final petitions over, my son Colton and I took a moment to reflect on those pages. You see, those petitions were more than signatures, they were the raw and painful stories of real Nebraskans. They were the voice of someone that had signified the hope Nebraskans have for a better and healthier future for themselves and those they love. This was more than a

petition drive. It was a campaign of strength from families who have been ignored far too long. Bravery in the midst of horrific suffering and human compassion. These stories are the reason I am still here today. She has more, and I won't be able to, to get to it. As LB677 is debated tomorrow, I hope you will remember my story and choose not to see through me. Please do not pass my effort off as an attempt at paving the way for recreational marijuana. I beg you not to tell me you want to do something, but instead vote to do nothing. But above all, above all, I ask that you do not look past my son. Like the many patients in this state, he has waited far too long. This should not have taken a mother fighting every single hour of every single day for the past 8 years. You have the ability, and I believe the responsibility, to take action, not only to represent the will of your constituents, but to act in a way that truly makes Nebraska a better and safer place to live. Every single night, as I put my son to bed, Colton asks me, how much longer until I get the medicine?

KELLY: That's your time, Senator.

RAYBOULD: Thank you, Mr. President.

KELLY: Thank you, Senator Raybould. Senator McKinney, you're recognized to speak.

McKINNEY: Thank you, Mr. President. I rise in opposition of the motion to IPP and in support of LB677. I think it's real funny that the people standing up saying, respect the will of the voters, voted for LB415, they want to make changes to the minimum wage. They don't care about the will of the voters. They just want to do this or stand up and say this so they can prevent medical marijuana from being implemented adequately in the state of Nebraska. That's, that's what it really is, like, just to make it plain. They don't care about the will of the voters because they support LB415 and they support the minimum wage watered down as well. So that's just to make it clear. I had a medical marijuana bill, LB705, which deals with more so making sure that once this bill is passed and it's all implemented that dispensaries are not just owned by wealthy people or people who are not disproportionately impacted by, you know, negative marijuana laws in the state of Nebraska and the United States of America. So I'll talk about that later sometime because I do think we need to have that conversation. But just to make it clear, these people don't care about the will of the voters because they voted for LB415 and they want to water down the minimum wage in the state of Nebraska, and I yield the rest of my time to Senator John Cavanaugh.

KELLY: Thank you, Senator McKinney. Senator Cavanaugh, that's 3 minutes, 27 seconds.

J. CAVANAUGH: Thank you, Mr. President. Thank you, Senator McKinney. I appreciate the time. I did ask him for some time to rebut some of the stuff that's been said so far. But, first, I did want to draw your attention to a number of handouts I circulated. One of them is called Congressional Research Services Legal Sidebar, Funding Limits on Federal Prosecution for State-Level Medical Marijuana. So what this is, you can go through and read it, but essentially the federal government has put in its budget every year since, I think, 2015 that no money from the Department of Justice shall be used to prosecute anyone who's operating legally under a state medical cannabis law. So as long as somebody complies with the state medical cannabis law, they will not be prosecuted under federal law. So that specifically rebuts one of the arguments that the Attorney General has raised repeatedly and others, and I actually heard somebody who I think mistakenly referred to Secretary of State Evnen as either Bob Hilgers or Senator Evnen. I can't remember which person said that. But, nonetheless, Secretary of State Evnen misstated the law, and said that people would be in violation of federal law and be prosecuted, subject to prosecution. That's very clear. This is from Congress itself, stating that that is the state of the law, that they do not prosecute lawful state action under medical cannabis, not recreational, but medical. So there are a few other things that have been-- I think need to be corrected. I did give you guys all a heads-up that you shouldn't rely on the Attorney General's letter. And then a few of my colleagues, I appreciate Senator Sorrentino being here and talking about this. Senator Sorrentino, a few things you need to know. A ballot initiative has the ballot language, which is like a short paragraph. There's an object statement. And then there's the actual statutory language that is enacted. That is not what you read. You read the thing, the little question that was on the ballot, a yes and no. So the statutory language you can get from the Secretary of State's website, Secretary of State Bob Evnen. So you can get both 437 and 438 from the Secretary of State's website. And the reason I was-- cautioned folks from relying too heavily on the Attorney General's letter is exactly what Senator Hallstrom, the trap Senator Hallstrom fell into. Senator Hallstrom read line by line sections of the Attorney General's letter that said LB677 allows for a plant. This is from Section 2 of the ballot language, Section 2(a): Cannabis means all parts of the plant of the genus cannabis, whether grown or not, the seeds thereof, the resin extracts from any part of the plant and every compound, manufacturer, salt, derivative, mixture, preparation of plant, its

seeds or resins. So that comes after for purposes of Medical Cannabis Act 1(a): Allowable amounts of cannabis means up to 5 ounces of cannabis. Allowable amount of cannabis does not include the weight of any other ingredients. And then it goes on to say that cannabis, possession of up to 5 ounces of cannabis, allowable amounts does not include-- oh, sorry, I already read that part. So what the, the ballot language already says-- I'm going to run out of time quickly here, but the ballot which already says that possession of up to 5 ounces is legal and it says specifically the plant. So that criticism of the bill that allows for up to 2 ounces of plant is actually a rollback of that, and which is a part I don't like. The criticism that the bill allows for 2 years, without going back, I will point you to still Section 2, the very bottom of Section 2.

KELLY: That's your time, Senator.

J. CAVANAUGH: Thank you, Mr. President

KELLY: Thank you, Senator Cavanaugh. Senator Guereca, you're recognized to speak.

GUERECA: Good morning, colleagues. I rise in opposition to the motion to indefinitely postpone, and I would say in reluctant support of LB677. Well, we've had quite a morning, colleagues, a lot of interesting things being said on the mic. And, colleagues, what, what are we talking about here, folks? This is so the level of, I don't want to say, I don't know, I've just been baffled by some of the things that I've been hearing, folks. The 1990s have called and they want their reefer madness back. It is the year of our Lord 2025. Medical marijuana is not controversial. It's been happening for decades in sister states all across the country and it's provided relief for a lot of people. LB677 is not a pathway to recreational marijuana. That's ridiculous. Let's be really honest, it's just not. And why am I reluctantly in support? Because with all due respect to the executive, appointing two of some of the most anti-marijuana advocates in the state to the commission, boy, I'm just really looking forward to whatever doozy they pop out. And, unfortunately, the people that are going to suffer are children suffering from epilepsy, people dying of cancer. This is not recreational marijuana. It is some of the most restrictive medical marijuana legislation in the country. It is absolutely not recreational marijuana. And let's just be really honest here, folks, it's not. It just isn't. And let's go back to-- you know, we, we talk a lot about brain drain, we talk about recruiting top talent. Conversations like the ones we're having here isn't installing confidence in our young people graduating from our excellent

universities to want to stay in Nebraska. Conversations like the one we're having today is not appealing to young professionals that want to come work for our great corporations, start a life and start a family here to live the good life. The 1990s have called and they want their reefer mania back. Come on. Anyway, I'll yield my time to Senator John Cavanaugh if he wants to hop on the mic. Thank you.

KELLY: Senator John Cavanaugh, 1 minute, 40 seconds.

J. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Guereca. And I appreciate that context, that was very helpful for me. I just want to pick up where I left off, so Senator Hallstrom was pointing out the Attorney General was critical of the bill because it had a permission for doctors to give a 2-year license. This is from the ballot, ballot language, the petition-- the actual statutory change itself: A written recommendation is valid for 2 years after the date of issuance for a period of time specified by the health care practitioner on the written recommendation. So that is in the ballot language again. The criticism that the Attorney General levies at this bill is in the ballot language. There's also the ballot specifically provides for: a doctor or nurse practitioner-- let's see: A health care practitioner means-- this is also in Section 2 of-- I'm sorry, of Ballot Initiative 437, Section 2: Healthcare practitioner means a physician, osteopathic physician, a physician's assistant or nurse practitioner licensed under the Uniform Credentialing Act, or who is licensed in any state and practicing in compliance with the Uniform Credentialing Act. So the ballot language again allows for doctors in both Nebraska and other states who are licensed, doctors, nurse practitioners, osteopathic doctors. So, again, the criticism that was raised by Senator Hallstrom and the Attorney General is specifically in the ballot language. Your beef is with the voters, Mr. Attorney General, not with the Legislature trying to put, put their will into effect. We are here bringing in a bill at the request of the ballot language sponsors to try to give effect to their ballot language, because the ballot can only be so robust and so long. This bill will put guardrails in place and make it accessible and safe.

KELLY: That's your time, Senator.

J. CAVANAUGH: Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Ballard, you're recognized to speak.

BALLARD: Thank you, Mr. President. I appreciate Senator Hansen, it's-- I took up his challenge, and I, and I did read the 124-page amendment to LB677. And my concerns start on page 1 and, and go throughout the, the amendment. And I do appreciate Senator Hansen, he sat down with me for about an hour and a half last week and we got to page 44 talking about the bill and some of our concerns, but starting on page 1, if Senator Hansen would yield for a question?

KELLY: Senator Hansen, would you yield?

HANSEN: Yes.

BALLARD: Thank you, Senator Hansen. And, and I do appreciate, it's been brought up on the floor many times that we did reduce the, the amount of cannabis flower from 5 ounces to 2 ounces of flower. But, again, mentioned on the floor that smoking is prohibited in the amendment. What else can you do with flower if you don't smoke it?

HANSEN: That's a good question. So there's a common list of ways that flowers can be utilized other than smoking. For some patients, they prefer access to untreated flower so they can have more control over the additives that they are ingesting. Very similar to the conversation we had about Delta-8, is that we were against a lot of the harsh chemical additives that are in that and sticking more to the natural version, whether this is for a more holistic approach or for allergies or reactions is common to common additives much like any other medication. So they can actually make their own kind of chewable form of it or edible form. Some people make-- I've learned a lot over the course of time about what people do with flower, make a butter out of it so they can ingest it because that's a more natural way of getting it as opposed to some other version. They can make their own tinctures. They can make their own capsules or pills, they can make their own topicals or creams, balms, or lotions. And, like I mentioned before, suppositories for some people who need-- like, that's actually a very effective and quick way to get it, as opposed to smoking it. So there's a, a myriad of ways that people can use it besides smoking it.

BALLARD: So it's my understanding that if we got rid of the flower completely, that's a nonstarter for the proponents of this bill.

HANSEN: Yes, and also that was in the ballot language, so all access to the plan.

BALLARD: OK, and that's different than, than manufactured edibles and manufactured capsules, because it's a more natural version, if I understand correctly.

HANSEN: Correct.

BALLARD: OK. And I, and I appreciate, and I'll probably-- I will yield Senator Hansen, if I have any more time at the end of my 5 minutes, I'll yield him some of my, my time to, to rebut my concerns. But my next concern, it goes from the smoking, but also vaping is included in this amendment. I appreciate-- again, I appreciate smoking is not included, but I think that the studies suggest that vaping is considered a, quote unquote, healthier option, not as, not as harmful these studies conclude, but still there is tons of physical, mental health problems and higher risk of developing acute adverse effects such as paranoia or psychosis that goes along with vaping cannabis. So it's, it's not this smoking is, is out and so this bill is, is, is fine. It's we have the vaping portion in this, as well, that causes some real concern for, for myself and individuals. The next piece on page 10 of the amendment, we talk about some of the medical conditions in AM1251, things that-- such as ALS, autism, cancer, Crohn's disease, epilepsy, Huntington's disease, Parkinson's, terminal illnesses. Senator Fredrickson talked about his experience with terminal illness. These things that we can agree that medical cannabis are useful for, but then we go on to the next-- to, to subsection (m), (n), and (o), which I consider as the catch-all. It is serious medical conditions that cause serious nausea. Chronic pain lasting longer than 6 months that inadequate-- chronic pains lasting longer that 6 months. And you revert back to the amendment, and you said a, a PA is the, the individuals that can prescribe this. If you have a, a relationship with doctors, and you say I've had chronic pain for the last 6 months, then they can prescribe medical cannabis. So I consider page 10 and 11 as the catch-all. It goes beyond the medical-- of medical marijuana and what we-- what Senator Storm describes as more recreational. And that's where our concerns lie, is in some of these provisions early in the first 10 pages. So with that, I thank you, Mr. President.

KELLY: Thank you, Senator Ballard. Senator Meyer, you're recognized to speak.

MEYER: Thank you, Mr. President. I rise today, I am opposed to the IPP and would just like to have a few comments. I would hope, and hope is not a plan, but, but I do have faith in this body. I would expect intelligent people with good hearts, which I believe this body is, that can find a way to provide relief with, with some medical

marijuana. There's been concerns that we're going to allow this thing to lapse into the Wild West, it's already the Wild West. I had a conversation 2 weeks ago with an individual that was attempting to hire some people to run heavy equipment, had nine applications, only one could pass the drug test. Think about that. Only one out of nine could pass a drug test. I had a conversation with an individual when I was campaigning, a very professional individual having some serious health issues. With the medication he was prescribed, he could function physically, but certainly not professionally, intellectually in his job. He confided in me that he was going out of state to get some help. A little bit of, of what he was getting out of state, the evening before, he could get by with half his medication the next day, function physically and professionally. I had a conversation with an individual who very familiar with a, with a person that doesn't drink, doesn't smoke, has severe chronic pain, and the only way they can sleep at night is with something they get from out of state and that allows them to get a good night's sleep. Does implementing LB677 or the white paper amendment, does that negate the commission? You know, that's a question that I, that I hope Senator Hansen can answer here in a little bit. Hopefully, he'll have a little time. I thought he had a very generous offer with the trigger offer. It was something that I thought of about this morning. I was having a conversation about that with Senator Hallstrom and some of my staff. And before I could mention it to, to Senator Hansen, he, he very generously offered that opportunity for us to, to implement that which I think is, which I think is important. We're dealing in my opinion with invalid signatures on petitions, but we had over 70% of the voters vote for it. Their votes are not invalid, perhaps the process was rendered invalid with improper signatures, but their votes were not invalid. I do not think that governing this state by initiative is the right way to go. The people in this body need to be the responsible parties and, and govern the state as it needs to be governed, listening to the, the constituents and listening to the people of the state of Nebraska. All too often, certainly in this body, we, we say, well, let's, let's listen to what the people want. Well, yeah, we should. We should listen what the people want, but the people shouldn't be telling us what they want by initiative. We should be out talking to them, working with them, town halls, and getting that information and bringing that to the Legislature and working on legislation that helps them. There's a number of things in, in AM1251 which I think is the white paper amendment that, that I have some concerns with. I think Senator Ballard talked about a couple of those. I, I, I did have a couple other things, but I would like Senator Hansen, if he would have

Transcript Prepared by Clerk of the Legislature Transcribers Office
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just a couple minutes, I, I think he would like an opportunity to respond to Senator Ballard.

KELLY: Senator Hansen, 45 seconds.

HANSEN: All right, thank you. Yeah, we were going over some of the list of, I believe it's conditions that Senator Ballard had. And I would like to go over some of those. Got to get my stuff in order here. Well, I have it right in my packet here, I'm just trying to find it to make sure I say the right stuff. OK. So a lot of the conditions that we had listed were recommended to us by the Nebraska Medical Association. This isn't a bunch of-- this isn't a list that, that the people who crafted the bill, myself, the General Affairs Committee, these aren't one-- just some kind of flippant conditions that we kind of introduced. These are ones that the Nebraska Medical Association--

KELLY: That's time, Senators.

HANSEN: --specifically recommended. Thank you.

KELLY: Thank you, Senator Hansen and Meyer. Senator Ibach, you're recognized to speak.

IBACH: Thank you very much, Mr. President. And thank you, Senator Hansen. We keep having these discussions off the mic. But we keep having discussions and I think his approach to, to regulating cannabis has been very, very thoughtful. And I-- he knows I don't personally agree with the flower language because, as many of you have mentioned, that's kind of an open book. But I think he's done due diligence on formulating aversion and, and been very thoughtful with trying to come up with a solution that everyone can live with. So I, I appreciate that. I always look at what the federal government does as well as other states, and my comments on the mic typically allude to that, and how have other states approached it and what are the federal guidelines? Because as I brought the hemp bill in the last session, we looked at federal guidelines pretty intensively. And here's, here's kind of what I found on a few of these issues. The Food and Drug Administration, or the FDA, currently regulates cannabis and its derivatives. The federal regulation, under federal guidelines, or federal regulations, cannabis is classified as a Schedule I drug under the Controlled Substances Act, meaning it has a high potential for abuse, which we all know, and no currently accepted medical use. The classification prohibits the federal legalization or medical prescription of cannabis, which, as Senator Hansen's alluded, it cannot be prescribed. It can only be recommended. FDA-approved

products. The FDA has approved one cannabis-derived drug, which is a cannabidiol. For the treatment of certain types of epilepsy in children and adults. I know folks out in the Rotunda understand that, and I know that this is a step forward in doing a state guideline, but federal guidelines already do allow for one drug. The FDA has also approved a synthetic cannabinoid for the treatment of nausea and vomiting caused by chemotherapy. I think that's a very thoughtful approach for FDA to take as well for folks that suffer from, from cancer treatments. As far as research and development, the FDA supports research on cannabis and its derivatives, including clinical trials, to evaluate their safety and efficacy. I think that those are ongoing and, and we know from work at, at the, the health center that they are doing research. The agency has issued guidance on how to conduct research on cannabis, including requirements for obtaining and handling cannabis samples. CBD products, and this was very relevant in my bill last session, the FDA regulates CBD products which are derived from the cannabis plant. We know that because we have some businesses in Nebraska that actually work in the CBD realm. CBD products that contain less than 0.3 THC, which is a psychoactive component in cannabis, are generally considered legal under federal law. And we know that from our hemp laws that we have in Nebraska. However, the FDA has not approved any CBD products for medical use. And it warns consumers about potential health risks associated with some CBD products. Future considerations, the FDA is currently reviewing the scientific evidence on cannabis and its derivatives, and it is possible that the agency may reschedule cannabis to a lower classification in the future. There's discussion about that ongoing right now, which could allow for its medical use in some states. So in summary, the FDA regulates cannabis and its derivative under the Controlled Substances Act. While the agency has approved some cannabis-derived products for medical use, it currently prohibits the federal legalization and medical prescription of cannabis. Our task today, because the will of the people did speak, our task today in my opinion is, how do we regulate it? We have two paths forward, and we as a body will decide that today. Do we follow those FDA guidelines or do we find our own path? The FDA has its recommendations that we rely on research, which I appreciate, and other states have passed this legislation already, which personally I agree with Iowa's model, and we've had that discussion several times amongst ourselves. And I think we are listening to the will of the people, the 71% of our citizens that said we, we want this. And so, as I mentioned, I think our task today is to find out what our own path forward is.

KELLY: That's time, Senator.

IBACH: Thank you, Mr. President.

KELLY: Thank you, Senator Ibach. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President, and good morning, colleagues. I rise in opposition of the IPP motion and generally in support of what my friend Senator Hansen is trying to do with this regulatory and legal framework to help to further breathe life into the will of the people and fight back against a radical Attorney General who has attacked the precious right of citizen initiative and who has abused his power to really ruin the lives of grassroots activists who peacefully petitioned their government for change. And when you look at the fact-- let's, let's-- this whole discussion is divorced from reality. 47 of our sister states have some form of medical cannabis programs on the books. Full stop. 24 states have full recreational. Full stop. After over a decade of petitioning this Legislature for some sort of medical cannabis program and three ballot initiative attempts, never-ending, dizzying mazes of litigation, finally, finally the people got to vote and they said, we want a sensible approach to marijuana. And it was robust, more robust than previous iterations that came through this body, because this body failed to act. And it didn't stop our Attorney General from abusing his power and using every resource in his office to continue to attack the will of the people and grassroots activists and put up every roadblock possible to implementation of a medical marijuana program that we don't need to guess about. There's a host of good models that are out there from both the citizen initiative and 47 of our sister states. Let me tick through a couple of points real quickly. To the folks that say, oh, I'd never vote for medical marijuana and, you know, I want no part of it, well, you already did. You already affirmed a significant portion of the voter initiatives. On February 21, the Legislature passed LB1 on Final Reading. The vote was 48-0-1, with only my friend Senator McKinney absent, and the governor signed it into law shortly thereafter. That measure codified a portion of the medical marijuana ballot initiative and corrected a cross-reference citation. Not only did you reaffirm the will of the voters in regards to medical marijuana, but you also reaffirmed existing federal and state laws to the legality of CBD products. LB1 contained a repeal and a reenactment clause of some of those statutes due to subsequent changes from ballot launch and subsequent actions in the Legislature. This was an independent legislative act affirming those portions of the ballot initiative into law and perhaps even renders mute some of the arguments made by the Attorney General in court. More to the point, the passage of LB1 was a legislative affirmation of the voter-approved

medical marijuana legalization. For over 100 years, the Nebraska Supreme Court has held a simultaneous repeal and reenactment of the whole or part of a statute in terms or substance is an affirmance. The repealing clause has a legal effect of repealing all prior acts and parts of acts in conflict with the provisions in the body of the act which the repealing clause is found. It makes no difference if it is a reviser bill. Courts give full meaning to all legislative enactments, whether technical or substantive in nature. Statutory language is given its plain and ordinary meaning and will not resort to interpretation to ascertain the meaning of statutory words that are plain, direct, and unambiguous. And courts presume that legislators know what they're doing. So that's one point. The other point is this: federal law, the Ninth and Tenth Amendment, the writers since 2015 in federal appropriations bill have allowed for medical marijuana programs to move forward with a legal framework. And when it comes to the Attorney General's record in court, his claims are 0 and 13. He brought cases against the ballot signature campaign. Those were dismissed. They were reviewed by a judge. They were disposed of. Any instances of potential fraud were caught in the process and were nominal in nature and identified by our hardworking election officials. People who have a quarrel with money in politics only have a quarrel with money in politics when they don't agree with the point on the spectrum for which it emanates. Their true quarrel is with the First Amendment and the precious right of citizen initiative. If you're truly concerned that there's an honest legal argument playing out in the courts of Nebraska, go ahead and pass the law.

KELLY: That's your time, Senator.

CONRAD: The court can always enjoin it.

KELLY: Thank you, Senator Conrad.

CONRAD: Thank you, Mr. President.

KELLY: Senator Brandt, you're recognized to speak.

BRANDT: Thank you, Mr. President. My first 4 years here, I served on the Judiciary Committee. And for those of you that currently serve on the committee or, or have served on committee, particularly those of us that are not attorneys, it's a real eye-opener. You, you kind of make a conscious decision that you're either going to get involved or you're not going to be involved and I chose to get involved and it, it was eye-opening, all the stuff. And at that time, we got all the controversial stuff, unlike today, where we farm this off to the HHS

Committee or some of these other committees. So in those 4 years, every year, we had a medical marijuana bill. Senator Wishart brought that bill. And you would see-- typically, it was a 6-hour hearing. Some years it would be 7, some years it would be 5. And kind of what I learned from that were-- I, I jotted down just 4 things: marijuana decreases grand mal seizures in 4-year-olds; marijuana will restore the appetite to an 80-year old woman with Stage 4 cancer; marijuana helps our veterans with PTSD; marijuana will help an injured, injured construction worker that has a history of being on Oxy and does not want to use any pharmaceuticals because they've been hooked on it before. So we are the people's house and we have to respect Nebraskans who approve this measure. You know, I support LB677. I'm opposed to the IPP. Normally, on all the other years, I would yield my time to Senator Wishart, who championed this issue for years. But I would ask if Senator Hansen would answer a question?

KELLY: Senator Hansen, would you yield to a question?

HANSEN: Yes.

BRANDT: Senator Hansen, I've been listening to a lot of the debate today and we really haven't gotten into the financial aspect of, of this bill. Can you tell me how much money you anticipate the medical marijuana industry would contribute to the coffers of the state?

HANSEN: Yeah, a lot of these numbers come from the multiple fiscal notes that we got on this bill because since there's so many stakeholders and divisions and departments that are involved with this bill, there's multiple fiscal notes. One of them that, that kind of spells out the revenue portion is they're expecting in fiscal year '26 to be about \$630,000, and then 2.4, and then 3.1, and then \$4 million. And so we're not talking about substantial \$20, \$30, \$40, \$50 million, even though some have predicted it could go up to \$20-\$30 million a year. This isn't, like, this is going to solve our property tax problems, but it does help contribute to the relief of property tax owners by going to the Property Tax Credit Relief Fund.

BRANDT: So, yes, I would agree with you on that. Yesterday, we had a bill that failed here in this, in this room that would have allocated \$80 million toward property tax relief, which is a very minimal amount. And you're talking maybe a million dollars or a couple million dollars a year. It'll be pretty negligible. I would yield the rest of my time to Senator Hansen.

HANSEN: Thank you, Senator Brandt. Those numbers I did read for Senator Brandt were actually still with LB677, which means we tax it at 4%. With the committee amendment, we actually tax it the same as sales tax. And so that was about 5.5%, and then there could also be local option sales tax on top of that. And so the municipalities would, if they so choose, get a portion of that as well. Again, it's not about making the money off the bill, but that's just one of the, I guess, positives of passing the bill is that this will go to the Property Tax Credit Relief Fund. I think when I'm on the mic again, probably after lunch, I would like to touch more on Senator Ballard's questions about the conditions, and I would like to kind of go through the conditions, specifically, the ICD-9 or ICD-10 codes. These are diagnosable conditions. I can explain more of that in detail after lunch. But just to kind of right before lunch, I want to kind of talk a little bit for, maybe, some more of my Republican colleagues here a little bit about we're not, you know, we're on an island by ourselves in support of something like this. These are just some of the few people, and I have quotes which I can read later, these are some of Republican leaders who are actually in favor of medical marijuana. We have Newt Gingrich, who a lot of us actually just recently listened to; Sarah Palin, Governor DeSantis, Governor Kristi Noem, John Boehner, former Speaker of the House; Clarence Thomas, actually isn't so much about-- he mentions medical cannabis, but actually the court's ruling about what should happen with medical cannabis; Rush Limbaugh, of all people, he actually believes in medical cannabis; and President Trump. President Trump actually says recently, as a few months ago, we will continue to focus on research to unlock the medical uses of marijuana to a Schedule III drug and work with Congress to pass commonsense laws, including safe banking for state authorized companies, and supporting states' rights to pass marijuana laws, marijuana laws like Florida who probably has one--

KELLY: That's your time, Senator.

HANSEN: Thank you.

KELLY: Thank you, Senator Hansen. Senator Bosn, you're recognized to speak.

BOSN: Thank you, Mr. President. Good morning, colleagues. I want to start by also appreciate-- noting my appreciation for Senator Hansen and the work that he's done on this. Senator Ballard and I both met with him last week. Senator Ballard took some of my talking points but we addressed some of the concerns. Senator Hansen was very open to working through some of those issues and I appreciate that because I

think he acknowledged that some of the concerns I raised needed some work and so I always think that's important when you're bringing a massive piece of legislation like this. I also want to talk a little bit about the letter that we received yesterday, or at least I received it yesterday, dated May 7 to the Speaker, and it was-- it's been referenced a couple of times. But there are a number of concerns in here that I would hope Senator Hansen is also open to addressing in one way, shape, or form. But those concerns are signed also by a number of law enforcement advocates. And as someone who supports law enforcement and wants to work with them on things, I think we should take their feedback on these issues seriously and try to address them as best we can. They also talk about the catch-all provisions. And I assume Senator Hansen's going to talk more about that later, so I'll wait. But it also talks about the immunity, civil and criminal immunity, for recommendations and the concern that that poses, that there would be no legal mechanism or practical process by which a patient's registration card could be revoked if it was issued improperly based on the lack of a proper diagnosis. One of the problems that it points out. It also talks about the difficulty that this will create for law enforcement regarding probable cause arrests when individuals are carrying large amounts of marijuana. There is no overall limit to which a person can buy in any specific time period so I think the thought from Senator Hansen's perspective, or at least during our conversation, was if you have an individual who lives, you know, 300 miles from a dispensary, they may need to acquire more marijuana because they're not going to be going on a regular basis. But I think that can also be abused. And so I appreciated his willingness to work with me on that as well. But I think there's-- it cannot go unstated the concerns that I have for drug-impaired driving as a realistic public safety concern in our country and certainly in our state with medical marijuana or recreational marijuana as a form of impaired driving and the impact that that will have on public, on the rest of the public, excuse me. Those are some of the things that in my conversations with him, I, I think, need to be flushed out before I can support, ultimately, any amendment whether we do that between now and Select or whether we do that between Select and Final. I appreciate his willingness to continue working on it. One of the difficulties, and I know some people have talked about this, with a ballot initiative is you're limited to a single subject on the, on the ballot initiative and so then it's difficult to put in the appropriate guardrails. So the question here becomes, and I've had dozens of emails with constituents, is, is it the Legislature's job to pass those guardrails or do we respect the ballot initiative, let the commission, the Medical Cannabis Commission, do its work, and then if

there are problems, we address them and respond to them next year? And I think-- I'm, I'm anxious to hear what the rest of the body thinks about that. When I look at the handout from Senator John Cavanaugh about the commission, Section 4, creates the Nebraska Medical Cannabis Commission. It then goes on in Section 5, and it delegates them the power to regulate all phases of the control. Why are we doing it then? Section 6 says the commission shall, and then it tells them what to do. So, again, if we need to tweak things or fine tune things, guardrails, whatever we're calling it, shouldn't we let them do their job and then we react and respond accordingly? All that to then come back and say, if we don't fund them, if they don't have any money to do the things that they're supposed to do here, how can they be successful? So I certainly think there is an argument to be had that we have an obligation to fund them so they can do the responsibilities that we're asking of them. And I'm, I'm having ongoing conversations with anyone and everyone who's willing to talk about that, but I think that's a valid concern that we need to address. And I think Senator Clouse kind of pointed that out earlier as well. So I look forward to hearing more about the funding issue and I'll yield the rest of my time. Thank you, Mr. President.

KELLY: Thank you, Senator Bosn. Senator Holdcroft, you're recognized to speak.

HOLDCROFT: Thank you, Mr. President. Well, as the chair of the General Affairs Committee, I find myself in an interesting situation. We worked-- I worked pretty hard to get something out of committee so that we could debate it here on the floor. And part of that motivation was, as I mentioned earlier, was the idea that come 1 July, if we didn't do something, that we would have an, an untenable situation with no funding and no guidance to commission and according to the executive director he couldn't even put out a notice of meeting without something from the Legislature. So that's what motivated me most to make that compromise to include flower and leaf into AM1251 because initially the amendment we had was no leaf. No smoking and no leaf. So that is why there's right now 2 ounces of leaf in AM1251. And last week, if, if the governor had kind of made his intentions known before that, that he was going to find a way through the Department of Administrative Services, PRO, and funding from the Appropriations bill to establish the commission before 1 July with authority to do regulation, then I'm not so sure we would have had quite the motivation to get out AM1251. A couple things, I thought Senator Cavanaugh, he came up with the definition on what cannabis is from 437 and it's also in 438. I think we should be really concentrating on 438 because that is the implementation referendum. That is where all the

detail is on the commission is in 438. But the definition he read was, it was one-- these are, these are definitions and I want to emphasize that. The purposes of the Nebraska Medical Cannabis Regulation Act 1(a): cannabis means all parts of the plant of the genus cannabis, whether growing or not, the seeds thereof, the resin extracted from any part of the plant, and every compound manufactured salt derivative mixture or preparation of the plant, its seeds or its resin. Now, he interprets that as meaning that is a product that can be provided to the individual up to 5 ounces. Now, it doesn't say that. In fact, part (b) of the same paragraph, it goes into cannabis includes marijuana, hashish, and concentration cannabis; (c): cannabis does not include hemp as defined in Section 2-503.13. So you see these are definitions. They're not supposed to define what the deliverables are supposed to be. If you go down further in the same paragraph, you'll get ideas of the deliverables: cannabis products means products that are comprised of cannabis, cannabis concentrate or cannabis extract and other ingredients, and that are intended for use or consumption such as, but not limited to, edible products, ointments, and tinctures. Edible products, ointments, and tinctures are the only deliverables that are identified in either 437 or 438. Now if I was reading this, and you've got to dig down to get down to the actual language of, of the, of the statute, smoking would never appear in my mind as a deliverable in, in, in this referendum. Let me just finish up by talking about the nominees for just a moment. We have not been sitting on the nominees. We got the nominees 2 weeks ago. As you know, we are, we are in session from 9 in the morning until 9 in evening. Some committees, including the General Affairs Committee, have been able to hold nomination committees-- hearings during the lunch hour. I really felt 1 hour was not going to be sufficient to lead-- to hear public testimony on these two nominations, which are pretty controversial. So this was the first opportunity-- this Thursday was the first opportunity where we could give 7-days notice and adequate time for a public hearing and public testimony. So that's what we're going to do upon adjournment or at 2:00, whichever is later. On Thursday, we will hold the hearing for the two nominees that the governor has forwarded to us. With that, I'll yield the rest of my time. Thank you, Mr. President.

KELLY: Thank you, Senator Holdcroft. Mr. Clerk.

CLERK: Mr. President, committee report, the-- from the Health and Human Services Committee concerning an appointment to the Commission for the Deaf and Hard of Hearing; new LR, LR262, that will be laid over. And a priority motion, Senator Clements would move to recess the body until 1:00 p.m.

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KELLY: Members, you've heard the motion to recess. All those in favor say aye. Those opposed say nay. The Legislature is in recess.

[RECESS]

KELLY: Good afternoon. Welcome to the George W. Norris Legislative Chamber. The afternoon session is about to reconvene. Senators, please record your presence. Roll call. Mr. Clerk, please record.

CLERK: There's a quorum present, Mr. President.

KELLY: Are there any items for the record?

CLERK: There is, Mr. President. New LR, LR, LR263, from Senator Jacobson. That will be laid over. That's all I have at this time.

KELLY: Thank you, Mr. Clerk. Please return to the agenda.

CLERK: Mr. President, General File, LB677. When the Legislature left the bill, pending was a motion from Senator Storm, MO165, to indefinitely postpone the bill pursuant to Rule 6, Section 3(f).

KELLY: Returning to the queue, Senator Hardin, you're recognized to speak.

HARDIN: Thank you, Mr. President. I spent 27 years in Colorado. That's a confession. Went to grad school there and liked it and stuck around. And during that period of time, I watched medical marijuana come in, and I watched recreational marijuana come in. During that period of time, I had an interesting seat at watching the development of that in the culture there. I served as a prison chaplain, and I also served as police chaplain in the metro Denver area, and so had an opportunity to converse with lots of interesting people during that period of time. It was interesting how it changed things. A friend of mine, when medical marijuana came in-- of course, the medical marijuana has to be grown somewhere, and they don't grow it for free. They do sell it, and then they have to deliver it somewhere. And a friend of mine, who was an old guy like me, had a young son. And he said, my young son, who drives, is college age-- and he came home with a new job. He has a new j-o-b. And I said, well, what's his new job? Good for him. And he said, well-- we were at his ho-- his home. He said, go out and take a look in the car. So I went down to the driveway and looked in a beat-up little four-cylinder car that the son was driving, which was his work car. And the son wasn't there at the time, but interestingly, the dad, standing with his arms folded behind me, and the car's windows were rolled up. It's not like it was unsafe or anything

because the car was locked, but there was a .45 caliber semi, semi-automatic laying on the seat. And he said, he's now delivering the money that cannot be deposited in the banks, he said, to a warehouse, where they keep the money. He said, and now my kid, who would probably have a difficult time whipping his way out of a wet paper bag, is driving around in town and his new employers gave him a .45 and said, good luck delivering the money where it's supposed to go. There are things that come with this world that you may not have bargained for, and this is the world that 70% of Nebraskans who voted, voted for bringing in medical marijuana. I point that out from the perspective that it's pretty rare that medical marijuana passes somewhere that the recreational side does not eventually come in. A piece I would like to look at, down that alley of saying that the Liquor Commission is going to be regulating this-- and I, I thought that was interesting. Senator Hansen and I have talked about this. I was curious about that enforcement piece. As he had shared with me, there's an upside of having the Liquor Commission be in charge of that, and it's because they already have an enforcement arm. Well, I wanted to explore that a little bit more, and so we reached out to the Nebraska State Patrol and said, how does that work? How does the enforcement of the Liquor Commission work? And therefore, extrapolating that through, how does that apply itself to our medical marijuana world? And the fact is that we have various troops, A, B, C, D, E, here in Nebraska. I think we also have F, as well, but we have one person in each of those troops who is designated as a liquor control agent. And so the conversation became, with the leadership at State Patrol, how does this look if we pass LB677? How does this in, in-- what happens next? Well, in short, we don't have nearly enough. In fact, we don't even have enough people to cover the liquor needs. So when this passes, the enforcement will become excessively challenging.

KELLY: That's your time, Senator.

HARDIN: Thank you, Mr. President.

KELLY: Thank you. Senator Hardin. Senator McKeon, you're recognized to speak.

McKEON: Thank you, Mr. President. I'm going to read a story out of the USA Today. Marijuana legalization was a mistake. Highly-concentrated pot is destroying my son's life. I absolutely loved living in Colorado. A family-oriented, oriented Pueblo is the state's best kept secret. Lake Pueblo, Pueblo Mountain Park, Devil's Canyon are perfect places to hike. We lived in an old craftsman home in a historical

district with a beautiful garden and wonderful neighborhoods. I felt like it was living in a dream. And then legalized marijuana came. Everything changed it. It has taken nearly a decade from Colorado's elected leaders to understand the damage pot is doing to our children. I saw it in years ago. My eldest son entered eighth grade in 2014, the year recreation marijuana stores opened in Colorado. Soon, his behavior changed. He became irrational, repeated things that didn't make sense to me. I dismissed it as adolescence, mood swings, he just broke up with his girlfriend. That's all it was, I told myself. By freshman year, I realized he was using marijuana. I was still in denial though, until he attacked his younger brother. Then he tried to kill himself. The hospital treated him and sent him home. A few days later, when it was clear he was still suicidal, I took him back to the emergency room. Don't worry, they told me. It's just marijuana. Marijuana is a serious drug. Eventually, my son told me he was dabbing, which is never-- I never heard of. A dab is wax-- is a highly concentrated form of THC, marijuana's active ingredient. It's heated and smoked, delivering an instant and overwhelming high. Crackweed, my son called it. He knew it was making him crazy. He wanted to quit, but addiction had, had him firm in his grip. And yes, he is addicted. Addiction is [INAUDIBLE] disease. In 9 out of 10 cases, it originates with drug or alcohol use before the age of 21. Marijuana, which has been linked to mental illness in teens and young adults-- slowly take away your humanity. This is what it did to my son, who turned to run the streets with homeless people. He had no trouble finding people to feed his addiction in return, return from selling their legal, homegrown marijuana. I quit working, making it a full-time job to save my son. I found out that getting treatment wasn't easy. Beds were full, officials minimized marijuana's "addiction-ness." I found a highly regul-- regulated treatment center in Utah. They required \$36,000 up front that I didn't have. Finally, I found a place in San Diego that helped restore his health. He regained his confidence and looked good. In the meantime, I learned about a recovery community in Houston, where the host families provided positive peer support. My son got better when he left Colorado. So I moved him there in 2016. My other son, who had developed PTSD, and, and I followed in 2018. Rein in this monster. Sadly, my story isn't unique. Families across Colorado have experienced some heartbreak and worse: more and more marijuana in, in teenage suicides. Marijuana was present in more than 25% of the teen suicides. Pot has taken our children from us. We can't keep going down this road. We can't keep sacrificing our children on a altar of pot. Big marijuana promotes high, promotes high potency and addictive concentrations, with no proof that they are safe for anyone. Colorado's commission, when it reviews all research already, already,

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al-- research already done, will confirm that this product is dangerous to children and much to each for them to get. Maybe lives can be saved. Maybe other states will be warned against following Colorado's lead. Maybe no families have to endure the, the hell that mine has been, but it comes too late for me and my oldest son. He started using again and I haven't seen him in a year. The end of the story. We are affected here with marijuana in Nebraska. I've seen it in my own family.

KELLY: That's your time, Senator.

McKEON: Thank you.

KELLY: Thank you, Senator McKeon. Senator Juarez, you're recognized to speak.

JUAREZ: Question.

KELLY: The question's been called. Do I see 5 hands? I do. The question is, shall debate cease? All those in favor vote aye; all those opposed vote nay. And a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 30 ayes, 1 nay to place the house under call.

KELLY: The house is under call. Senators, please record your presence. All unexcused senators outside the Chamber, please return and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Senators Storer and Ibach, please return to the Chamber and record your presence. The house is under call. All unexcused members are now present. Members, the question is, shall debate cease? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 30 ayes, 6 nays to cease debate.

KELLY: Debate does cease. Senator Storm, you're recognized to close on your motion.

STORM: Thank you, Mr. President. So we've had a good and lively discussion here for-- all morning, going into this afternoon. I think I've made my, my argument pretty clear as others that the people spoke with 438 and the ballot initiative that the Cannabis Commission will decide how to regulate this, not this body. And as I said earlier, you know, we've heard, throughout this whole session, how the people

spoke, so we shouldn't mess with any ballot initiatives. And I would agree with that, especially on this one, in a sense that this had a 437 and 438. 438 told how this would be regulated through a commission. The other ballot initiatives didn't have another initiative with them, telling them how it would be regulated, so that fell on the body to decide how we were going to regulate that. So-- and this is, this is very clear. I also want to point out here, if I can find my paperwork here, that on--let me see-- March 28, 2025, in the District Court of Lancaster County, Nebraska, the brief that was filed by the defendants of Anna Wishart, Crista Eggers, Adam Morfeld motion to dismiss, dismiss, they made it very clear-- and I'll read this: the legislative branch, including voters through ballot initiatives, has wide discretion on the level of detail needed in setting standards. The voters exercised that discretion here, which was 438. They delegated authority to the commission that is best suited to make the technical and repeated decisions necessary to carry out the law's purpose. They set reasonable standards and limitations for the commission to follow. So the people who brought these ballot initiatives said, in their brief, filed in court, who should be regulating this. They didn't say the Legislature. They didn't say the recreational cannabis people from Missouri and Colorado. They said the commission. And that is my argument. We don't have to do anything. This body does not have to act, and we shouldn't act. We have a commission that's about ready to be appointed. We have funding, which Senator Clements went through, funding that will be allocated to them. They will set up the standards, which is the will of the people. That is what the people voted for. And once that that is set up, they'll make their deadlines, and they will try to, to really get this right. And that's the, the-- the critical point about this is we can't let this genie get out of the bottle and be the Wild Wild West. I would make the argument that Hansen's bill is the Wild, Wild West. A commission that regulates this, they, they make it so that it truly is medicinal. And medical marijuana is important, and we have to get this right. And then, after we get through the commission's process of setting up the regulations, if we have to tweak anything into the next session, which is in January, 6 months away, 7 months away, we can do that. But it's important to get this right, not just take a 122-page amendment, written by the cannabis industry for recreational use, throw it at us, and say, these are the guardrails. Those guardrails are recreational. Those are recreational guardrails. And like I said, I have, I have emails that directly show who wrote this. If anybody wants to see it in this body, I'll be more than happy to share it with you. I have the email that talks about which lawyer from which recreational cannabis commission wrote this bill. So I think that's

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very, very important to understand this. And so-- but, you know, Senator Hansen, you know, pointed out that the people who, who wanted this initiative, their will is his bill. It isn't. Their will-- and I'm going to read this one last time because I have a minute left. I think this is very important. The legislative branch, which is us, including voters, through ballot initiatives, has wide discretion on the level of detail needed in setting standards. The voters exercised this discretion here. They delegated authority to the commission-- delegated authority to the commission that is best suited to make the technical and repeated decisions necessary to carry out the law's purpose. They set reasonable standards and limitations for the commission to follow. I would encourage all of you to vote yes to IPP this bill. Thank you, Mr. President.

KELLY: Thank you, Senator Storm. Members, the question is the motion to indefinitely postpone. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 17 ayes, 20 nays on adoption of the motion, Mr. President.

KELLY: The motion is not adopted. I raise the call. Mr. Clerk.

CLERK: Mr. President, Senator Storm would move to reconsider the vote taken on MO165 with MO276.

KELLY: Senator Storm, you're recognized to open.

STORM: Thank you, Mr. President. Is this 10 minutes or 5 minutes? Another 10? OK. Thank you very much. So we're gonna reconsider this vote again and continue to talk about this issue. This is a-- marijuana is a critical issue that I think we need to all understand. We need to understand what the state of Nebraska is getting into. And I, I wanna say, and I haven't said this yet on here, but I truly have sympathy for people who are suffering with, suffering with medical conditions. I truly-- I have 6 children. My oldest is 26. I just had a grandbaby. My youngest is 10. So I truly have, you know, sympathy for people who are struggling with conditions. I've met with people who have children that are struggling with conditions. I've sat there and watched videos of them struggling with, with epilepsy seizures. I completely have sympathy for that. I don't want anybody to think that I'm some cold-hearted-- hearted monster in here that does not have sympathy for, for children and adults that are suffering through pain. But we have to get this right. Is marijuana medicine? Possibly, in some forms, you know. It might help in some areas, possibly. There hasn't been a lot of research on it. It's not FDA-approved. It's a

Schedule I drug. And if you want to look at what a Schedule I drug is, a Schedule I drug has no medical use and it's addictive. That's how the government classifies marijuana. And we can debate all day long, well, it should have never meant to be scheduled that way or Trump's going to overturn it or-- but it's not. It's a Schedule I drug. The Obama administration, very liberal, very progressive, never overturned that; moved it to a Schedule III drug. The Biden administration never decided to, to reschedule marijuana, and I doubt very seriously if the Trump admin-- administration will either. So it's very important that we get this right. The research that I've looked at as far as medi-- marijuana and what it can help with, is pain relief. That's really about it. It helps with pain relief. It dulls your senses-- you know, dulls your senses so you can't feel pain. So if somebody's struggling with, with Stage 4 cancer, chronic wasting disease, truly, truly in situations like that, I would support them having something such as medical marijuana. But to make it carte blanche for everything, I got a backache, I'm depressed, I have autism, I have-- marijuana is not this miracle drug. It, it truly isn't. And there's some real side effects to marijuana that people need to understand. Marijuana is very much linked to psychosis and schizophrenia, especially for young people, and young people out there need to be very, very cognizant of that. When your brain's developing, you're more prone to mental illness if you take marijuana. And we have a mental illness crisis in this country. And I would be the first person to say I think one of the reasons why mental illness is exploding in this county is marijuana, drugs. So that, that is a-- that's a true issue that we have to be cognizant of and, and really look out for. As far as the commission setting up these standards, I, I briefly talked about Iowa. If you want to look at setting up a true medical marijuana system, look at Iowa. Senator Hansen, Senator Conrad, they don't want to look at Iowa. They booked a field trip to dispensaries in Kansas City, wanted all the, the senators to go to that. They went to Kansas City because Missouri is recreational. Greenlight Dispensaries set that up. That's what they wanted to look at. They didn't book a field trip to Des Moines, Iowa. They didn't do that. Iowa has a cannabis commission. You can look it up online. They have certain forms that you can take, medicine-- medical marijuana as far as medicine. Does not include flower. Iowa has no flower in the state. Flower is the linchpin that takes this to true recreational use. That is why when you talk to the lobbyist in the Rotunda, talk to other people that are really pushing this, they will tell you, we have to have flower. We have to have bud. That's so you can smoke it. That isn't so you can grind it up in your kitchen and make your own medicine, like some people were saying earlier. That is to smoke. Type in flower in Google, in your phone for

marijuana and they'll say the smokable part of the marijuana plant. So that, that is key that we need to know that. Iowa has three or four forms that you can take it in. They have tincture form, which is an oil, you can drop it on your tongue. They have tablet form, pill form, suppository, and-- those are three, and there might be one other that I can't remember. They also have a commission of, I think, six to eight people, and the, the committee-- the chairman of the commission is ex-law enforcement. So they've been able to truly take medical marijuana and keep it restricted to medicine. If-- that's how they've done it. No one wants to talk about Iowa. That's what Nebraska needs to look at. Nebraska doesn't need to go to Missouri or to Colorado. That's recreational. And I sat through the hearings in General, General Affairs. And the first 5 testifiers that came up came from the recreational cannabis industry. And what they said to us, and they were brutally honest about it, they said we get it in here as, as medical marijuana, we go recreational, because that's where the money's at. There's no money in just doing medical, true medical marijuana. There just is not money in that. The money is in recreational use. They want people to be able to go get marijuana and smoke weed and say it's medicine. That's where the money's at. Just be clear on all that. We, we need to understand that. So that is-- that's what we're getting into. And, and, and like I said, the, the industry wrote this bill. One point I want to make here is Senator Hansen said earlier I was wrong about delivery of medical marijuana in his bill. He doesn't know his bill right then, because it says, in one-- in Section, I believe 168-- it's either 168 or 68. It makes it clear that you can deliver marijuana to your house. And like I said, it is not Door Dash, it's "dope dash." You can go order marijuana, have it delivered to a caregiver or a patient. It's in his bill. Iowa has no delivery of marijuana. You can't put an order in for marijuana and have it delivered to your house in Iowa. Clear about that. Those are all areas that make this very, very much recreational. So I look forward to talking about this for probably another-- I think we're going to almost 7:00 tonight. I'm gonna get into more details about marijuana and some of the issues you need to watch out for and we need to be careful about some of the side effects, and I think that's very clear that the people need to understand that. But, but I do want to make it clear. The people voted, right, will of the people, and as a legislator, I will carry out the will of the people if that, if that is the law of the land. The Attorney General right now, who is the chief law enforcement officer in the state of Nebraska, voted on by the people, has arguments in front of the Supreme Court right now that, that this vote was fraudulent. And so, we'll see. If he loses, he loses. And that's what I've said all along. But I do believe he

has-- needs to have his day in court. If we pass something through this body, that is the law of the land. We create laws. This body are the lawmaking body of the state of Nebraska. To say that we're going to pass a law here and if the Attorney General is successful, it goes away, is not correct. Whatever we do here throws out the ballot initiative, which was the will of the people, and it throws out the lawsuits. And if I was named in some of these lawsuits for committing fraud, I would want this body to act. I would want this body to really act, so that my name would be taken out of the courts and that this body did that. So there's some real, there's some real motivation for some people who have been standing in the Rotunda for the last however many months to have this body act on this, on this bill because they want this to supersede what the Attorney General is doing. I say let the Attorney, Attorney General have his day in court, unsuccessful. We let the Cannabis Commission do their job, just like what 438 said. 438 said that the Canna-- Cannabis Commission will create the regulations to implement this. And then if they have some issues that it doesn't quite work out right, then the Legislature can come back in the next session and we can decide where we need to tweak it. But I think it's critical that we keep this regulated, this Schedule I drug that's illegal on the federal level, that poses a whole bunch of other issues. Illegal on the federal level-- that we keep it highly regulated. Something else that Senator Hardin talked about, you know, banks won't touch this with a 10-foot pole. And hopefully, I'm hoping that Senator Jacobson can talk about this. They aren't gonna loan dispensaries money. They aren't gonna loan any of these businesses money to operate, because it's a-- they can't. It's a Schedule I drug. That's why what Senator Hardin talked about, people drive around with bricks of money in their car from selling marijuana, because they can't operate through a bank. It's a cash business. So that is-- we'll, we'll spend some more time. Thank you, Mr. President. I yield the rest of my time.

KELLY: Thank you, Senator Storm. Senator John Cavanaugh, you're recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. Good afternoon, colleagues. Well, I'm opposed to the reconsider, and I'm in favor of LB677, and I hope we're moving on to some amendments. I appreciate the opportunity to talk, and there's a lot of things that always need rebutting. I would just-- for folks' just sort of education, admonition, there's a thing called the Speech and Debate Clause, which means that you can say what you want on the floor, and you're protected from criminal and civil liability and litigation. I would just caution anybody from impugning people to certain degrees when you are not protected by the

Speech and Debate Clause, meaning alleging that families who have worked very hard to get medicine for their fam-- their kids, to impugn their character and call them criminals, I think, would be something I, I would just admonish people to consider before they talk about it when they're not here. So first, the-- to the, the federal regulation, I handed out that handout from Congressional Research Office, to explain to everybody here that Congress has a policy ongoing for the last decade, that would be that Department of Justice will not enforce, does not have money to enforce against someone who is operating in compliance with a state medical cannabis system. So our laws, if somebody is operating in compliance with our laws, then the feds have a policy that they will not prosecute or pursue under that. So that's what we're talking about. So we're not actually concerned that the federal, federal prosecution of anyone in the state of Nebraska, as long as they're operating in compliance with the ballot language or whatever we adopt here. I did want to take just a minute to talk more about where we are and what the bill does versus the ballot language. And there is some confusion that people have. So the ballot language does say that for purposes of Nebraska Medical Cannabis Patient Protection Act, allowable amounts of cannabis means up to 5 ounces of cannabis. Allowable amount of cannabis does not include the weight of other ingredients when combined. So, it says amount-- allowable amount of cannabis. OK. And then, it goes on to define cannabis as parts of the plant. So, when we say 5 ounces, we mean of the plant. And then, other things are extracts or some derivative thereof under that mathematical formula of equaling that. There are other parts where cannabis accessories means any equipment, product, product, material of any kind used, intended use, designed for use in storing, vaporizing, containing cannabis, or for ingestion, inhaling or otherwise. So, that's another definition of what you can use to consume cannabis. There's a separate definition of cannabis does not include hemp. That's specifically to stay in compliance with the Federal Farm Act and our own Hemp Regulation Act. So then, additionally, there is a requirement in the ballot initiative that a recommendation be by a physician, a physician's assistant, an osteopathic physician who's licensed, or a nurse practitioner licensed under the universal-- Uniform Credentialing Act. That's already the law in the ballot language, and that is regardless of whether they're a Nebraska physician or physician's assistant or osteopathic physician or if they're licensed under a different state or operating in another state. So under the ballot, the current state of the law, someone could go to another state and get a recommendation from a medical professional that is licensed under the Uniform Credentialing Act and get up to 5 ounces of flower. That's the current state of the law.

That is what the statute, the letter of the statute passed by the voters is. And, of course, it does additionally say that the recommen-- recommendation is valid for two years or for the period of time specified by the healthcare practitioner. So that, again, is specifically in the ballot language. That is the current state of the law. So when people are talking about that the ba-- this bill would expand all of those things, it does not. It, in fact, restricts those things. It includes a requirement that you be seen by that doctor for up to 6 months-- or 4-6 months before they can make a recommendation, when you see one of those doctors outside of the state. It puts a 2-ounce limit on the flower portion, which it currently, without this bill, is a 5-ounce limit. So it addresses both of those things, but the big part of this bill is there's a whole big part in here that is about packaging, labeling requirements, things that people would want to see in terms of what kind of regulation they want. So this bill is about making sure that the cannabis is available, accessible, safe. That's what this bill is. It is already legal. Someone could already get a doctor's recommendation and possess up to 5 ounces of flower and consume it in whichever way they find appropriate. This bill puts a restriction on the types of consumption. I disagree with. It puts a, a, a limit on the type of ailments that are covered. I disagree with that. But those are compromises in the interest of creating a robust regulatory system that will actually make this successful.

KELLY: That's your time.

J. CAVANAUGH: Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. Good afternoon, colleagues. I do rise opposed to the motion to reconsider and opposed to the IPP. I was wondering if Senator Storm would answer just a couple of quick questions.

KELLY: Senator Storm, would you yield to questions?

STORM: Yes.

DUNGAN: Thank you, Mr. President. Thank you, Senator Storm. So I just want to make sure I understand one of your arguments correctly. So you mentioned that part of the reason that you were opposed to LB677 is you do not want the Legislature to take action prior to the Attorney

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General's cases concluding or having the Supreme Court ultimately rule. Is that correct?

STORM: I do, I do right now. Yep. Yep.

DUNGAN: And part of that, I guess, concern is that if the Legislature takes action with regards to this issue, it will undermine or undercut the case that's currently pending before the Supreme Court.

STORM: I, I would assume that if we-- I'm not a lawyer, but I would assume that if we enact a bill here, that that is going to become the law of the land. So even if the-- yeah. Attorney General, I would assume his case is out, gone.

DUNGAN: OK. Do you recall LB1 from earlier this year?

STORM: No.

DUNGAN: The first bill that we had?

STORM: No.

DUNGAN: Do you recall the Final Reading vote on LB1?

STORM: That-- was that for the-- was that to recognize the Cannabis Commission?

DUNGAN: It was an eliminate an incorrect reference in the provisions with regards to the medicus-- medical cannabis bill.

STORM: Yes.

DUNGAN: And you know that that passed in the Legislature on February 21, with a vote of 48-0?

STORM: Yeah. I probably voted for it.

DUNGAN: Yes. And you were supportive of it, correct?

STORM: Yeah.

DUNGAN: OK. Thank you. I appreciate that, Senator Storm. So the reason I bring this up, colleagues, is the Legislature's already taken action. We voted. We approved some of this language. We change-- so LB1, for those who don't remember, is a bill that codified a portion of the medical marijuana ballot initiative and it corrected a cross-reference. So what that means is we actually codified, in law,

part of what was already in the ballot initiative, and we changed one of the cross-references that was incorrect. You can go look it up. It was February 21, LB1, not a person voted against it. I think the only person who was not in support of it was Senator McKinney, who was actually out that day. But what that means is that we've already taken an independent legislative act that affirms the ballot initiative. So literally, what it did, Section 3 of LB1 provided that the original Section 2, Initiative Law 2024, No. 437, and Section 2, Initiative Law 2024, No. 438 are repealed. Section 4 of LB1 then provided that since an emergency exists, this act takes effect when passed and approved according to law. Colleagues, for 100 years, the Nebraska Supreme Court has held that, quote, the simultaneous repeal and reenactment of the whole or a part of the statute in terms or in substance is an affirmance of the amended law. They've also gone on to say that the repealing clause has the legal effect of appealing all prior acts and parts of acts in conflict with the provisions found in the body of the act in which the repealing clause is found. So what does that mean? We repealed some of the sections of the original ballot initiative that was passed by the voters and we replaced it with something else. So it was a minor amendment, it was a small change, but what that has the effect of, colleagues, is we, the Legislature, voted. We passed a change and a modification to the language in the ballot initiative and had repealers of the prior sections, which means we have already taken an affirmative vote, which is an affirmance of the language. So if your concern, colleagues, is that if we do anything in here, it's going to undercut or usurp the Attorney General's cases, you've already done it. You already took that vote. You took it on February 21. It was the first bill in front of the Legislature. 48 of you voted for language affirming the medical cannabis laws. So the reason I say that is, you know, certainly we can have disagreements about what we should or shouldn't do, but if your argument is entirely that you don't want to undercut the Attorney General, that's-- that ship sailed. So we can debate other issues. I would also just like to push back on the narrative that the individuals who helped collect these signatures are criminals. They're out in the Rotunda. There are their kids out there, right now. While we've been in here debating, colleagues, one of them had a seizure. They actually had two seizures. I was out there in the Rotunda when it happened. So these are real people who were just trying to help their kids, and I would very much appreciate it if we could try to not drag those folks through the mud any more than they've already been dragged through the mud. You can have a disagreement with the law and we can debate that, but don't make it about them. They're literally just trying to make sure that their sick kids get help. And if you're curious about some of their

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stories or their issues, they're out there right now and you can go talk to them, and I think they've been trying to talk to a number of us for quite some time. So I would encourage you to go ask your questions to make sure you better understand that. Thank you, Mr. President.

KELLY: Thank you, Senator Dungan. Senator DeBoer, you're recognized to speak.

DeBOER: Thank you, Mr. President. I yield my time to Senator Hansen.

KELLY: Senator Hansen, 4 minutes, 53 seconds.

HANSEN: Thank you, Mr. President. OK. I want to touch on a little bit of what I talked about earlier, about the conditions. But first I get into that. I, I know Senator Storm brought this up a little bit, and I was hoping to get a little bit more clarification. Would Senator Storm yield to a question, please?

KELLY: Senator Storm, would you yield to a question?

STORM: Yes.

HANSEN: Now I know, I know men-- you mentioned earlier, or maybe the last time you were talking or the time before, that we could distribute medical marijuana for a myriad of conditions, like depression and other kinds of stuff. We exclusively, in the amendment, have a list of 15 conditions recommended by the Nebraska Medical Association that have the most amount of re-- and I have pages of research, showing where medical cannabis can help these individuals. Is there one of these specifically you had an issue with, that I can touch on first?

STORM: Well, I don't have it in front of me here, so I, I can't say on that, but-- yeah.

HANSEN: OK. I'll just go through them and then maybe later you can answer--

STORM: OK.

HANSEN: --if you want to. It's up to you. I know one of the biggest concerns people had was the idea of chronic pain, so I first want to go through that. And again, all these conditions that I'm going to talk about, the 15 that were listed from the Nebraska Medical Association, are diagnosable conditions. This is what we use, ICD-10

Codes, the same kind of codes that we use when you have to diagnose somebody for Medicare or for insurance purposes, and so all of these are actually through ICD-10 Codes. The first one was chronic pain, that's G89.2. And if we're really hung up on Iowa and following Iowa, Iowa currently, along with pretty much, I think, every state that has passed medical marijuana, includes chronic pain. Iowa just says chronic pain. Ours says chronic pain, with the idea that you have had to try every pharmaceutical medication possible, except for opiates. Much more restrictive. So if we want to do Iowa, we can do that, but you're not going to like the results. Also, Iowa includes PTSD. We did not include that, per the NMA's recommendation. So chronic pain actually, medical doctors diagnose chronic pain through a combination of detailed questioning about the patient's pain history, a physical exam, a potential diagnostic test, like imaging or lab work, to identify underlying causes. So there's a whole bunch of processes, including the person having to be with that physician for 6 months and be in chronic pain for 6 months. They have to follow all these process to even be diagnosed with chronic pain. And this is chronic pain, and we explicitly say that you have to use every pharmaceutical medication, you know, strong painkillers, and then the medical doctor has one option here. He says, well, we've tried everything we could. We're down to recommending an opiate. All we're saying here with this, is give the physician the chance to recommend an opiate or medical cannabis, and leave it up to the physician which one they think is right. The opposition is saying, get rid of medical cannabis. Don't let the physician have that option at all. Get them on opiates. Every state that has started a, a well-regulated, safe medical marijuana program has seen opiate use decrease, the black market decrease, and actually, from my understanding, recreational marijuana decrease, as well. Let me repeat that. We're talking about saving lives by getting people off of opiates and not getting them addicted to heroin. I am more than willing to give that medical doctor the opportunity to just recommend medical cannabis and he can recommend that in whatever form he or she de-- determines, whether it's the vaporation-- vaporization form, whether it's the flower-in-the-pill form that they can do at home, whether it's through a tincture or an oil, the physician decides. They also decide how much they get. So it's not like this is the-- a willy-nilly, here's a condition, people are gonna come into the Hotel 6 from a medical doctor from Minnesota because they have a toe ache and get medic-- and get medical marijuana. That is impossible in this bill. One of the other ones we talked about with-- I know Senator Storm mentioned autism. It's autism with frequent self-harm or aggressive behavior. Again, Diagnostic Code F84.0, autistic disorder. But then they also have a-- have to have a secondary code for

behavior: non-suicidal self-harm or violent behavior, restless or agitation, other conduct disorder, intermittent explosive disorder. Those are all secondary codes the, the physician has to diagnose them with in order to be eligible. It's not just every person with autism gets this; it's autism specifically with self-harm or aggression, which is a diagnosable code. If you're a physician prescribing this without somebody with that code, you know what that's called? Malpractice. You're now prescribing medication for a non-prescribable condition.

KELLY: That's your time, Senator.

HANSEN: Thank you.

KELLY: Thank you, Senator Hansen. You're next in the queue.

HANSEN: Good. Thank you, Mr. President. One of the other ones, we're gonna go through severe cord injury with ongoing nerve problems. Again, this isn't somebody who has a backache. You can't just have a backache and be on this. I know it was mentioned earlier. For a spinal cord injury with ongoing nerve problems, you would likely use codes from both the S category and the G category. It's an initial injury with ongoing nerve problems, G95.9, may be used if the nerve problems are a result of the spinal cord injury itself, radiculitis. Again, there's a lot that goes into this. A patient with a complete spinal cord injury at the C6 level resulting in ongoing nerve root pain, and radiculitis is an example. Takes a lot for somebody to have that, and it takes a long time for somebody to have that. And again, we're giving the physician the option, hey look, let's not put you on an opiate or a medication that turns you into a zombie and you can't even function. Let's try this first. I think that sounds reasonable. I think it's what the people of Nebraska asked for and the opposition want to take that away because they just don't feel that it's right, or they want to leave it up to a medical commission appointed by the governor-- the governor's two appointees, who aren't elected yet, who are probably the most two staunchly anti-marijuana people that have ever come in front of one of our committees. They've testified openly against medical marijuana, and we appoint them to a committee. We can only assume what's probably going to happen. And I want to touch on maybe some other conditions here, because that's what Senator Ballard wanted me to, to talk about. Severe nausea or wasting. Again, this isn't somebody who just has a tummy ache. Severe nausea or wasting from another serious medical condition. A serious medical condition, particularly under the Family and Medical Leave Act, generally includes conditions requiring inpatient care or continuing treatment--

inpatient care, continuing treatment, long-term conditions, continued treatment, such as-- there's, there's certain conditions that-- this is a very serious medical condition. Imagine somebody who has cancer, they're on chemo medications, they can't eat anymore, they're losing an extreme amount of weight, and now this is-- this gives them the ability to get a certain strain of the medical cannabis that attaches to the cannabinoid system in our body, increases the appetite. That's in certain forms. And so, these aren't-- these are very specific conditions. Cancer, ALS, Huntington's disease, Parkinson's disease, Tourette's Syndrome, HIV/AIDS, Hepatitis C with serious nausea or wasting, epilepsy or seizures, all diagnosable conditions by a physician. 15 of them, that's it. Again, Iowa just says chronic pain. Somebody can go in there with chronic pain, without having to try any of the pharmaceutical medications. And so, I'm hoping that would-- that answered some of, some of Senator Ballard's questions. He did have another question about, if I remember right, the vaping of the product. And so, this is not the vaping we think about when these vape stores or shops that we all have 500 of them in our towns. This is nothing like that, whatsoever. This is not a Delta-8 thing that Senator Kauth is trying to regulate with LB316. This is more of the natural oil substance using very low heat, turning into a vaporization, similar to a nebulizer, that then they can in-- inhale. This is specific for certain people who cannot swallow, with some of these wasting conditions or extreme muscle tightness because of their debilitating disease. The only way they can take it is through sometimes a suppository or inhaling, and so we're giving them the option of that. So it's not vaping at all. That requires high heat, requires a lot of chemicals, a lot of synthetics. This is more the natural oil, and the natural oil has to be within a very strict amount of THC. This is not a high concentration, and none of this can be in a high concentration. I know Senator McKeon read off a story. It was an impactful story, but the whole story had to do with a high concentration of legalized pot from Colorado, when they legalized-- when it had recreational marijuana. This is nothing like that. It's impossible to do under [INAUDIBLE] bill. If the, if the THC level is too high, that has a euphoric effect too much, you burn the whole crop. If it's too low, it has no effect, you burn the whole crop. It has to be very specific. So the vaporization is more like low-heat vaporizing it in so they can kind of inhale it, not vaping it. You know, it, it seems easier to say that. And then when I get on the mic again next time, I'd like to maybe address some of the actually good questions that Senator Bosn had. Her and I sat down for a long time, and I really appreciate her working with me on this. And she has some pretty good recommendations that we are looking at doing in the bill.

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And again, if anybody has any questions or concerns or recommendations about what would make this better, come to me. If you see something that doesn't look right, come to me. Let's look and see what we can change. The people-- we owe it to the people of Nebraska to do this and work together.

KELLY: That's your time, Senator.

HANSEN: Thank you, Mr. President.

KELLY: Thanks, Senator Hansen. Senator Sorrentino, you're recognized to speak.

SORRENTINO: Thank you, Mr. President. First, I'd like to weigh in on the question that Senator Dungan asked of Senator Storm, regarding LB67 and the action we take on it. If LB67-- LB677 were to pass, does it do away with the Attorney General's challenge to the gathering of signatures for Initiatives 437 and 438? No question, legally, it does not do away with that challenge. Can the courts consider the legislative-- Legislature's action on the confirmation of LB677? Yes, they can. Can it perhaps negatively affect the outcome? Perhaps. But to be clear, it does not negate the challenge. It does not negate the lawsuit. That action can move forward. I'd like to talk also about-- a little bit about a-- an issue that we haven't talked about on, on medical marijuana, and that's the inconsistent dosing and quality control as a reason against legalizing medical marijuana. I want to highlight a critical reason why legalizing medical marijuana is problematic, and that's the issue of inconsistent dosing and quality control. Unlike FDA-approved medications, medical marijuana lacks standardization, leading to unpredictable potency and purity. This creates significant risk for patients, undermining the safety and reliability we expect from medicine, and serves as a compelling argument against its legalization. Let's start with what makes a drug trustworthy. When you take a prescription like ibuprofen or insulin, you know exactly how much active ingredients you're getting, down to the milligram. The dose is consistent, tested, and regulated to ensure that it's safe and effective. Medical marijuana, however, is a different story. Whether it's smoked, vaped, or eaten as an edible, the THC content, the psychoactive compound, varies wildly. A 2019 study in the Journal of American Medicine found that THC levels in cannabis pro-- products can differ by up to 50% from what's listed on the labels, if they're labeled at all. This means a patient could take a dose expecting mild relief, instead get experience-- yet experience intense intoxication, or no effect at all. This inconsistency stems from medi-- how medical marijuana is produced and distributed.

Dispensaries are not pharmacies. They often sell products from multiple growers or manufacturers, each with different cultivation methods, strains, and processing techniques. Edibles, for instance, might have, might have uneven THC distribution. One bite could be weak, the next overwhelming. Without federal oversight, there's no guarantee that what's sold is pure or safe. A 2020 environmental health perspectives study found contaminants like pesticides and heavy metals in many cannabis products, posing hidden health risks. For patients, this is a nightmare. Imagine trying to manage a condition like epilepsy or chronic pain where the drug's strength changes every time you take it. Too much THC can cause dizziness, anxiety, or even psychosis. Too little, and the patient gets no relief, potentially delaying effective treatment. This is important. Doctors are left in the dark, unable to prescribe precise doses or predict outcomes. Why do you think LB677 includes a blanket immunity for doctors prescribing this drug? A 2021 Annals of Internal Medicine report noted that healthcare providers struggle to guide patients because of this variability, eroding trust in the medical system. The strains healthcare resources-- this strains healthcare resources and raises costs for everyone. Families, too, suffer when loved ones face unexpected side effects from a drug they thought was safe. Some argue that regulation could fix these issues, but current medical marijuana programs show how hard that is. Even in states with strict rules, testing and enforcement lag behind. Compare that to pharmaceuticals, which undergo years of rigorous scrutiny before reaching patients. Why settle for a system that delivers unpredictable medicine, when we have safer, standardized alternatives for most conditions marijuana is claimed to treat? Thank you, Mr. President.

KELLY: Thank you, Sen-- Senator Sorrentino. Senator DeKay, you're recognized to speak.

DeKAY: Thank you, Mr. President. Earlier today, Senator Hansen asked me a couple questions, and he kind of answered one of the questions for me, later on in a-- speaking, when he was on the mic. And he asked me the question if I trusted my constituents. And I said, yeah, I trust them. And most of them would adhere by the laws that be given to them, but some would not, and that's where the apprehension and that where law enforcement will come in to enact this. But I would ask if Senator Hansen would yield to a couple questions.

KELLY: Senator Hansen, will you yield to questions?

HANSEN: Yes.

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DeKAY: OK. Thank you, Senator Hansen, and I promise not to cut you off. I'll let you answer the whole question.

HANSEN: OK.

DeKAY: First of all, how would that medical card work?

HANSEN: OK. That's a good question. So the medic-- we left some of that discretion up to the Liquor Control Commission or the Medical Cannabis Board to determine what is going to be the makeup of the, the medical card. Typically, what most states have done-- it looks very similar to a driver's license. All right. There's some ability to make sure that's not fraudulent. They have barcodes. You can also use your driver's license, as well, as an ID for medical marijuana, because it has the barcode on there. Because everybody who is-- has a-- is included to be able to have medical cannabis will also be included on the PDMP. Now, if people are familiar with the PDMP, that's the Prescription Drug Monitoring Program. So that is what the State Patrol uses, and it's a very thorough system to control or regulate people who are on controlled substances, such as opiates and fentanyl, and whatever cold medicine there is, too. That's on there for some reason. But we're, we're saying in the bill that if, if you have medical cannabis, you will also be included on the PDMP system. So any time you go somewhere to get a recommendation, the physician is gonna be on the PDMP system when they recommend it, and so will the patient. So if you go to a dispensary, then-- and you get your, you know, recommendation, prescription, then it's included on the PDMP system, so you can't go to the next one next door and get more. Right. You're red-flagged, the State Patrol is showing up at your door. If you're a medical doctor who's prescribing too much of it, you're gonna be flagged, State Patrol is knocking on your door.

DeKAY: Thank you. So with that card, does it say that you have to buy the medical marijuana from a dispensary, or does where you buy the 2 ounces, does it show up on the bag or the container it comes in that this was purchased at a dispensary, or how does that work?

HANSEN: Yes, you mean-- so like, for instance, like a prescription bottle somebody would get for something like this? Again, we're trying to keep it as close to a pharmaceutical medication as we can, so whatever container they get this in includes all of that relevant information. You know, all of your identifying information, where you got it from, who prescribed it, it also has a barcode on there, then-- that anyone can scan-- law enforcement, any time, look at the PDMP, and then look at the seed-to-sale tracking system, something I'd kind

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of like to talk about a little later-- talking about where all this kind of came from. So there's a lot of information, more than any pharmaceutical medication, even an opiate that we have, is included on that container, so then nobody can carry that around except for you.

DeKAY: So if somebody wasn't going to be completely honest with it, could they pick up a couple ounces from a, a dealer down the street from them, and say, hey, I-- the bag got ripped. I put it in this container. I got the card. I can carry 2 ounces, and that makes them immune to being prosecuted on that?

HANSEN: No, they can be prosecuted, just the, just the same as if you had a prescription bottle for opiates. All right. You know? Then, then all of a sudden, you got it from a friend and put it in your pill, pill bottle. Same thing. They find out that it's done illegally-- the thing with the seed-to-sale tracking system, they can find out exactly what you have, the THC content in it, what kind of form it's at, and where it came from. So they can actually have some identifying information about what you're supposed to have in that container, even versus a controlled substance such as fentanyl and opiate. A lot of times it's more difficult to find out where it came from.

DeKAY: I do have one more question, if you'd yield.

HANSEN: Yep.

DeKAY: I-- just a little bit ago, you talked about smoking being very similar to an en-- "en-nebulizer." If that's the case, why don't we just use the "en-nebulizer," rather than having smoking as an option?

HANSEN: We didn't want smoking as an option, and neither did the committee. That's why I explicitly said we-- it's-- you're breaking the law if you smoke the flower part, right? But there's a lot of-- like Senator Ballard mentioned, a lot of other conditions people use the flower for more naturally, because it has more of the cannabinoids in it. It has a more of a natural approach, and some people don't like-- they're allergic to some of this-- maybe the va-- the vaporization form or the nebulizer form, so they want more of the flower, but we specifically say you can't smoke it.

DeKAY: OK. Thank you. I yield back the rest of my time.

KELLY: Thank you Senator DeKay, Senator Hansen. Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President. Well, let me speak on a couple of things. First, I think earlier, Senator Storm mentioned the bank-- banking restrictions. They are significant, because there are federal laws that prohibit the sale and possession of cannabis. And so we are, we are at the position to where we cannot loan money to someone who will be using a building to grow marijuana in. We have to make sure that they-- if we loan money to someone, they can't-- that they are not leasing the building to someone that's growing marijuana. We cannot open a bank account for them and take drug money to be deposited, and we have reporting responsibilities for cash amounts, certainly over \$10,000, we have to report that with the SAR. So there are significant banking regulations. The banking community has tried to change that for some time, to no avail. Our view is if this is going on and if it's going to be allowed to go on and going to be ignored by the federal law enforcement, then why are we caught up in the middle? But at this point, we still are. There's been a lot said about the ballot initiatives, the, the bill, all of these pieces. And so I just want to go back and remind people what did the ballot initiative say. So initiative measuring-- Measure 437 said: A vote for will enact a statute that makes penalties inapplicable under state and local law for the use, possession, acquisition, or an allowable up to five ounces of cannabis for medical purposes by a qualified patient when a written recommendation from a healthcare practitioner and for a caregiver to assist the qualified patient with such activities. That's LB437 [SIC]. 438 says: A vote for will enact a statute that makes penalties inapplicable under state law for the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered private entities, and that establishes a Nebraska Medical Cannabis Commission to regulate such activities. So, there's nothing in here that says the whole plant. There's nothing here that says the flower. I get a kick out of leading-- reading something in the bill that sell it's illegal if you're going to buy cannabis if the intended use of the canna-- if the intended use is smoking. Well, I don't know that the cannabis has an intended use. I mean it seems rather crazy that-- if the intended use is. OK. Well, it's not. So then, it gets smoked later. Well, it wasn't the intended use. To think that saying you can have this in the privacy of your home but you can't smoke it, and that's going to hold up, trust me, I've got some bridges in California to sell you if you're gonna buy that. That is the craziest thought that somehow, that's going to restrict people from smoking it. So, it's always good to not be confused by what's in the bill and what's been authorized by the voters. By the way, the bill says 2 ounces, the will of the people was 5 ounces. Have we changed the will of people? It also says that it

establishes a Nebraska Medical Cannabis Commission to regulate such activities. So I'm back again. Why are we getting in the middle of this? Let the commission do their job. And if we have a problem later with what they did, we can get involved. So this bill is not necessary. We've already set up the commission. We're doing exactly what the people voted for. Vote to reconsider, to indefinitely postpone this bill. Senator Hansen said he would, he would be willing to wait until the, the things get done with the legal-- with the courts. That's fine. I agree. So pull the bill, bring it back in January, see what the lay of the land is then. We'll deal with it then if we have to. Thank you, Mr. President.

KELLY: Thank you, Senator Jacobson. Senator Hallstrom, you're recognized to speak.

HALLSTROM: Mr. President, members, thank you. When I was last on the mic, I was responding to a couple of comments, one by Senator Hansen, that not doing anything only hurts law enforcement, and Senator John Cavanaugh, suggesting that the law enforcement letter and the AG letter was only referring back to the ballot initiative and not to the amendment to LB677. Just a couple more items to touch on in that respect. One is that the letter suggests that there were serious enforcement problems. One is the fact that there are in-state and out-of-state practitioners allowed to make written recommendations. Again, I don't believe that was part of the initiative, but it certainly is part of the bill. The fact that there's civil and criminal immunity for healthcare practitioner recommendations is something, again, that I don't believe was in the initiative, but is clearly in the amendment, and there's no procedure for revoking improperly issued registration cards. So those are all law enforcement concerns. Even more, in, in regard to that is the fact that it's going to make it difficult for searches and arrests, with regard to the uncertainties as to who is in possession. Are they in possession of medical marijuana? It extends to those that are in the presence of those that have a registration card. Those are all difficulties for enforcement, for the law enforcement officials, all of which come with regard to the amendment itself. And then final-- finally, with regard to the licensing requirements, the vertical licensing structure was not even a glimmer in the eyes of those who drafted the initiative, so it's clearly come about from the aspect of the amendment itself. And that allows a company to be part of each aspect of the supply change. That contrasts with our three-tiered system of regulating the sale of alcohol in Nebraska and a dramatic change that was promoted, as I understand it, with even some favorable scoring in the amendment to favor naturally out-of-state companies who have experience with

medical marijuana, since we have none of those companies in Nebraska. I'll probably hope to get on the mic one more time, but I do want to talk a little bit about the pending litigation. One of the issues that we have, there's an appeal to the Supreme Court from the Lancaster County District Court, with regard to whether or not there were sufficient number of valid signatures to allow the initiative to be on the ballot in the first place. We've talked a little bit about the underpinning of that litigation. It has to do with malfeasance and actual fraud in the notarization of signatures. There is a case in Nebraska, Barkley v. Pool, that long time ago held that if there was fraud or malfeasance in the circulators' gathering of petitions, that all of those signatures were deemed to be tainted, if you will, and therefore, the burden of proof shifted to the circulator or to the organizers of the petition initiative to prove that those signatures were, in fact, valid. The core issue that's at, at, at hand in the case that's being appealed to the Supreme Court is whether that same shifting of burden of proof applies to notaries. And there were some admonishments, in terms of naming names or talking about individuals who may have been involved in the fraudulent no-- notarial activities. But rested assured, that if you read the briefings from either the Lancaster County District Court originally or the Supreme Court appeal, you can see many activities that were not in line with the requirements of a notary public. I've only got about a half a minute left, but the primary objective and, and requirement under the law for a notary is that every signature, acknowledgement, or attestation must occur in the presence of a notary. And there are countless indications through emails that were discovered and noted in the briefs. That there were many petition signatures that did not have the requisite affidavit of the circulator and all of the requirements that were attested to in the presence of a notary public. But the notary public acknowledged those and even acknowledged some circulator affidavits that were not even signed by a circulator. And I will finish up with--

KELLY: That's your time.

HALLSTROM: --that later. Thank you.

KELLY: Thank you, Senator Hallstrom. Senator Lonowski, you are recognized to speak.

LONOWSKI: Thank you, Mr. President. Marijuana ruined my life. A story about some parents who put their child on, on medical marijuana. Then he eventually graduated to recreational marijuana, then he took his life at age 29. Birth defects in Colorado linked to medical marijuana. Hospitals reporting more Colorado babies being born THC-positive.

There's a man by the name of Matt out in the hall, got his little 7-year-old son with him. His son has epileptic seizures all the time. Matt's a former Army guy. Doesn't believe in using marijuana or any other illicit drug, for that fact. But now he's pushing for some form of medicinal marijuana to help his son. He gave me a complex chemical compound of what his son needs, between the amount of THC and the amount of everything else. I promised him we'd do our best to get, get this straightened out. Last thing he said, under no conditions do we want smoking marijuana as medicine. What I'm about to read is cannabis marijuana use disorder. Marijuana is gaining Uni-- is gaining popularity in the United States, as individual states have moved to make the drug legal. But cannabis may have harmful long- and short-term effects, such as paranoia and memory loss. And it can be addictive and disruptive as a user's-- in a user's life and in his relationships. Synthetic cannabinoids, compounds manufactured to replicate individual chemicals found in cannabis, are much more potent than cannabis and therefore, could be more dangerous. Doctors at Yale Medicine treat patients for cannabis use disorder and are conducting leading research to advance therapies to treat it and better understand the effects of cannabis on the brain. What is the difference between cannabis and synthetic cannabinoids? Cannabis is the plant that contains compounds called cannabinoids. Some, some cannabinoids are psychoactive, meaning they act on the brain to modify mood or consciousness. Cannabis is used, smoked, or vaporized and inhaled. It can also be consumed via tea, baked goods, candies, or other edible means. Like the naturally-occurring cannabinoids present in a cannabis plant, there are a number of synthetic cannabinoids that are made in a laboratory. Two synthetic cannabinoids are approved for use by the U.S. Food and Drug Administration to treat nausea and vomiting induced by chemotherapy, both available in capsule form. Other synthetic cannabinoids that are not legal have gained popularity in recent years. Those synthetics are often sprayed or dried plant materials for smoking and sold under the name of Spice and K2. The synthetic cannabinoids generally have much stronger effects than cannabis. What are the risk factors for cannabis use disorder? About 10% of people who began smoking cannabis will become addicted, and 30% of current users meet the criter-- the criteria for addiction. People in mid to late adolescence are most likely to begin using cannabis. Some genetic studies suggest that developing cannabis addiction is heredi-dary-- hereditary. A Yale medicine-led study identified several gene variants that increase risk of cannabis dependence. What are some negative consequences of cannabis use disorder? Regular or heavy use of cannabis can result in the development of tolerance and dependence. A person will need more and more marijuana to achieve the same effects

that he had early on. Adolescence, a period during which the brain is undergoing many changes, is an extremely poor time for young people to try the effects of marijuana. Cannabis use in adolescence has been reported to increase the risk of schizophrenia. Because cannabis is typically smoked, long-term use may be harm-- may be harmful to the lungs. Marijuana also appears to be associated with deficits such as memory and attention problems. We must make sure that we approach this condition carefully.

KELLY: That's your time, Senator.

LONOWSKI: Thank you, Mr. President.

KELLY: Thank you Senator Lonowski. Senator Fredrickson has some guests under the north balcony. They are Eric and EJ Rodawig from Omaha. Please stand and be recognized by the Nebraska Legislature. Senator Storm, you're recognized to speak.

STORM: Thank you, Mr. President, a couple things here I want to address. First of all, the VA and the DOD both strongly recommend not using cannabis for PTSD-- very easily looked up. They don't, they don't recommend that. Senator Holdcroft sent out a paper about that, as well. Another thing I want point out, and, and Senator Hallstrom touched on this, on AM1251, the white sheet amendment to LB677, in Section 77, it says, a healthcare practitioner shall not be subject to citation, arrest, prosecution, or penalty in any manner or denied any right or privilege including but not limited to being subjected to any civil penalty or disciplinary action by the Department of Health and Human Services or by any other occupational or professional licensing board solely for providing a written recommendation or stating that in the healthcare practitioner's professional opinion, the patient is likely to receive therapeutic or palliative benefit from use of cannabis to treat or alleviate a patient's qualifying medical conditions. So doctors under, under this bill have no liability. So if a pregnant girl or woman goes into the clinic and this doctor says, you have this-- an ailment. I think it'd be good for you to take marijuana, and there's issues with her or her baby, that doctor is now not liable. It's not a good thing. I also want to point out, there--there's no prescription with this. I think that's been said a couple times, there's a prescription. There's no prescription. At best, a doctor in this state would say that you have a qualifying condition and that's it. They're not going to prescribe anything. They're going to say you have chronic pain or you have epilepsy or you have whatever, and that's it. That's where the doctor care stops. They're not going to have, they're not going to have a relationship

with that parent to oversee them and what they're being dosed with. The seed-to-sale tracks the industry. It does nothing for the patient. It does not track the patient, so we're just, we're regulating this under LB677, like alcohol, like the Liquor Control Board, not like a medicine or what a doctor would with a patient. I think that we need to make that very clear. Also, I wanna bring up about-- an argument to have medical marijuana is that it lowers the use of opioids. So I'm going to read this to you if I have time to get through this. This is one of the, one of the issues here. Marijuana legalization will solve the opioid crisis. I keep hearing that from people. If anything, legalizing marijuana may make the opioid crisis even worse. As it turns out, marijuana use increases the risk of other substance use disorders. Rather than serving as a substitute for opioids, research suggests that marijuana functions as a champion drug, companion drug, that people take alongside others. In a 2018 study in the American Journal of Psychiatry, comprising more than 33,000 people found that cannabis use appears to increase rather than decrease the risk of developing nonmedical prescription opioid use and opioid use disorder. A 2018 study in the pain medicine-- in pain medicine found that concurrent use of cannabis and opioids by patients with chronic pain appears to indicate higher risk of opioid misuse. A 2017 study of patients who used marijuana for lower back pain found that patients using cannabis for pain relief are more likely to meet criteria for substance abuse disorders and to be non-adherent with their prescribed opioids. Marijuana interferes with pain management. Truly does. So that-- such that those who use marijuana for pain develop higher tolerances and thresholds. It is not surprising, then, that many turn to other substances. A 2018 study published in the Patient Safety in Surgery found that marijuana use, especially chronic use, may affect pain response to injury by, by requiring greater use of opioid analgesia. Another study published in The Lancet found that people who used cannabis had greater pain and lower self-efficiency in managing pain, and there was no evidence that cannabis use reduced pain severity or interference or extended an opioid-sparing event. Legalization advocates sometimes cite collateral data indicating that opioid deaths have decreased in states with medical marijuana programs. However, as the editors of the journal, Addiction, point out, this is like reasoning, this is like reasoning that because ice cream sales are positively correlated with the number of drownings, the higher ice cream sales cause more drownings. They note that the-- that better controlled studies have shown that the relationship between medical cannabis laws and opioid overdose deaths persist when controlling as best--

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KELLY: That's your time, Senator.

STORM: --they can using state-level data. Thank you.

KELLY: Thank you, Senator Storm. Senator Rountree, you're recognized to speak.

ROUNTREE: Question.

KELLY: The question's been called. Do I see 5 hands? I do. The question is, shall debate cease? All those in favor vote aye; all those opposed vote nay. There's been a request to place the house under call. All Senators, please record your presence. All unexcused senators outside the Chamber, please return and record your presence. All unauthorized personnel, please leave the floor. The house is under call. The question is, shall the house go under call? Record, Mr. Clerk.

CLERK: 23 ayes, 3 nays to place the house under call.

KELLY: The house is under call. Senators, please record your presence. All unexcused Senators, please return and record your presence. All unauthorized personnel, please leave the floor. The house under call. Senator Conrad, please return to the Chamber and record your presence. The house is under call. All unexcused members are present. There is a vote open to cease debate. Senator Rountree, will you accept call-ins? Thank you. Mr. Clerk.

CLERK: Senator Dungan, Senator Dungan voting yes. Senator Brandt voting yes. Senator Hardin voting yes. Senator Hunt voting yes. Senator Lonowski voting no. Senator Dorn voting yes. Senator Conrad voting yes. Senator Guereca voting yes.

KELLY: Record, Mr. Clerk.

CLERK: 25 ayes, 5 nays to cease debate.

KELLY: Debate does cease. Senator Storm, you're recognized to close on your motion.

STORM: Thank you, Mr. President. Is this 5 or 10? 5?

KELLY: 5 minutes.

STORM: OK. Thank you. I want to read about tax revenue. And this is another thing that's been talked about, that, you know, marijuana will

be great for tax revenue. And this is from the City Journal. With illicit activities metastasizing, legalization has not produced the expected revenue bonanza for states. In 2023, total tax revenue attributed, attributed to pot were just \$3.8 billion spread among 24 states, an average of only \$160 million per government, and that figure does not include corresponding reductions in other revenue. The Federal Reserve Bank of Kansas City estimated that states legalizing pot see, see roughly a 7% decline in tax collected from alcohol or tobacco sales, something Senator, Senator Sorrentino spoke about earlier today. The net state tax gains from the drug thus average only about \$14 per capita. This has led to fiscal-- physically dubious and ethically questionable programs to jumpstart legal pot with taxpayer subsidies. California's Legislature set aside \$100 million in '21-- 2021, to support the state's well-regulated cannabis market. The lawmakers wanted to use the money to help marijuana entrepreneurs navigate the state's licensing and environmental regulations. California added another \$20 million in 2023, hoping to expand legal sales in undeserved area-- underserved areas. Ironically, one reason legal pot is spreading slowly in the state is that nearly two-thirds of the localities have banned weed stores. In other words, California state government is dictating taxpayer money to, to boost an industry that's struggling because many communities want nothing to do with it. Keep in mind, it's federally illegal, Schedule, Schedule I drug. In 2023, Illinois, Illinois began delivering \$34 million in seed money-- no pun intended-- for, for floundering entrepreneurs to open pot dispensaries, with the average startup cost of \$1 million to start a dispensary or growing operations, costing up to \$5 million in pre-opening investment. And like Senator Jacobson said, banks aren't going to loan people money to do this. It's going to have to come from somewhere. It's not going to come from a bank. The subsidies are riddled with contradictions. After aspiring legal cannabis firms in Massachusetts sought government support, the state had to interject another \$27 million into a program aimed at helping entrepreneurs. It justified the money as social equity fund, targeting communities disproportionately harmed by marijuana prohibition and enforcement. Officials didn't clarify whether the harm referred to the old war on pot, which was supposed to end with the legalization, or the crackdown on the new black market. Springfield police recently raided four homes involved in illegal cultivation, estimating that each contained over \$1 million in marijuana. One operation was valued at \$28 million. Efforts to expand the industry under the banner of social equity raise uncomfortable questions. In 2023, New York Governor Kathy Hochul announced \$5 million plan to subsidize community college courses and credentialing programs to promote employment in the emerging cannabis

industry. Illinois similarly has a community college cannabis vocational program. Critics charge that such initiatives, combined with funding to boost pot businesses in underserved areas, could raise risk of harmful outcomes in vulnerable communities. Community colleges disproportionately, disproportionately serve minority students. State-funded school programs encourage employment in the industry, can further normalize use and sale of pot in such populations. Three addiction experts recently wrote in the American Journal of Public Health: State governments are now asking the federal government for, for financial aid to support their struggling pot industries. A group of democratic senators from these states with legalized, with legalized weed is pushing for the small business administration to authorize and guarantee loans to pot companies, a practice currently banned. So my issue is this isn't going to be a big windfall for the state to bring marijuana in here. If it's going to be medical and the people wanted that, that's what it should be. It should be contained as medical marijuana and not looked at as how much tax revenue can we get into the state of Nebraska, not to also mention the social ills that are going to come with wide use of--

KELLY: That's your time, Senator.

STORM: --cannabis. Thank you.

KELLY: Thank you, Senator Storm. Members, the question is the motion to reconsider. All those in favor vote aye. There's been a request for a roll call vote. Mr. Clerk.

CLERK: Senator Andersen voting yes. Senator Arch not voting. Senator Armendariz voting yes Senator Ballard not voting. Senator Bosn not voting. Senator Bostar. Senator Brandt voting no. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh voting no. Senator Clements voting yes. Senator Clouse voting no. Senator Conrad voting no. Senator DeBoer voting no. Senator DeKay voting yes. Senator Dorn voting no. Senator Dover voting no. Senator Dungan voting no. Senator Fredrickson voting no. Senator Guereca voting no. Senator Hallstrom voting yes. Senator Hansen voting no. Senator Hardin voting yes. Senator Holdcroft not voting. Senator Hughes voting no. Senator Hunt voting no. Senator Ibach not voting. Senator Jacobson voting yes. Senator Juarez voting no. Senator Kauth-- sorry, Senator-- voting yes. Senator Lippincott voting yes. Senator Lonowski voting yes. Senator McKeon voting yes. Senator McKinney voting no. Senator Meyer voting no. Senator Moser. Senator Murman not voting. Senator Prokop voting no. Senator Quick voting no. Senator Raybould voting no. Senator Riepe not voting. Senator Rountree voting no. Senator Sanders voting yes.

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Senator Sorrentino voting yes. Senator Spivey voting no. Senator Storer voting yes. Senator Storm not voting. Senator Strommen voting yes. Senator von Gillern voting yes. Senator Wordekemper voting no. Vote is 16 nays, 23 nays, Mr. President, to reconsider.

KELLY: The motion to reconsider is not adopted. I raise the call. Mr. Clerk.

CLERK: Mr. President, General File, LB677, introduced by Senator Hansen. It's a bill for an act relating to cannabis. It amends Section 28-439, 53-105, 53-106, 53-110, 53-111, 60-6,211.08, 77-2701.48. 77-2704.09, 77-4303, 81-2,239, 81-2,236 [SIC - 81-2,263], and 81-2-- 81-1021, Reissue Revised Statutes of Nebraska, and section 28-416, 71-5727, 77-2701.02, and 77-27,132, Revised Statutes Cumulative Supplement 2024, and section 1, 3, 4, and 5, Initiative Law 2024, No. 438 ; changes provisions of the medic-- Nebraska Medic-- Medical Cannabis Regulation Act; changes provisions relating to controlled substances and drug paraphernalia and the Nebraska Liquor Control Commission, its commissioners, executive directors and employees; defines terms; proposes special sales and use tax rate on sales of medical cannabis; provides for the distribution of tax revenue; prohibits possession of an opening container of cannabis in a motor vehicle; provides for the applicability of the Nebraska Clean Indoor Air Act and the Nebraska Pure Food Act; removes medical cannabis from the marijuana and controlled substances tax; provides for unmarked vehicles; eliminates obsolete provisions; harmonizes provisions; repeals the original section, outright repeals section 28-463, 28-464, 28-465, 28-466, 28-467, 28-468, and 28-469, Reissue Revised Statutes of Nebraska, and sections 2 and 6, Initiative Law 2024, No. 438; and declares an emergency. The bill was read for the first time on January 22 of this year and referred to the General Affairs Committee. That committee placed the bill on General File with committee amendments, Mr. President.

KELLY: Senator Holdcroft, you're recognized to open on the committee amendment.

HOLDCROFT: Thank you, Mr. President. General Affairs Committee voted 5-3 to adopt AM1251 to LB677. AM1251 represents a compromise by the committee as a way to advance LB677 to General File for debate. This amendment includes a list of qualifying conditions for the appropriate treatment or alleviation with medical cannabis. It refines the permissible forms of medical cannabis use by restricting smoking, revises the 5-ounce cannabis limit to specify that no more than 2 ounces of the total can be in the form of dried flower or bud.

Specifically, it clarifies that the use of dried flower or bud is intended solely for the production of cannabis-infused edibles, concentrated cannabis, ointments, tinctures, and transdermal patches. Additionally, AM1251 includes less controversial provisions in it-- in this amendment, such as pushing back regulatory and licensing deadlines, modifying qualifications of a qualified healthcare practitioner, requiring at least one appointee to the Nebraska Medical Cannabis Commission to be a healthcare practitioner, adding a 5.5% sales tax to medical cannabis, directing tax revenue to the property tax relief, and other additional guidelines of regulating medical cannabis. I'd also like to just clarify a few things, because I've heard out there-- first, people have referred to this as a 122-page amendment. Well it's actually a white copy amendment, which means it includes the original bill. So the original bill was also 122 pages, so the amendment actually is-- probably makes it a little smaller than it was initially. We've already talked about the key change is the ailments. There are 15 ailments. Senator Hansen has already gone through those in some details. We did-- those came primarily from Senator Wishart's bill from 2 years ago, which was coordinated by the Nebraska Medical Association. And we ran them by-- again, by the Nebraska Medical Association just a, a few months ago. And they confirmed for each ailment that med-- cannabis-- medical cannabis was an effective treatment for those ailments. We also-- the other big change was the delivery methods. No smoking. So, it's there about 3 times, no smoking. That's the way it was-- the original amendment was in the committee; could not get it out of committee without adding some issuance of flower. So we reduced it, again, from 5 ounces down to 2 ounces of flower. But again, we reiterate it is against the law to smoke it. You can use it in, as I've listed here, in edibles, concentrated cannabis, ointments, tinctures, and transdermal patches. I had one mother tell me that she actually encapsulates it into a pill for her child, and so it's easier for her to, to swallow. So, inhaling, we talked a little bit about inhaling. If you look at 238, you will find the term inhaling. Inhaling is a method of inducing the medical marijuana into your body. It doesn't say smoking, it says inhaling, and that's why we've included the vaping and the nebulizers in the amendment. All of this is, you know-- and part of LB677 and the reason it went to the Liquor Control Commission was because it-- we were looking to regulate this similarly as we do with alcohol, which is a 3-tier system. So you have the producers, you have distributors in the middle, and then you have the retail, and that's 3 tiers. That is the way we regulate alcohol in Nebraska. Similarly, for cannabis, we would have the growers, we would have those who are doing the processing in the middle, and packaging, and then you would have the

dispensaries, 3-- a 3-tier system, similar to our alcohol system. Now there are some-- and it's not-- the, the bill also allows for up to 10 dispensaries per congressional district. So that was going to be the way that we ensured that there was a proper dispersal across the state of Nebraska, so that everyone would have access. And we did allow, I think it's up to 5 vertical licenses, which means one organization could do all 3: the growing, the packaging, and the dispensing. And that has caused some issues with-- that just-- it makes it easier to go on to a recreational-type system. See what else I wanted to mention here. I guess that's about it, and I'd like to yield the rest of my time to Senator Hansen.

ARCH: Senator Hansen, 4 minute, 30.

HANSEN: Thank you, Mr. Speaker. All right. Again, appreciate all the questions, colleagues. This is good. Constructive discussion so far, and so I want to address a little bit of kind of what Senator Bosn brought up. I think she had some really good questions and recommendations about how we can actually tweak some of the bill to make it more appropriate, something we can do between General and Select File, if we're able to get there. She had some questions about impaired driving. And so, I just want to read this real quick. It might provide a little clarity about what law enforcement will do when it comes to somebody who is under the influence of THC, whether within the confines of their prescription or too much of what they have. Most DUI arrests-- because this would be driving under the influence. Most DUI arrests begin when a driver is pulled over by the police after he or she is observed committing a traffic violation. The driving conduct itself can be used as evidence of impairment, such as where a driver is weaving extensively or running stop signs or red lights. In other cases, there may be no evidence of impaired driving, such as where a driver is stopped for an equipment violation such as a cracked windshield or faulty brake light, or where the driver is stopped as part of a DUI checkpoint operation. The officer will speak with the driver and may form an opinion that the driver is under the influence of marijuana, based on objective evidence such as the smell of marijuana-- again, if they smell it on you, you're smoking it, that's illegal-- physical symptoms of marijuana intoxication, or the driver's own admission to recent marijuana use. Once the officer, officer has identified these signs, the officer may call a drug recognition expert officer-- another important part of law enforcement and how they determine things-- to assist in the investigation. These officers receive specialized training in recognizing the symptoms of drug intoxication. The driver will be asked to participate in a field-- a series of field sobriety tests designed to determine impairment. The

officer's notes regarding the driver's performance on these tests can be used as evidence of impairment. After the driver is arrested for DUI, he or she will be asked to submit to chemical testing. Unlike drivers tested for DUI offenses where alcohol use is suspected, DUI marijuana drivers are not given a choice between breath test and a blood test. There currently is no breath test designed to measure for the presence of marijuana, so the driver would have to submit to a blood test. So there is, again, a very nuanced approach to what the officer has to go through to determine if these people are under the influence of marijuana, where they are impaired to drive. This would be very similar to somebody who is taking a narcotic, and if you read the side of the bottle, it says, do not operate heavy machinery, because you might get tired and you might start weaving out of traffic. Very similar to this. If you're not following the confines of the prescription such as recommended to you, where you now are impaired enough to-- too much to operate a vehicle, you're going to be in trouble. Same thing as a pharmaceutical medication. And law enforcement has very specific ways to tell whether someone is impaired or not. And we also do it in statute, under 60-6,196, talk about driving under the influence with alcoholic liquor or drugs, so they do have the right to enforce this. One other thing that she mentioned is, should we do something or let the commission make all the rules? Again, colleagues, I'm going to reiterate here, we've never done that before. When a commission is created, especially one that will have this much oversight, allowing them to create all the rules and regulations-- and if they can create more rules and regulations that's in 125 pages of statute with over 90-some sections, more power to them. I mean, but also allow the people to get what they need. And so, I feel, again, it's our job to listen to our constituents, our job to represent them, and our job to make sure that we can pass the laws that they are asking for us to do: to put in guidelines for the Medical Marijuana Commission. When I'm on the microphone again, I'd like to touch on a little bit of what some of the other colleagues said, and maybe provide some more clarity for some questions that they had, as well. Thank you, Mr. President.

ARCH: Mr. Clerk, for a motion.

ASSISTANT CLERK: Thank you, Mr. President. Senator Storm would move to bracket LB677 until June 9, 2025.

ARCH: Senator Storm, you're recognized to open on your bracket motion.

STORM: Thank you, Mr. President. With California's 4-year-old legal marijuana market in, in disarray, the state's top prosecutor said

Tuesday that we will try a new, broader approach to disrupt illegal pot farms that undercut the legal economy and sow widespread environmental damage. The state will expand its nearly four-decade, multi-agent, seasonal eradication program, the largest in the U.S., that this year, scooped up nearly one million illegal marijuana plants, into a year-round effort aimed at investigating who is behind illegal grows. The new program will attempt to prosecute underlying labor crimes, environmental crimes, and the underground economy centered around illicit cultivation, said Attorney General Rob Bonita [SIC]. And that's a misconception I keep hearing from some people, is that, that this will help to keep the black market at bay if we enact this. My argument is that the black will grow. As you bring marijuana into your state, medical or recreational, that really helps the illegal black market industry grow within a state, which also brings in organized crime and the cartel. People need to understand that. Why would you go down to the corner shop and buy marijuana that you pay taxes on, when you could go to the local drug dealer down the street, who has an illegal grow or obtains it somewhere else, and you pay no taxes? People don't quite understand that. That, that is what brings-- comes in with, with marijuana. And you can try to regulate it all you want and it's still going to be difficult, especially when in the flower, in the bud form. That's where-- that's the linchpin to this whole recreational industry, is what people can smoke. And this is just from other states I'm reading this to. The illicit marketplace outweighs the legal marketplace, Bonita said. It's upside down, and our goal is to complete-- is the complete eradication of the illegal market. In keeping with the new approach, the annual campaign against marijuana planting camp program started under Republican Governor George-- I can't say it-- in 1983, will become a permanent eradication and prevention of illegal-- illicit cannabis task force, Bonita said. Camp began in a-- camp began in a very different time, a different era, a different moment during the failed war on drugs, at a time when cannabis was still entirely illegal, Bonita said. Yet they're bringing this back, because the illegal market is exploding in these states that are bringing marijuana in. The seasonal eradication program, which lasts about 90 days each summer, still will continue with the cooperation of other federal, state, and local agencies. They include the U.S. Forest Service, U.S. Bureau of Land Management, U.S. Drug Enforcement Administration, the National Park Service, the California Department of Fish and Wildlife, California State Parks, California National Guard, and some of which will also participate in a new task force, he said. How much do you think that costs the state of California to do that? How much is that going to cost Nebraska? So we bring this into our state, there is-- this isn't

going to be a zero-sum game. We're going to have to pay to, to try to hold back the illegal drug market and the cartel in Nebraska. The task force will work with State Department of Justice, prosecutors, the Department of Cannabis Control Sector, and its existing tax recovery, and the underground economy task force that was created in law in 2020, all with the goal of filing civil and criminal cases against those behind illegal growing of marijuana. Federal and state prosecutors in California have long tried, without success, to target the organized crime cartels behind the hidden farms, rather than the often itinerant laborers hired to tend and guard an often remote marijuana plot scattered across public and private land. The laborers frequently live in crude camps, no running water or sewers, and use caustic pesticides to kill animals that might otherwise eat the growing plants. But the pollution they leave behind is spread downstream water supplies, and pesticides can spread up through the food chain. The workers are victims of human trafficking, Bonita said, living in squalored conditions, along-- alone for months on end, with no way out. These are not the people who are profiting from illegal cannabis industry. They are being abused. They are the victims. They are the cogs in a much bigger and more organized crime machine. For example, about 80% of the 44 illegal grove sites found on and around the Bureau of Land Management properties this year were connected to drug trafficking organizations. It's clear that there's a big-- there's big challenges with respect to organized crime, Bonita said. But he said he expects better results this time because the new, year-round effort by multiple agencies will make a big dent, a big, a big splash, and lots of noise about our common priority to address the illicit marketplace, including at the highest levels. Bonito [SIC] is running to keep his job from Republican challenger and former federal prosecutor, Nathan, Nathan Hochum [SIC], in next month's election. He has taken a familiar recent approach by Democrats nationwide in concentrating on dealers who provide illegal drugs, rather than the users who support the underground economy. So this is going to bring the Wild, Wild West, I commonly hear from my colleagues around here. This is-- unless this is really contained to be as medical as we possibly can do it, it is going to be the Wild West. The big industry loves-- marijuana industry wants to see us expand this, and right behind the legal recreational industry is the cartel. And that, that is what's coming. And that's why 54 law enforcement officers are, are against this. The sheriffs are adamantly against this. And very difficult, when, when Senator Hansen talks about driving under the influence, driving under the, under the influence for alcohol, easier to detect than marijuana. Much more difficult with marijuana. When you smoke marijuana or ingest marijuana, it stays in your bloodstream for

30 days. 30 days, it's in your system. So you're out driving around, and, and you could be pulled over for anything, and they could say, well, we can test you for marijuana. It could be in your system. Also, keep in mind, too, the workers in this state who have a med-- a medical marijuana card, ingest marijuana, they're gonna go to the workplace, to your businesses, and that marijuana is gonna be in their system for 30 days. They're going to be running-- driving trucks, forklifts, around equipment, any of that, and that-- we've now brought that into the-- this system here. So it's a whole different animal in a sense, compared to alcohol. And so that's why when we hear about law enforcement, and Senator Hansen talked about specialized law enforcement agents to detect people who are under the influence for marijuana and driving, who can afford that? Can the small towns in Nebraska afford that type officers? What's the cost to the local police departments, sheriff departments to do that? Once again, this is not going to be a zero-sum game. Once again, all the more reason to keep true guardrails up on this industry, very important we have to do that. So I do hope that does dispel some of the mistruths about this will do away with the, the, the illicit market if we have, you know, LB677. With that, I yield the rest of my time.

ARCH: Turning to the queue, Senator Storer, you're recognized to speak.

STORER: Thank you, Mr. President. Senator Guereca, would you yield to a question?

ARCH: Senator Guereca, will you yield?

GUERECA: Yes. I was--

STORER: I saw you trying to escape. I needed--

GUERECA: Ah, yeah, almost made a clean getaway.

STORER: Senator Guereca, I just have one very, very simple question. Yes or no, do you believe the voters understood what they were voting on when they voted for 438?

GUERECA: Do I believe the voters understood what they were voting on when they voted for 438? I think the voters voted to support medical marijuana. Yeah.

STORER: So you, you do believe they vote-- they knew what they were voting on, when they voted for 438?

GUERECA: I think they voted to support medical marijuana.

STORER: So, thank you, Senator Guereca, for not answering that question. My point, once again, and I'm going to keep driving this home, why are we here even talking about LB677? We have heard over and over in this session, from folks who are opposed to this body making any changes or tweaks to ballot initiatives, because they believe that we need to uphold the will of the voters. And, and I agree that we need to uphold the will of the voters. So my question is why some of those, those same individuals are now a proponent of LB677 and its amendments, which would be sending the message that the voters did not exactly know what they were voting on, when they voted for 438. So it's just-- the hypocrisy makes me a little crazy. You can't have it both ways. Either people know what they're voting for or they don't know what they're voting for, or you believe that it is the right or the obligation of this body to tweak ballot initiatives, or you don't believe it is. But, but in this case, this is unique so far this year, that in 438, we apparently now don't believe the voters knew exactly what they were voting on. Because what the voters voted on-- I'm going to read it again. Section 5, the power to reg-- this is what they voted on. The power to regulate all phases of control of the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered cannabis establishments in the state pursuant to the Nebraska Medical Cannabis Regulation Act is vested exclusively in the commission. So I'm confused why we have gotten emails from proponents of medical marijuana and, and the Rotunda is full, when they voted. They voted how-- they voted for medical marijuana. The people of Nebraska voted for medical marijuana, and, under 438, they voted for a provision how it should be regulated, and it wasn't this. You don't get to have it both ways. So then, the next obvious question is why? Why is there this rush? Why is there this panic? And I understand-- I think there's different reasons for some of the folks that are supporting LB677, so I don't want to put everybody in the same bucket. But, but there's a, but there's a real sense of urgency from the folks who voted for 438 to also vote for LB677 and AM1251. It, it does cause you to ask yourself why. I want to just add one more thing. When I was out campaigning, and I'm sure many of you got questions, as well, those that were in the midst of a campaign, about where you stood on this issue. And what I made very clear is I-- what was most important to me is that people understood what they, what they weren't voting for. And when a lot of folks out there, when you say medical marijuana, there's this impression that it-- you're gonna go to the doctor, and he's gonna write you a prescription on a little white notepad for a certain amount in a

certain dosage, and you're going to go down to Walgreens or your local family-owned pharmacy and get it filled. And you're gonna have 1 or 2 prescription refills or however-- you know, sometimes it's a year, if you're on heart medicine. Then you go back for a checkup. It is not, it is not how it works. When you go to get this filled, you're not going to the pharmacy, and the fact that we're having to define what forms it comes in should be very clear that this is not going to come in a little orange pill bottle with a prescription on the side. So I'm going to get back on the mic later, and I'm to talk about a little, little-- more issues in--

ARCH: Time, Senator.

STORER: --regards to the black market, and, and that has come up, so thank you. Thank you.

ARCH: Senator Strommen, you're recognized to speak.

STROMMEN: Thank you, Mr. President. I yield my time to Senator Storm.

ARCH: Senator Storm, 4 minutes, 55.

STORM: Thank you, Mr. President. So when I was, you know, researching this, this topic, which I've been doing it the whole session here. I, I had a doctor come into my office from one of the, the cities in my-- or towns in my district. And he's an emergency room doctor. Plus, my daughter and my son-in-law are both-- work as nurses in, in Omaha. One's an emergency room nurse. The other one's the ICU nurse. And he brought up something to me called can-- cannabinoid hyperemesis-- and I'm probably saying that wrong-- but that's when you chronically vomit because of THC, ingesting THC or CBD, too much of it. And it-- this is becoming a huge issue. And so the doctor in Wahoo told me that he sees it on a, on a weekly basis, people come into the emergency room suffering from chronic, chronic vomiting from using too much marijuana. My son-in-law in Omaha said he sees it frequently, and they know it when they come into the emergency room, because they ask them, what have you been taking? Most people don't want to say, I've smoked too much weed or I've been ingesting too many edibles, but they can-- they need to know for what medicine to prescribe them to, to, to help them stop vomiting. So that's another effect of, of marijuana I wanted to talk about. Also, I want to talk about-- back on, on impaired driving. More than 80% of cannabis users admit to driving within hours of consuming. Remember, T-- marijuana stays in your system for 30 days after you ingest the product, or more. The research from the A-- AAA reveals that many cannabis users drive not long after consuming,

increasing the risk of impaired driving. Cannabis use continues to rise across the U.S., with 38 states have legalized it for the recreational or medical use. But many users who enjoy the product might not be doing enough to prevent impaired driving. According to the research from the AAA Foundation for Traffic Safety, nearly 45% of cannabis users report consuming multiple times per day and nearly 58% drive every day. But more startling, more than 80% of the users admit to driving within hours of, of cannabis consumption and nearly half of the users believe cannabis has little to no impact on their driving. Research is believed-- more needs to be done to educate cannabis users about the risk of impaired driving, including the increased likelihood of crashes, injuries, and fatalities. Understanding what motivates cannabis consumers to drive under the influence can be helpful in developing effective safety strategies, said Dr. David Yang, president and executive director for the AAA Foundation for Traffic, Traffic Safety. With insights on perceptions, decision-making, and behavior, we aim to inform policies and interventions to make our roads safer for everyone. The AAA Foundation also conducted 2 complementary studies, one analyzing cannabis consumers' perception of impaired driving and another identifying effective messaging strategies to deter this behavior. The results of these surveys highlighted key behaviors and attitudes. 44.1% of users consume cannabis multiple times daily, 57.8% drive daily, 84.8% drive the same day they consume, with 53% driving within an hour or less, 46-- 46.9% believe cannabis does not impair their driving or even improves their driving. Effective messaging about cannabis-impaired driving needs to include credible voices, real-world scenarios, and respectful language, said Jake Nelson, AAA's Director of Traffic Safety Advocacy. Targeted public education campaign efforts should address common misconceptions while highlighting how cannabis can impair driving abilities in complex ways, such as causing fatigue, brain fog, and altered perception, AAA researchers said. So this is-- as we increase marijuana use in the state, we're going to have to deal with impaired driving on a whole different level. And it's going to be a huge challenge for law enforcement. Another reason, like I said, you have 54 sheriffs that are adamantly against this bill. And so with that, I yield the rest of my time.

ARCH: Senator Dorn, you are recognized to speak.

DORN: Thank you, Mr. President. In favor of LB677 and AM1251, and will be opposing the bracket motion. And with that, I'll yield my time to Senator Hansen.

ARCH: Senator Hansen, 4 minutes, 35.

HANSEN: Thank you, Mr. Speaker. I want to push back a little bit on something Senator Storm said earlier about the idea that opioid use might actually go up or it doesn't go down with the implementation of medical cannabis in state-- in states that have done it. There are actually multiple studies that show medical cannabis for chronic pain, which is one of the things we were talking about with opiates, may help patients on long-term opiate treatment. Medical marijuana legalization, opioid, and pain-related outcomes on patients newly diagnosed with cancer, receiving anti-cancer treatment, showed that opioid use went down with the implementation of medical marijuana. I-- it was pretty unclear, the studies Senator Storm was citing, if that was recreational marijuana use or medical marijuana use. Again, we have to be very distinct about what we're talking about. Recreational is a lot different than what we are trying to implement here-- the THC levels, the high concentrations, the implementation of it, who can get it, who can't get it, the tracking of it. And so with that, I think it was maybe Senator Sorrentino who had some concerns about, you know, how can we tell what the quality of this is, we can't tell, quality control, all that kind of stuff, right? And so I want to touch a little bit on the seed-to-sale tracking system. I think this is probably one of the most important parts of the bill. Senator Storm mentioned this earlier. And so the seed-to-sale tracking system is actually a very specific tracking system that states have used and that we have, we, we have in the bill that they have to use, that from the second it is a small little plant, it gets a barcode, it gets tracked. And from, from the whole time, it can tell the humidity that's in, that's in the air, the type of soil, the moisture levels, everything-- every little specific particular about that plant is recorded in the seed-to-sale tracking system. So all the way that it grows, it gets cultivated and actually then goes towards the independent lab testing, because we require that anybody who does grow this and cultivates it has to send that to an independent lab because we don't want them doing their own testing. And that's tested for, for metals, for any kind of, you know, high or low THC levels, and so it checks like, I don't know, probably a hundred different things about that plant to make sure that's safe and well-regulated. Again, If we're trying to treat, trying to treat, treat it like a pharmaceutical medication, we, we want to keep it as well-regulated and specific as we possibly can. We have, specifically, in the bill, the range of the THC content. And if it's higher than that, it's gone. If it's lower than that, it's gone. And actually, all the brother and sister plants-- again, I'm learning a lot here-- all the brothers and sister plants to that mar-- to that medical cannabis plant is gone, as well-- and then all the way, the seed-to-sale tracking system, until it goes

into the dispensary. And then even when it gets into the patient's hands, it follows the patient. Senator Storm mentioned that it does not follow the patient. That is actually incorrect. It does. It's recorded seed-to-sale tracking system, and actually then onto the PDMP. The PDMP actually records the patient and the doctor thoroughly, as well. And the seed-to-sale tracking system tells you exactly how much they purchased before, how much they have left, you know, and again, well-regulated and very specific. That seed-to-sale tracking system is how we can be confident that through the whole process where it's a small, tiny little seedling, all the way until it gets in the patient's hands, and even then after, that we have complete control in identification of what that plant is, the type of plant that it is, that type of THC that it has in there-- because sometimes, people need a different strain of T-- THC or cannabinoid because they have Crohn's disease versus epilepsy. Some need a slower responding distribution of the medicine through a pill versus a faster acting one because of the condition that they have. Again, we're leaving it up to the, the medical doctor to make that decision, like we do for everything else. So the seed-to-sale tracking system, it's in, it's in the, it's in the bill. I hope people can actually read through that, understand what it's about, ask me questions. Because that is-- and I think that kind of, maybe answers a lot of the questions some senators have about quality. How do we know what it is? With recreational marijuana, you don't know what you're getting. Some of the stories that we have heard about the detriments of marijuana use, from the stories that Senator Storm and Lonowski and others have told, have to do with recreational marijuana use, and you have no idea what concentration you're getting, and I agree with them. It is becoming a big problem. The high concentration THC synthetic drugs that they're getting, I have a problem with, as well. But this is not what we're talking about. Medical--

ARCH: Time, time, Senator.

HANSEN: --purposes for certain people-- thank you, Mr. Speaker.

ARCH: Senator Lippincott, you're recognized to speak.

LIPPINCOTT: Thank you, sir. I want to address a critical concern about legalizing medical marijuana: the potential for abuse and addiction. While some advocate for its medical benefits, we cannot ignore the significant risks that come with making marijuana widely available, even under the guise of medical use. This issue deserves our attention because it impacts individuals, families, communities in profound ways. Let's start with the science. Marijuana is not a harmless

substance. Research shows that approximately 9% of people who use marijuana will develop what's called cannabis use disorder. That means nearly 1 in 10 users could find themselves caught in a cycle of dependency, where they feel compelled to use the drug despite negative consequences. For heavy users, this number jumps even higher, closer to 30%. These aren't just statistics. They represent real people struggling with a substance that they can-- take over their lives. When we talk about medical marijuana, we're often led to believe it's tightly controlled, used only by patients with serious conditions, but the reality is far messier. Consider how medical marijuana is prescribed and distributed. In many places, it's not like picking up a prescription for antibiotics. Patients often receive vague recommendations for conditions like, quote, chronic pain or, quote, anxiety, which are subjective and hard to verify. Once they have that recommendation, they can access marijuana in various forms: edibles, oils, or smoked products, with little oversight on how they use or how much they are to use it. This loose system creates a slippery slope. A patient might start using marijuana for legitimate pain relief, but end up relying on it to cope with stress, sleep, or even just to feel normal. That's how addiction creeps in, blurring the line between medical and recreational use. Now, you might be thinking, isn't addiction a risk with any drug? That's true. Opioids, for example, carry similar risk. But here's the difference. Prescription opioids are dispensed in precise doses, tracked through pharmacies, and heavily regulated to prevent misuse. Medical marijuana, by contrast, often lacks standardized dosing. A patient could consume far more THC, the psychoactive component, than-- intended, increasing the risk of dependency. And unlike opioids, marijuana is often portrayed as natural or safe, which downplays its risk and make people more likely to use it casually or excessively. The consequences of this abuse and addiction are far-reaching. Individuals may struggle with impaired work performance, strained relationships, or financial problems as they prioritize marijuana over other responsibilities. Families bear the burden of watching loved ones change, sometimes becoming unrecognizable due to their dependency. And at a societal level, widespread access to medical marijuana can strain healthcare systems, as addiction treatment programs see rising demands. In states where medical marijuana is legal, studies have shown increases in emergency room visits related to cannabis misuse, including cases of severe intoxication and withdrawal symptoms. This is not a minor issue. It's a health-- public health concern. Critics might argue that it-- in addition-- is a small price to pay for helping patients with conditions like epilepsy or cancer. But we have to ask, are we willing to trade one problem for another? There are FDA-approved medications,

like Epidiolex, that use cannabis-derived compounds for specific conditions, and those are rigorously tested for safety and efficiency. Why open the floodgates to less regulated system that risk addiction to a broader population, including those who might not even need it? In conclusion, the potential for abuse and addiction is a compelling reason to reconsider the legalization of medical marijuana. It's not about denying relief to those in pain. It is about ensuring that any treatment we offer is safe, controlled, and backed by science. Legalizing medical marijuana as it's--

ARCH: Time, Senator.

LIPPINCOTT: Thank you, sir.

ARCH: Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Good afternoon, colleagues. I rise in support of Senator Hansen's bill, and I rise oppose-- I am opposed to the bracket motion. And I am here to represent my constituents. And I encourage all of you to go meet with my constituent who's standing outside of the glass with his mom, and he's clapping. And I, I think if you go out there and you talk to him and his mom, maybe ask some questions about what this means for them and what, what it'll mean for his life, moving forward. And maybe get your head out of the books, stop reading anecdotal articles, and go talk to a real-life patient that needs medically necessary, medicinal marijuana. I'm so appreciative to Senator Hansen and how he started out the conversation this morning, framing it about how this is medical, and, and no matter how much we want to try and deter and say that's recreational, it's not. It's for, it's for my constituents. It's for them and their son. And, and I just want to shock and awe for a second time today and I'll yield the remainder of my time, for a second time today, to Senator Ben Hansen. Thank you.

ARCH: 3 minutes, 45.

HANSEN: Thank you, Mr. Speaker. I was wondering if Senator Lonowski-- is he around, by chance, for a question? I think he might have stepped out. I can ask, I can ask again later, but--

ARCH: Senator Lonowski, will you yield?

HANSEN: Oh, there it is. OK. Hey, you're taking my time here.

LONOWSKI: Yes, I will yield.

HANSEN: Thank you. Thank you, Senator Lonowski. I'm glad you brought up the-- somebody who talked out there, Matt. You said he was in the Army, and we were talking about his son, Teddy. Correct?

LONOWSKI: Almost correct. He's Air Force.

HANSEN: Air Force. OK. My bad. I think he said he was an Army guy. I don't [INAUDIBLE]-- yeah. I think it's a-- that's a prime example, I think. And so one of the questions I want to ask you was, Teddy has a specific condition and under my bill I believe he would be covered under that. Can you guarantee me-- actually, can you guarantee the family of Teddy and himself that if we do nothing today and we leave it up to the Medical Cannabis Commission-- the two people who are appointed so far-- not appointed, but they will be appointed by the governor-- that they will draft the rules and regulations so Teddy can get what he needs in the form that he needs it? Can you guarantee them this?

LONOWSKI: No, I cannot guarantee that, any more than I can guarantee that we will make the right decision.

HANSEN: Well, according to this bill, we can guarantee he'll get it. And so, that's one of the points of-- thank you, Senator Lonowski. I just, I just wanted to bring that up. So-- and I appreciate you bringing up them because they're a really good family, actually, and I'm hoping that we can give Teddy and their family some help here. But that's the point, right? We need to do our job. We are representing the people that we talk to, not just out in the Rotunda, but our constituents, and our neighbors, and the people we go to church with. And if anybody here can honestly tell me-- we talk about upholding the will of the people and the will of the voters. If anybody here can honestly tell me-- everybody who signed that petition, the people who ran that petition, the volunteers, and, and the idea was if we told them, hey, you know what? You can do this, this ballot initiative, but you have to leave it up to only two people that the governor is going to appoint, who oppose marijuana in all, all aspects. Do you honestly think that's the direction they were going? They would never do that. What they expected was what we have done every single time we've created a commission and not do something unprecedented, which is do nothing. They expected us to formulate the rules and the regulations with the ballot initiative in mind, so then the Medical Marijuana Commission could then live within those guidelines and those rules and regulations to then enforce what we put into place. That's typically, from my understanding, why we allow the governor to appoint people. We allow the executive branch to appoint people to enforce the rules

we're putting in place. It's like us creating the State Patrol, but then, then letting them make the laws. So we, we put guidelines in place to say: here's the parameters, here's how we tax it, here's how we regulate it, now go ahead and enforce it. And then, we give them some leeway to determine other kinds of enforcements, but they have to live with these guardrails, as opposed to saying, we're not gonna do anything. You two people determine all of it. I think that's irresponsible of us. And we're supposed to represent the people and our constituents, it's time we do our job and we need to pass something. And I think this bill, as comprehensive as it is, as restricted as it is--

ARCH: Time, Senator.

HANSEN: --does have the favor of the people-- the medical marijuana individuals and the petitioners. Thank you, Mr. Speaker.

ARCH: Senator Andersen, you're recognized to speak.

ANDERSEN: Thank you, Mr. President. I have to respectfully disagree with Senator Hansen. I rise in support of the bracket motion, but do not support LB677, nor AM1251. The people voted to implement medical marijuana. By statute, basically, the Ballot Initiative 437 and 438, it is incumbent on the newly formed Nebraska Medical Cannabis Commission to quote, unquote, regulate such activities. Everybody claims to respect the will of the people, so let's talk about the ballot initiatives, specifically 438. It does not call on the Legislature to act. It does not direct the Legislature to regulate medical marijuana. What it does is make, quote unquote, penalties inapplicable for state and local law for use, possession, and acquisition of cannabis for medical use. That's in Initiative 437. What it does is establishes a Nebraska Medical Cannabis Commission to regulate such activities in Ballot Initiative 438. Earlier, I asked Senator Holdcroft, the chairman of the General Affairs Committee, if LB677 is necessary. His response was very telling. He said that since the governor has moved forward with establishing and empowering the Nebraska Medical Marijuana Commission, there is no need for the legislation to go forward. I repeat, the chairman of the General Affairs Committee said that there is no need for the legislation to act on medical marijuana. Earlier, several senators referenced the Nebraska Attorney General's letter to Speaker Arch dated on the 7th of May, 2025. The letter has a great deal of information and I highly recommend you all read it. It closes with this. Quote: This bill is, is an extraordinary expansion of marijuana into the public life in Nebraska. It is only vaguely tied to the original purpose of the

voters and would severely undermine public safety. We therefore stand in steadfast opposition to the passage of AM1251 to LB677. That letter was signed by the attorney-- Nebraska Attorney General and sheriffs from 54 counties around the state of Nebraska. This bill is a proactive effort seeking to legalize recreational marijuana in Nebraska. It is unnecessary, inappropriate, undermines the will of the people, and implements medical marijuana. I support the bracket motion and oppose LB677 and AM1251. And Mr. President, I'll yield the remainder of my time to Senator Storm.

KELLY: Senator Storm, you have 2 minutes, 34 seconds.

STORM: Thank you, Mr. President. You know, it's been brought to my attention that the African American Commission was given no rules or regulations by this Legislature. So I keep hearing from Senator Hansen, we've never set up a commission and, and not controlled it from this body. So that's one instance right there, when you wanted an example. Also, I'd like to bring up a couple points here that's been brought up. The-- let me see. The-- this body-- or the, or the 438 was the will of the people. The commission was supposed to be set up to control the whole, the whole industry. And that, that commission was made up of 2 appointees, which we'll be hearing about on Thursday, and the Liquor Control Board. So it's gonna be 5 members on the commission, not just 2. I would like to see more, but that's what, that's what the people voted on. And if they didn't want that, if the, the people who crafted this bill or this initiative did not want that, they should have said that. They didn't. They said in 438 that the Cannabis Commission would regulate the whole industry. And so, I, I, I get tired of hearing this notion that this bill is what the people wanted. It's not what they voted for. It's not what they wanted. So-- and if we would have put on the bill that this is going to-- we're going to have medical marijuana that's going to greatly expand to recreational marijuana, it's my opinion that would have never passed. But we'll, we'll note in the-- so with that, I want to yield the rest of my time.

KELLY: Thank you, Senator Storm. Senator Raybould, you're recognized to speak.

RAYBOULD: Thank you, Mr. President. I don't stand in support of the bracket motion. I do stand in support of LB677. And I just want to encourage my colleagues to take time to step out in the Rotunda and talk to some family members. I think it's that, that important. I was fortunate during our lunch break, I ran into a young woman in the hall who was walking with a cane. And she said, I just need to have someone

hear my story. And I said I would try to tell her story briefly, and then I would like to yield the rest of my time to Senator Hansen. But she's a young woman who's been suffering from a very rare genetic disease that her and her sister both suffer from that there is very little treatment for her, but it's a degenerative type of disease. And I couldn't even begin to pronounce the type of the disease she had. But we sat down and we started talking. And I said, I feel like a failure. You know, we are failing you. We're failing so many families in Nebraska that have these real concerns, and they just want to be able to care for their loved ones. And I, I said, I'm sorry. I'm, I'm failing you. Then I started to cry, because I feel that's, that's what we're doing here. We're not helping Nebraskans, fellow Nebraskans, by allowing them to have access to something that can treat them. So I ask, I ask for your support of this. And I'd, I'd like to yield the rest of my time to Senator Hansen.

KELLY: Thank you, Senator Raybould. Senator Hansen, 3 minutes, 33 seconds.

HANSEN: Thank you, Mr. President. I'm going to address a couple things here. One of the things I think Senator Hardin mentioned, which I think was a, was a, was a point-- I mean he had a question or just some concern about, was the idea that recreation-- recreational marijuana tends to follow states that implement medical marijuana. And actually, it can be viewed actually somewhat as the opposite of that. Florida, Arkansas, South Dakota are prime examples of who have medical marijuana, who had recreational marijuana on the ballot, and it didn't pass. Just recently. And you know what they attributed it to? The idea they had a well-regulated, safe, medical marijuana program, very similar to what we're trying to accomplish here. They said the people who needed it for specific conditions were able to get it, so they didn't have to turn to recreation. Iowa is a good example of that. Iowa restricted theirs so much-- they have 4 dispensaries in the whole state of Iowa. Good luck trying to find one of those if you live, you know, within, you know, past 100 miles of one of those. Now, they pretty much are down to one company who runs everything. And it has become so expensive in Iowa to get any kind of medical cannabis to help with your epilepsy, your Parkinson's, or your spouse who has wasting syndrome-- it's become so expensive, they turned to the black market again. They had-- I can't remember exactly the specific number, maybe up to 4,000 people, maybe 14,000 people who originally applied. But then as it became more restrictive, they found that they, they couldn't actually get the help they were looking for, that number plummeted, and it's maybe down to 3,000, I think. So where do those other, like, 11,000 people go? Where do you think they turn to to get

the help they needed? They went to Missouri. They went to the-- somebody down the street. They went to the black market. And so, the idea is you have to thread this needle. If you're too restrictive, the black market thrives. They start getting it somewhere else. It's a free market. If you make it not restrictive enough, like Oklahoma, who I think recently just gave out 28,000 licenses because they didn't have control over it-- we don't want to be like them, either. We actually had 2 people from Oklahoma come up to the town halls and said, don't be like us, please. So I think this, this bill and this amendment threads that needle. We're still upholding the will of the voters, because the voters say LB677 and AM1251 are good. It's not everything they want, but they can live with this. They can get what they need for those conditions. And so, the idea that this bill somehow does not reflect the will of voters is untrue. Otherwise, we wouldn't have the support of all those families that you see out in the Rotunda, or all of those families, 71% over-- sometimes 80% in-- are-- some of your districts, who voted for this.

KELLY: That's, that's your time, Senator.

ANDERSEN: Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator McKinney, you're recognized to speak.

McKINNEY: Thank you, Mr. President. I rise in opposition of the bracket motion and in support of AM1251 and LB677. But to clarify some things, the African American Commission was created through statute with regulations, contrary to what Senator Storm mentioned a little bit ago. Would Senator Storm yield to a question?

KELLY: Senator Storm, would you yield to a question?

STORM: Sure.

McKINNEY: First, why did you bring up the African American Commission when there are other commissions, and one more recently created than the African American Commission?

STORM: Because it was brought to my attention that we did not regulate that commission.

McKINNEY: Who brought it to your attention?

STORM: I don't know.

McKINNEY: It was regulated and it was created through statute. Thank you. But to move on, tired of all this hypocrisy that people are talking about, saying people don't stand with the will of the people and those type of things. But these same people voted against the paid sick-- voted to water down paid sick leave. They want to find a way to bring back the minimum wage stuff, which goes against the will of the people. So when they stand up and say, like, oh, these people are now going-- being hypocrites, what are they being? Like, let's be honest. And then, all this reefer madness that they're spewing and all this propaganda, but they fail to actually have a real conversation, you know? What about alcohol and the harmful impacts of alcohol on society? Every time I bring this up, they always say, oh, but it, it was passed and all these other things, but nobody likes it when somebody brings up alcohol. It's like the sacred cow. But when it comes to cannabis and marijuana, it's like this unholy thing that shouldn't be allowed. Like, it's, it's crazy. But you-- you're cool with alcohol, and statistics will show you that alcohol has a more harmful impact on society than cannabis. But if somebody was to bring a bill to prohibit alcohol, none of these people would stand up and vote for it, so, so let's get that straight. They talk about protecting society, protecting our kids, and all those type of things, but if you bring something to try to prohibit alcohol, they won't support it. Hypocrites. So it's, it's just a hilarious day for me to just sit and listen to all these people and, and all the things that they're saying, which is wild. The voters voted for it, and they want to allow these appointees that were appointed by the governor-- who I'm kind of very skeptical of the governor saying, we should support the commission. Because what that tells me is that they're gonna try to just destroy any type of imple-- implementation, basically make it unworkable, and that's why they want this bill not to pass. And for 2, 2 people to get appointed so they can get on the commission, stall any progress, prevent anybody from getting a license, and all those type of things, that's what they want to do, and that's, that's not what they're saying. I wish they would. I wish people would be more honest about their, their, their motives, because that's their motives, is to make it super unworkable. That's it. And when they say, like, people want this to pass to preempt the, the courts or whatever, I don't think that's true. But what is true, they want to appoint people to try to stall progress and implementation. That's what they're doing. And when they stand up and say people are going against the will of the people, ask them how did they vote on paid sick leave? Ask them how did they vote on minimum wage? Ask them those questions. Thank you.

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KELLY: Thank you, Senator McKinney. Senator Murman, you're recognized to speak.

MURMAN: Thank you, Mr. Lieutenant Governor. I do truly appreciate Senator Hansen bringing this bill. I do think he's done a lot of work on it and is trying to do the will of the people and at the same time, make medical marijuana available to those who truly need it. I do think the original bill had some issues and I believe the amendment from the committee, AM1251, brings the bill much closer to something that I could agree with, but I'm still not quite there. I do know of a lot of issues with marijuana side effects and what recreational marijuana that has not been tight-- tightly enough controlled in some parts of our country, the problems it can cause, not only with individuals, but with-- but societal problems. And I hope the commission will-- I hope Senator Hansen and the commission will work together to make a law in Nebraska-- or make the regulations in Nebraska that are something that will do the things that I just said: make, make med-- truly medical marijuana available to those that need it and restrict it enough that it cannot be abused as recreational marijuana. And along that-- those lines, I'd like to read a letter from a medical doctor that is close to where I live and close to the district I represent. Assessing the concentration of THC, the purity or the presence of contaminants, again, would best be done by a pharmacist or certified medical laboratory technicians. If we're going to truly call this medical marijuana, it should have medical-grade quality and supervision-- vision. And I know Senator Hansen has worked on that. I'm not sure if it would qualify for everything that the doctor's talking about here. And of course, there is a problem with defining qualifying medical conditions. We've talked about that earlier today, that there are just 2, 2 conditions that marijuana is, is approved for on the federal level, level. And of course, that's why I think it is important with this amendment that a medical doctor be on the commission. So those 2 conditions are THC cannabinoid medications that, that the-- that's what they can be used for, and number 1 is a rare juv-- juvenile seizures, and number 2 is chemotherapy-induced nausea. So marijuana is still listed by the FDA as a Class I controlled substance, substance which should not be considered for any medical use without prescription. And this is what concerns me the most. Potential side effects are not mild and easily-- or easily dismissed. Adverse effects include: impaired memory, disorientation, confusion, drowsiness, dizziness, slowed reaction time, anxiety. And now, I get into really serious side effects: panic attack, hallucinations, delusions, psychosis, which may become chronic, and increased risk of chronic lung disease, COPD, stroke,

cardiovascular disease, and dementia, not to mention several cancers. And I do know several people that live in Colorado and other places where more medical marijuana has been legal. And they tell me, don't ever let that happen in Nebraska, so I think we need really tight restrictions on it. They talk about the societal problems that they have there and, of course, law enforcement. I'm concerned about law enforcement, especially the impaired driving part of legal marijuana. So, I think the commission could do the best job of controlling marijuana the way we really want it to be. Thank you, Mr. Speaker.

KELLY: Thank you, Senator Murman. Senator Ballard, you're recognized to speak.

BALLARD: Thank you, Mr. President. I do want to rev-- direct our attention back to the amendment, AM1251 and LB677. I kind of want to walk through some of my concerns with Senator Hansen, pertaining to the healthcare professionals. We've done a lot of work in this body to try to attract and retain healthcare professionals. I've partnered with Senator Clouse on, on workplace violence, trying to protect healthcare professionals with that, so I want to make sure that our healthcare professionals are protected in LB677, but also that patients are protected and we're not abusing the system and working our way to recreational marijuana. So if Senator Hansen would yield to a question.

ARCH: Senator Hansen, would you yield?

HANSEN: Yes.

BALLARD: Thank you, Senator Hansen. Can you walk through who, who can prescribe medical marijuana to patients? I think it's on page 6.

HANSEN: Yes, I believe that is in Section 25.

BALLARD: Yes, I think it's--

HANSEN: Health-- so we define a healthcare practitioner, right. So we define that in the statute. Healthcare practitioner means a physician, an osteopathic physician, a physician assistant, or a nurse practitioner who is licensed under the Uniform Credentialing Act or is licensed in any state and practicing compliance with the Uniform Credentialing Act. So these are people who already currently have prescriptive authority in the state of Nebraska, and you have to practice in the state of Nebraska, live within the state of Nebraska, in order to be eligible for this. There are instances where somebody who is outside the state of Nebraska, who you've been-- who's been a

patient with you for over, for over 6 months. And this is relevant in the fact that, for instance, a lot of people who have epilepsy, Mayo Clinic, and there's a clinic in Florida, are the 2 major clinics that deal with epilepsy, especially in youth. And so if you've been with a doctor at Mayo Clinic for 6 months and this is something then they can then recommend, we didn't want to take that away from the patient and that ability to get that.

BALLARD: OK.

HANSEN: But we also wanted to restrict it enough to make sure that we don't have somebody from like, Arizona flying into a hotel, you know, rubber-stamping prescriptions.

BALLARD: OK. And can you, can you walk us through why PAs and nurse practitioners were included and it's not, it's not your practitioners, physicians that were, were included?

HANSEN: Yes. These are the 4 individuals who have prescriptive authority in the state of Nebraska. Physicians assistants are under the direction of a physician. Nurse practitioners do have the ability to diagnose conditions and I think believe all the conditions that are listed in here. But also they do work in conjunction with medical doctors, neurologists, you know. That's typically how a lot of this goes.

BALLARD: OK. And then liability for, for misprescribing or for abusing the system. There's some guardrails in [INAUDIBLE].

HANSEN: Yes. Yes. And so I'm glad you brought this up. This is a concern I think I've heard from certain senators, about the idea-- and I think even the Attorney General says we're giving blanket immunity to those people who want to prescribe or recommend medical cannabis. That is blatantly false. That is false. It's called malpractice. Same thing that happens with me. I don't prescribe-- I can't prescribe medical marijuana. But if I, say, for instance, have a patient who I know is pregnant, and I decide to do an x-ray on that patient, I can get in trouble for that and have malpractice. If that patient is in harm to that, then there's your civil and criminal penalties. If you have a prescriber who knows that your patient is pregnant, for instance, and you prescribe medical cannabis, or you prescribe an opiate, or you prescribe something else that can cause fetal harm or damage, you can then have malpractice and civil and criminal penalties. You lose your license. Same thing as with this. I think the concern and maybe the misrepresentation we're hearing, is the idea

that they will-- they cannot lose their medical cannabis prescribing card or license. Well, if you don't even have a license to prescribe because you just had malpractice, that won't really matter. But that is some language we can tighten up in here to make sure that the liability is there and make sure that those healthcare practitioners who are do-- doing things erroneously are held accountable in the bill, but they already have that already in law, right now.

BALLARD: OK. Because that was one of my concerns, so I'd appreciate some work on some language just to tighten that up. The other concern, working our way down to page 19 of the amendment, I, I think I understand where you're trying to get at healthcare practitioners primarily practice in Nebraska. I, I understand that, but I struggle with the "or" in that sentence-- or healthcare praction-- practitioners have been treated for at least 6 months. So I'd struggle with the idea of you could be doctor shopping from the Mayo Clinic or a telehealth service in-- you telehealth to Denver. That's not your intention in this bill, is to provide--

HANSEN: No. And from my understanding, you can't do telehealth from one state to the next in this, in this bill. But yeah. If there's any language we need to put in there to tighten those rules and regulations, because this is only designed for those people in the state of Nebraska practicing in the state of Nebraska or who live in the state of Nebraska. Because we do have people who live in Council Bluffs and practice at, you know, in Omaha, so we got to say practice in the state of Nebraska.

BALLARD: OK. And then my last question, you mention--

KELLY: That's time, Senators. Thank you, Senators Ballard and Hansen. Senator Meyer, you're recognized to speak.

MEYER: Thank you, Mr. President. I oppose the bracket motion, and I support AM1251 and LB6-- 67-- LB677. I do not support recreational marijuana. I do not believe that AM1251 and 6-- LB677 is that. And with that, I would yield the balance of my time to Senator Hansen.

KELLY: Senator Hansen, 4 minutes, 32 seconds.

HANSEN: Thank you, Mr. President. I was wondering if Senator Storer would answer a question, or yield to a question.

KELLY: Senator Storer, Senator Storer, would you yield to questions?

STORER: Yes.

HANSEN: You were kind of bringing up the point of this is nothing like how we prescribe medication currently. To some aspect, I think you're right. But in order for us to keep this as close to prescribing a pharmaceutical medication as we could, you have to create a dispensary, just because you are right. It is a Schedule I drug right now, so a pharmacy cannot technically prescribe it or give it out. And so, are you familiar, within the bill, what, what a dispensary-- what the rules and regulations are put on a dispensary or how they get their license?

STORER: Is it-- I can pull it up and find it, but I can't tell you that off the top of my head. No.

HANSEN: OK. All right. So, the bullet points, dispensary, we try to keep it as close to a pharma as we possibly could. This-- the only thing that you can do in a dispensary is actually dispense pharmaceutical, you know, med-- or medical cannabis, as prescribed by a physician. And again, this is all included on the seed-to-sale tracking system. This is all included on the PDMP. So you can't doctor shop. You can't go from one dispensary to the next, because it's all, it's all categorized and logged in with the State Patrol. And so, you can't be selling paraphernalia, you can't be selling vapes. I mean, so it's very specific about what they can and cannot do. Even the licensing structure about how they get their license and about all the zoning regulations that go into it. We do give municipalities the ability to, to create zoning requirements on where they can or cannot go. And you can't even get your-- you can't even apply for a license, which I believe is \$25,000, just-- nonrefundable fee to apply, unless you actually have approval of the city where you're going, on where you're going to-- with the plot of land that you're going to be-- and all the rules and regulations that they put forth. So I think you were kind of touching on that a little bit about, well, a dispensary isn't, you know, we don't know what it is and it might be this kind of, you know, unfamiliar thing, which makes sense, if we've--

STORER: Do--

HANSEN: Never had one before. Yes.

STORER: Do you mind if I ask you one question--

HANSEN: Yes.

STORER: --that I'm, that I'm not sure about? In terms of the prescription process, do those prescriptions have any specific dosage, or how much to take in a certain amount of time, or for how long?

HANSEN: Yes. Yeah. The pharmac-- the, the prescribing physician will have the ability to regulate, OK, what specific kind that they should get, whether it's, whether it's one that they can use as like a-- like an inhaler, you know, for somebody who might have epilepsy, because it needs to be faster acting. They might prescribe it in a pill form, which actually does-- which actually gets dispensed like more in the gut, so it goes slower, for those people who want-- need more of a longer lasting like chronic pain, those people who can't sleep because of a debilitating disease that they have. They need more of a longer lasting, and then, it also doesn't-- mean it won't affect their work the next day. Right.

STORER: So prescribed by form of product, but not by amount, or like milligrams, or by--

HANSEN: Yes. They can also do the amount. Yep. First of all, they only go above a certain amount, which is 5 ounces, right? But actually, the prescribing physician can say, we want you to have 1 ounce.

STORER: One last question, for my clarification.

HANSEN: Yep.

STORER: If you don't mind.

HANSEN: Yeah.

STORER: I don't-- I hate to steal all your time.

HANSEN: I like questions.

STORER: Is, is there a refill process or a length of time that those prescriptions are good for?

HANSEN: The prescription would be, again, it would be up to the prescribing physician. We are-- let's see, so the amount in there is, is 5 ounces, that they can have up to 5 ounces, and the flower is 2 ounces. And again, it's up to physician to determine kind of what form that's going to be in. They do have their medical card for 2 years. And just like any physician-- I would assume a responsible physician would say, let's see how this goes. Come back again in 6 months, because you can't have abandonment of the patient, as well. So the

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physician can't abandon the patient, so they do have to follow up with them, and say after, after 3 months, come back to us, we'll see how you're doing. Do we need to change it? Do we need to alter it? And so, we're giving that leeway to the physician, just like we do any other pharmaceutical medication, except we're--

STORER: So-- but would this--

HANSEN: --being more restrictive on the conditions that they can do.

STORER: Does the dispensary have the information, like if I have a prescription for an antibiotic, and I go in and it's good for 2 refills, and I go for the third one and they say, sorry, your refills are up.

HANSEN: Yes. All of that.

STORER: How, how would that work with the dispensary?

HANSEN: That's all included in the seed-to-sale tracking system that tells you exactly the amount that they can have, and just like the recommendation. So all of that is regulated so they can't go back again next week and, and change it and do something different, or go to another dispensary and get it, as well. So that is all very tightly regulated, actually more than what a pharmacy would be.

STORER: So it could be prescribed for 2 weeks, or a month, or 3 refills or--

HANSEN: Up to the physician. Yep. Yep. And if that's-- that's some language I think I was actually working with Senator Bosn about tightening up, as well.

STORER: Thank you.

HANSEN: Yep, but thank you for answering those questions. I appreciate it.

KELLY: That's time, Senators. Thank you, Senator Storer and Hansen. Senator Guereca, you're recognized to speak.

GUERECA: Thank you, Mr. President. I rise in opposition to the bracket motion, in tentative support of AM-- well, not tentative, reluctant support of AM1251 and LB677. I say, you know, reluctant support because, frankly, I think it's very restrictive. And colleagues, it is. It is one of the most restrictive pieces of medical marijuana

legislation in the country. This is nowhere near a blueprint to recreational marijuana. Poll the average 40-year-old in Nebraska, show them the bullet points of LB677, and you'll chuckle and say, yeah, that's not it. Because, colleagues, it just isn't. It absolutely is not. And it's, you know, frankly, to say otherwise, you know, no disrespect to my colleagues, but it's just silly. It harkens back to talking points and a mentality from the '60s, '70s, and '80s. You know, I got asked a question on the mic by one of my colleagues of do I think the voters know what they voted for? And my response, while taken as a sort of dodge, is exactly what I think the voters thought. I think the voters, when they voted for this, wanted the people in the Rotunda and in the fishbowl to get relief. I think they wanted their 85-year-old grandmother with arthritis to get relief. What they did not vote for was to empower two of the most anti-marijuana advocates in this state to set the regulatory framework for medical marijuana. Because essentially, by empowering those two individuals, we will be cutting relief from people who are desperate for it. That's just the truth, and several of my colleagues have said that truth aloud. This is not a pathway to recreational marijuana. It is not a blueprint to the degradation of our society. It is simply getting people who desperately need relief, some help-- a little bit of help so the person who had 30 seizures before lunch today out in the Rotunda can live their life with a little more dignity. That is what this is about. I do think, I do think LB677 is too restrictive, but when I weigh out the alternative, the way I look at it, if we don't take action on this, we are essentially negating the will of the voters, who want their neighbors, who wants their colleagues, the people they live alongside, the people work alongside, the people they pray alongside, to get the relief they have been crying out for. The woman who led this charge, one of the main proponents and organizers, is not a big corporate lobbyist from Denver or Minnesota or California. She's a Nebraska mom with a sick son, a child who does not understand why time after time after time, relief is denied to him by the very leaders that were elected to make sure our state prospers. So please, colleagues, go out into the fish bowl. Go out into the Rotunda. Hear these people. Hear them out. Thank you, Mr. President.

KELLY: Thank you, Senator Guereca. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. Good afternoon, colleagues. I share the sentiment of my friend, Senator Guereca, that time for a list of restrictive ailments and delivery systems and restrictive licenses, that, that time has come and passed. Families worked in good faith to try and put restrictive-- a restrictive medical marijuana program on

the books through this Legislature and were denied, year after year after year. They've organized multiple petitions, they've fought a dizzying maze of court challenges, and they finally moved forward with a vote of the people that was resounding and robust and that did have a robust program. Now, let's stop the political theater about what's going on here with the will of the people and not. The reason Senator Hansen brought forward this measure is because despite the will of the people, the Attorney General and the governor are doing everything in their power to thwart the real will of the people, to restrict access, to delay implementation, to thwart execution of an initiative, which, by the way, you don't need 2 initiatives to make it self-executing. The Constitution makes it self-executing. So that's why we are where we are where we are. And if you bothered to listen to the committee level, you heard from state officials that under the self-executing law of the land as it exists today, homegrown is permissible. There's no discretion to turn back license applications. So if, in fact, you want nothing to happen, that might be just a, a fine outcome for myself and others who've been fighting for a sensible approach to medical marijuana and make it a cure, not a crime. Now, let's also be clear about what's happening in the courts here. All of this conjecture and all of these legally and politically irrelevant talking points about potential fraud and this and that were subjected to scrutiny in an actual court of law, in an actual court of law. And the Attorney General lost, not be, be-- in front of some sort of, you know, liberal activist judge, but Judge Susan Strong, who was appointed by Governor Pete Ricketts, who used to work for the Nebraska Attorney General's Office and has a distinguished private practice behind her, who was given a rating of 92.38% in terms of retention amongst lawyers that practice in front of her. And after dozens of legal briefs were filed, hearing-- witnesses were challenged, arguments were made, the court found clearly, quote, the petitions fulfill all constitutional and statutory requirements and are thus, legally sufficient under Nebraska law. Period. The Attorney General has brought claim after claim after claim, chilling the right of the people to peacefully petition their government, pushing back heartlessly and cruelly on patients in need of care, and he's zero for 13 on his claims. If you want to hold out hope that maybe the Supreme Court sees wisdom or merits in the Attorney General's most recent round of appeals, go ahead. But whether it's under the citizen initiative or this statutory scree-- scheme, if something runs afoul of the law, it will be enjoined by the courts. So you don't need to delay. You need to understand civics, in terms of how it works, in terms of the separation of powers, in terms of checks and balances. The Attorney General said they didn't have enough valid signatures.

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Dismissed. They said there was an invalid sponsor statement.
Dismissed. They said there were violations of single subject.
Dismissed. They said there was an unlawful delegation to the Medical Cannabis Commission. Dismissed. They said federal preemption because of Schedule I. Dismissed. The AG tried to prevent the Secretary of State from putting it on the ballot. Secretary of State proceeded anyway. Charges against a notary, based off claims an individual collected signatures. Dismissed. Filed for a temporary restraining order to stop counting of votes. Dismissed. After being granted expedited discovery in a trial timeline, they asked the judge to delay the trial. Denied. Judge Strong issues a 57-page ruling, a Ricketts appointee and former AG staff member, against the AG in Kuehn's lawsuit and finds the petitions met all legal sufficiency requirements--

KELLY: That's your time, Senator.

CONRAD: --and the claims had no merit.

KELLY: Thank you, Senator Conrad. Senator Brandt, you're recognized to speak.

BRANDT: Thank you, Mr. President. I am opposed to the bracket. I support AM1251 and LB677. I would yield the rest of my time to Senator John Cavanaugh.

KELLY: Senator Cavanaugh, 4 minutes, 46 seconds.

J. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Brandt. I'll try and be nice, since I'm on Senator Brandt's time. So I did want-- I guess, in my times here, I haven't mentioned the actual part of the ballot language where it specifically grants under current law, so this is the thing that was passed by the voters, is in statute right now, and I did talk about originally, the one part of Attorney General's letter I did agree with, is that the ballot initiatives are the law of the land, currently. That's what he said in his letter that he sent to the Speaker, and that was circulated to all of us to our offices by his office this morning, and then that was circulated on the floor. So he does say in that letter, the very beginning of it, that unless and until the courts act, those initiatives are current law. So-- and this is what the current law is. And it is Section 3 of the first part, of which is Initiative 437, that then became part of our statute. And it is: Subject to the requirements of the Nebraska Medical Cannabis Patient Protection Act, it shall not be an offense under state or local law for (a) A qualified patient to use, possess,

or acquire an allowable amount of cannabis and cannabis accessories for the alleviation of medical conditions, its symptoms, or side effects of, of other-- condition's treatment; or (b) A caregiver to assist a qualified patient with activities set forth in subdivision (1)(a) of this section by possession-- possessing and acquiring an allowable amount, amount of cannabis and cannabis accessories on behalf of a qualified patient and delivering an allowable amount of cannabis and cannabis accessories to a qualified patient. And then (2) Conduct protected by this section shall not be subject to the Uniform Controlled Substances Act. So what that whole section there is, which, again, is in our law right now, is saying that the state of the law of Nebraska is a person can possess cannabis un-- if they meet certain requirements. The first requirement is that they have-- that they are a qualified patient. If you go back up to Section 2, it defines qualified patient as someone who has gotten a recommendation from a physician, a physician's assistant, a nurse practitioner, or an osteopathic physician, either under the state-- licensed in the state of Nebraska or licensed under the Uniform Credentialing Act, so both in Nebraska and out of Nebraska, provided they're licensed under the Uniform Credentialing Act. So that is currently the law of the land, if somebody meets that requirement or they have that recommendation. Currently, that recommendation can be good for up to 2 years, without any review or oversight or anything like that. Obviously, it does say, or a time period specified by a healthcare practitioner as written in the recommendation. So that's the current law of land, again. And then, if you go back to the other definitions, where folks have kind of parsed a little bit, this defines both that they can possess-- this person, who meets those 2 requirements that we talked about before, can possess a-- acquire and possess an allowable amount of cannabis, and they, they can also use it, right? So, so it's cannabis and cannabis accessories; there are 2 separate definitions. One is the definition of cannabis. So under this, a person who meets this requirement can possess cannabis, meaning all parts of the plant genus cannabis whether grown or not, so all parts the plant, right at the beginning-- whether grown or not, the seeds, the resin extract from any part of the plant, and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or resins. So that is inclusive. It includes all of those things. So it shall not be a crime for a person who meets the first 2 requirements. They are a patient, they have a recommendation from a medical professional. They can possess those things, but they can additionally pos-- possess the cannabis accessories, which is the subsequent definition under Section 2. It is Section, Section 2(3) Cannabis accessories means equipment, production, products, or materials of any

kind that are used or intended for use or designed for use in storing, vaporizing, or containing cannabis, or for ingesting, inhaling, or otherwise introducing cannabis into the human body. So what that means is that the current law in the state of Nebraska is that someone who has a doctor's recommendation for their conditions, as the doctor sees fit, the doctor is licensed in Nebraska or under the Uniform Credential Act in another state, they can possess up to 5 ounces of cannabis for medical purposes, they can consume it, they can use, possess, and acquire the allowable amount of the plant or any of those other forms, and they can use or possess the accessories, which, by the way, allow for inhalation. So they can use it however they see fit, but they specifically can inhale it. So the law is clear. The law is current. This is what the law of the land is, and if you are opposing to this bill, you are opposing putting--

ARCH: Time, Senator.

J. CAVANAUGH: --constraints upon that law. Thank you, Mr. President.

ARCH: Senator Clements, you're recognized to speak.

CLEMENTS: Thank you, Mr. President. There was comment that the current administration will not implement the proposed initiative measure unless this bill passes. And I'm just going to go back to the text of Measure 438. It says, the commission shall, no later than July 1 of 2025, establish criteria to accept or deny applications for registrations. The commission shall, no later than October 1 of 2025, begin granting registrations. And item 4: Shall have the authority to adopt, promul-- promulgate, and enforce distinct sets of rules and regulations. Number 10: Shall establish procedures, acquire necessary offices and staff, do all things necessary and properly, carry out its powers and duties, including the adoption and promulgation of rules and regulations. And so, I don't have any indication that they are not going to do that, that the governor has already started implementing by nominating people to the commission. The law enforcement opposition is one thing that I'm concerned about, making law enforcement's job much harder, creates a significant shield against probable cause for searches or arrests for those who carry large amounts of marijuana, will make it practically impossible to enforce laws against marijuana possession, and there's no overall limit which a person can buy in a specific time period. And then the other point-- this came from the Attorney General-- about synthetic Delta-8 in Nebraska. The products are poisoning Nebraskans and have led to mental health breaks and hospitalization, and this would provide some statutory approval for the sale of harmful synthetic THC products. The voters passed a

regulatory system for medical marijuana, which, left intact, is self-executing, and this bill is an expansion of marijuana. It's only vaguely tied to the original purpose of the voters and would severely undermine public safety. And my county sheriff-- both county sheriffs of mine have signed this and oppose it, so I'm raising that concern. I yield the rest of my time to Senator Sorrentino.

ARCH: Senator Sorrentino, 2 minutes.

SORRENTINO: Thank you, Mr. President. Earlier, there was discussion of PDMPs, or prescription drug monitoring programs. These are state-run, electronic databases that track the prescribing and dispensing of controlled substances. PDMPs help identify potential misuse, diversion, and overprescribing, and clinicians-- and help clinicians in making more informed decisions, potentially preventing overdoses. To be clear, this bill-- under this bill, law enforcement does not have access to PDMPs. This amendment only requires a certified doctor to check the PDMP. The doctor checks it, and in a traditional prescription, the PDMP would have dosage, refills, et cetera. Under this bill and the amendment, the doctor has no information about dose, type, et cetera. The doctor in a medical marijuana system has no control over dose, route, frequency, or refills. It is a blanket card that allows the holder to purchase up to 5 ounces, or under the amendment, 2 ounces, of marijuana at any time, as many times as they want to. Thank you, Mr. President.

ARCH: Senator Hughes, you're recognized to speak.

HUGHES: Thank you, Mr. President. Sorry, I'm just getting my computer back up, maybe. I rise today in support of LB677 and AM1251. I received an email from a constituent, and I wanted to read the last paragraph of the email. So I'm not going to name names, but-- names a name-- has practiced law in rural Nebraska for 23 years, including 14 as a county attorney. In those capacities, he has dealt with many cases involving marijuana and both Nebraska and Colorado laws. He advocates passage of LB677 and AM1251 and states: If the Legislature fails to set up an appropriate regulatory system, then it will be chaotic and costly to the state of Nebraska, and more specifically, local counties, has it-- like it has been in the past. The new-- this newest compromise will avoid that, while following the vote of the people. So that's the email I received this morning. When I think of Nebraskans, I think of common sense. Everybody-- when I go to town halls, when I talk through issues, whether it be Republican, Democrat, I meet with both groups in my district and between all of us, we do have common sense. And when you actually talk through issues, you may

come to the conclusion that you have to agree to disagree, but there is always things that you can agree to. And I believe we can put common sense in this regulation of medical marijuana, which was voted in by the people last fall. One argument I'm hearing is that, well, we need to wait and see. We need to wait and see if Attorney General Hilgers' cases go through. And I believe-- I, I was gone this morning. I was at an event in York. But I believe I heard Senator Hansen say that he would do an amendment between now and Select that would start this regulation in January 1 of 2026, which gives ample time to see how those cases turn out. So I, I don't-- I think that argument is mute [SIC]. We could get the regulation in place. If the Attorney General's cases, he wins, OK, we're done. If he doesn't win, we've got something in play, January 1st. And I just wanted to kind of go through some of the guardrails that were important to me that I know the committee-- General Affairs Committee and Senator Hansen, along with Senator Holdcroft, had worked on. I, I appreciate the list of medical conditions that this medical marijuana can be recommended for. It's a very, I think, concise list, and it helps eliminate the argument of, oh, well, this is just going to be recreational. I appreciate that it's only physician-- physicians, osteopathic physicians, PAs, physician assistant, or nurse practitioners that can recommend. And these are the 4 entities in the state that can write other drug prescriptions. Nurse practitioners actually can practice on their own, not under the purview of a doctor. A physician's assistant has to have the stamp of the doctor on that prescription card, and then, of course, doctors can prescribe on their own. Smoking is illegal. That is another thing that I've heard. Well, it's just going to be-- this is just for recreational use. Everybody's going to be smoking. You're allowing 2 ounces of the flower, but the smoking is illegal. So if you are caught smoking, it-- you're breaking the law. I really appreciate the strict, independent testing standards for this, the THC levels, they're testing for to-- testing for toxins, et cetera. If these people are-- and, and I believe there is a need and can be used medically, they want it tested for these things. They want it clean. They don't want it having toxins, et cetera, in it. So I think that's important, and if we don't do something, whatever you buy off the street, you know, wouldn't have that. I'm going to end with the fact that there are states out there that have medical programs. And North Dakota, South Dakota, Arkansas, and Florida all have medical programs, and when a ballot initiative went on to make it recreational, they voted it down. And that shows that if we have good regulation on the medical side that fulfills that need and we are commonsense people, and I believe if a, if a recreational comes on our ballot--

ARCH: Time, Senator.

HUGHES: --we will vote it down, also. Thank you.

ARCH: Senator Quick, you're recognized to speak.

QUICK: Thank you, Mr. President. I rise in support of LB677 and AM1251 and opposed to the bracket motion. First, I want to thank Senator Hansen for bringing this bill. And I also, also want to thank Senator Holdcroft for all the work that-- as our committee chair. We had this bill in our committee. We had a hearing on it. And I think our committee talked several times about what we felt needed to, to-- what we wanted to see come out of the committee with this bill. I know there were some times that we disagreed on, on what needed to come out, but I think we come to a compromise and brought out a, a bill and an amendment that are going to be very good for people in our state and the use of medical marijuana-- or medical cannabis, excuse me. I will say there were some things in the bill, as far as restrictions go, that I thought were too restrictive. People in my community, PTSD was one of the things for veterans that I would like to seen on there, but I know that's not on there, and then also, a medically assisted treatment for opioid use would be another thing that I would love to seen on, seen on the bill but which, which is not. And on that, I'm going to talk a little bit about my son. He is-- just recently, he has been clean for about 2 months now from opioid use, and he's gonna start a job next week. He was just recently in the Capitol here, with-- along with my dad and my wife, and he's doing well right now. But he's struggled with opioid, opioid and, and, and drug and alcohol addiction for about 25 years now. And I think until you've actually lived that, I think it's hard for people to understand the, the experience. I don't know-- me, even as, as his father or my wife, as his mother that we understand what he goes through every day. But I will, will tell you that opioid, opioid use is probably one of the hardest things that someone who's addicted to-- who has an addiction issue, can be on. I don't think the medical cannabis would be an, an issue for people. I don't think, to be honest with you, that recreational cannabis or recreational marijuana that he's probably used over the years-- maybe they led him down this path, but I think it was a lifetime of addiction that, that sent him here. I can think back to the times when he was in, in middle school. He was on Ritalin and Adderall. He found out there was other uses for those type of drugs. These, these are legal drugs, but he found out he could use them in a different form of-- I think vodka was his alcohol of choice of-- I, I know he used marijuana. I know that he used several different drugs, but opioids were actually the drug that, that were

the most harmful to him and to his body. And he's actually receiving medically-assisted treatment right now. He's receiving a shot, which helped with his cravings. That helps him with the cravings so he doesn't want to use opioids. My wife and I have given him Narcan several times. He's probably fortunate to even be alive. So I do support this bill. I think it's really important. I think it could help people. It's-- I think it-- we see these children out here in the Rotunda. It could help them, people in cancer. I think it actually could even help my son, if he's-- I'm going to call it fall off the wagon again. But he's doing well right now, and I'm really-- we're really fortunate that that's happening for him. So I'd ask you really to consider, you know, that this is-- I think this is an important bill that could help a lot of people, and we need to take that in consideration in what we're doing. Thank you, Mr. President.

ARCH: Senator McKeon, you're recognized to speak.

McKEON: Thank you, Mr. President. Even a little marijuana may change a teen's brain, a study finds. Lower levels of marijuana use, as few as one or two times, may change the teen's brain, according to a new study. A study, which looked at the brains of 46 14-year-old girls and boys from Ireland, England, France, and Germany, found that teenagers who reported using recreational marijuana just once, twice, displayed an increase of volume of MRI images in numerous brain regions involved in emotional-related processing, learning, and forming memories. The results of this study were published on-- published. Most people would likely assume that one or two joints would just-- would have no impact. So we were curious to study this, and especially to investigate if first uses may actually produce brain changes that affect the future of behavior like, like the use. At the age at which we studied these kids, age 14, the part of the regions of the brain through the processing of thinning, he said, suggesting that this is a sculpting process that makes the brain and its connections more efficient. So, one possibility is that the cannabis use has distributed [SIC] the pruning process, resulting in large volumes in the cannabis users. Another possibility is that the cannabis's use has led to a growth in the neurons and in, in the connections between them. It's not the first research that, that can-- to find that cannabis use may cause changes in a teen's brain. A recent study found that the teens' brains are more vulnerable to the effects of marijuana than alcohol. Scientists discovered that young people who use marijuana frequently were more likely than non-users to have slightly lower scores on tests of memory, learning new information, and a higher level of problem-solving and information processing. According to the most recent data released by the National Institute of Drug

Abuse, 32% of 10th graders reported using marijuana at least once during their lifetime. But experts believe that more research is needed to determine how/why the brain is affected by early marijuana use-- changing the attitudes, attitudes toward the drug. I believe, in my opinion, that we've been doing the 3 Ds for too long. We've been dumbing people down, keeping people in debt, and drugging people legally and illegally. 60% of the sheriffs in my district are against LB677, and so am I. There are other options for relief. Thank you.

ARCH: Senator Hardin, you're recognized to speak.

HARDIN: Thank you, Mr. President. This is an interesting drug. 10 people could take a single hit off of the same joint and you could get 10 radically different reactions. That's why it's an interesting drug. It could range from being very mild and harmless to wildly problematic. You take that across a hundred people you think well we're going to start to see more themes, ruts in the road. What's interesting about this particular drug is it's that issue, and it's not just about the drug itself, it's the way that it's ingested-- sublingual under the tongue, do you get a gummy, do you get a brownie? Time of day that you take it. How tired are you? What's your overall physical health? It becomes difficult to try to plot it. In fact, I'm on the National Institute of Health website right now, and this is what they talk about in their key points regarding medical marijuana. A definition of a standardized cannabis unit is needed to accelerate research in medical cannabis and enable safe and effective use of medical cannabis products. And what they go on to talk about is that sounds easy to say, it's really hard to accomplish. There's quite a bit of agreement that a THC in, hey, 5 milligrams or 10 milligrams of the PHC-- or of the THC, not PHC-- THC is something that we can measure and we can compare one versus another person. What's really strange with all of it is the scientists are not getting predictable outcomes. The least predictable of those various means of taking the drug is when you smoke it. There are people who can take it through a spray, orally, and it affects them one way. They smoke it, and it's very, very, very, very different. And that's kind of what this is talking about. Says a recent proposal for standardized THC, by Freeman and Lorenzetti, which defines a standard unit as 5 milligrams, presents a sophisticated approach to support safe, nonmedical cannabis consumption, nonmedical cannabis consumption, with the same administration route. However, this approach may be limited when considering medical, medical cannabis products, given a need to track efficacy and safety. And essentially what it goes on to talk about is, we often will say that, gee, we just don't know enough because we haven't studied it enough. Well, gosh, we've been very aware of the

effects of pot for years. We've been smoking it for a long time. Just ask the 1960s. And yet, there's something interesting about this drug that is elusive. It's like a wet bar of soap. The harder you grab it, the more it runs away from you. And I think that's why it's become a difficult thing to study, to measure, to quantify, and I think that's part of what's at the heart of this discussion. In many ways, this is a drug that is unlike most others, because of how it affects the people who use it. And if we can't predict those things, it makes it very difficult to stand by those things. And so I'm simply pointing out that this is not a problem that just Nebraska is trying to struggle with. On a federal level, and one of the reasons that they keep kicking the can down the road on this thing, is because of how elusive this drug is to study because of the very subjective effects that take place in the lives of the people who use it. Thank you, Mr. President.

ARCH: Senator Spivey, you're recognized to speak. Senator Fredrickson, you're recognized to speak.

FREDRICKSON: Thank you, Mr. President. Good afternoon, colleagues. So I just wanted to get on the mic real quick. I, I misspoke earlier when I was on the mic. I had mentioned that there were 39 other states that had legalized medical marijuana. I just did some research, and I'm on the CDC's website, currently. So as of February, 2024, 47 states, the District of Columbia and 3 territories, so Guam, Puerto Rico, U.S. Virgin Islands, allow for the use of cannabis for medical purposes. So, again. I'm going to say that again. 47 other states have this, so we are one of 3 that do not. So to, you know, just underscore some of the narrative that we've been hearing today and the comments that we have been hearing today about medical marijuana or medical cannabis, I should say, and some of the doom and gloom that we're hearing around this. Again, I would encourage my colleagues to maybe travel around the country, because 47 states have this. I personally don't think that the streets of 47 other states are on fire. A lot of the stories that are being told ring pretty hollow when you consider that fact. 47 other states have this. So are Nebraska and 2 other states the only safe places in the entire country? Is this a national crisis? Canada has had legalized recreational and medicinal cannabis since 2018. They're doing just fine. I also want to say we're hearing a lot of stories about side effects and all these intense things, like psychosis. And yes, like at incredibly high concentrations, cannabis can be dangerous, just like alcohol, just like ibuprofen. If any of us went over to Billy's and had 15 whiskeys, we might be seeing things, too. That's why this regulation piece that Senator Hansen's worked really hard on is so important, because we are having individuals

overdose or misuse because we're not regulating the concentration of the THC in the deliveral-- in the delivery method. So having regulation around this makes things a lot safer for folks. I have a couple other thoughts, but I want to give some time over to Senator Kauth who I know has an announcement to make. So Mr. Speaker, I will yield the remainder of my time to Senator Kauth.

ARCH: Senator Kauth, 2 minutes, 5 seconds.

KAUTH: Thank you, Mr. President. And thank you very much, Senator Fredrickson. I want to take a moment, actually, to talk about something a little different. Today is the 10th anniversary of Omaha police officer Kerrie Orozco's death. Officer Orozko was a member of the gang unit and involved with PACE, which is Police Athletics for Community Engagement. She was incredibly involved with her community and an absolute shining light to everyone there. She was helping another officer serve a warrant when the suspect opened fire, hitting Officer Orozco just above her vest, and she perished from her wounds. The phrase "Kerrie On" is used to describe her legacy. So please keep her family and Omaha police officers in your prayers and thoughts today. And Mr. President, how much time do I have left?

ARCH: One minute, 15.

KAUTH: Can I ask a question of Senator Hansen?

ARCH: Senator Hansen, will you yield to a question?

HANSEN: Yes.

KAUTH: Would you like to respond to anything Senator Fredrickson was saying?

HANSEN: Yes. Thank you. Yeah. So I appreciate the question. And I know Senator Fredrickson was kind of elaborating a little bit also, on some of the work that's been done with this bill. And so I just want to touch on a little bit about some of the organizations. When I say there's a lot of stakeholders involved with this, that this wasn't done in a silo, that it wasn't just the medical industry mafia people who gave us the bill and we just introduced it without looking at it. The organizations that either gave input for the bill or are neutral on the current language, either/or, Nebraska Family for Medical Cannabis and the Nebraskans for Medical Marijuana, not surprised. But then we also have the Nebraska Medical Association, the Nebraska Pharmacy Association, Arc of Nebraska, the Liquor Commission, the State Chamber, the Nebraska-- the School Board Association, the NSEA,

Transcript Prepared by Clerk of the Legislature Transcribers Office
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OPS, LPS, Millard, NACO, and the County Attorneys Association. And from my understanding, also, the Omaha Police and the Lincoln Police Departments are neutral on this, as well. So, when--

ARCH: Time, Senator.

HANSEN: I say there's been a lot of people invo-- thank you, Mr. Speaker.

ARCH: Senator John Cavanaugh, you're recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. Would Senator Hansen yield to a question?

ARCH: Senator Hansen, will you yield?

HANSEN: Yes.

J. CAVANAUGH: Is there anything you wanted to finish up there?

HANSEN: Yes. Sure.

J. CAVANAUGH: Thought you wanted to finish. Not to put you on the spot.

HANSEN: Yeah. No. OK. No. No. Those are, those are just some of the organizations. And I-- because I hear from maybe some of the opponents that this wasn't well thought out, but this was months in the making, might be even longer than that, that involved a lot of people and I personally took reign over this bill. It's mine. It's my responsibility. My name is on it. I wouldn't introduce anything that I didn't agree with. I want to make that clear for people who assume that this is not my bill. And the amendment is what the General Affairs Committee kicked out, in collabor-- in collaboration with others and myself, to tie everything together. Like I said, there's a lot of people that are involved with this and that's how you make good legislation, not a few people in a room appointed by the executive branch, who are anti-medical marijuana people. What did the people want us to do, especially the 70-some percent of people who voted for this? What did they expect of us? And we need to do our job again. Thank you, Senator Cavanaugh.

J. CAVANAUGH: Thank you, Senator Hansen. Very well said. Good answer. Well, I-- obviously, I support Senator Hansen's work on this. And as I started out earlier today saying, Senator Hansen and I are often on opposite sides of issues, and so I really do respect and appreciate

how hard he has worked on this, how much information he is giving to all of us and how much he's learned about this. I've had a good opportunity to learn a lot about this issue being on the General Affairs Committee this year, going to the 3 town halls that we had about this, reading the different versions of the bill, having the hearings that we had. And there are a lot of stories, you know, that, that tug at your heartstrings, about folks that-- especially the 300 folks who came to the town halls, the 100 of them that spoke. And the ones that struck me the most were the people who could list off the 14 or so medications that they were on that they can replace with medical cannabis. The folks who-- one woman had a story about the amount of, I think it was Ativan that she would have to take if she was experiencing a seizure or an event, and that the doctor would be uncomfortable prescribing that amount of Ativan, but all it would take is just one puff of this nasal spray that is medical cannabis. And so it's a small amount of a much less risky medicine that we are standing in the way of getting her access to. So there are all countless number of stories. I think you can still go and re-watch those town halls online, if you so choose. I have my notes I took. I wrote one-- I wrote something for every single person who talked, you know, tried to remember something about everybody. And there were lots and lots of those types of stories, of people whose lives could be meaningfully improved if they could actually get access to this. And my whole thing on this, I've talked about is-- last time I was on the mic, I talked to you about how it is currently the law that people can possess this, with a doctor's recommendation up to 5 ounces. And to answer the question of somebody who pointed out, it is a possession limit of 5 ounces, which means it doesn't matter how much you would go in if you go back and forth in-- into the store to buy 5 ounces, 5 ounces, you can't possess more than 5 ounces. So once you go 5.1 ounces, you would be in violation of the law. So that's what the limit is. You can-- doesn't matter how much they might sell you, but under Senator Hansen's bill, there is the requirement that they'd have to monitor that. I'm gonna run out of time here. But I just want to point out for you, easier to read in statute. So on the legislative website, 71-24,106 is the section, where it says Nebraska Medical Cannabis Regulatory Act, how cited. And it goes from 71-24,106 to 71-24,111. So that's where you can go read all this. You can see it. It is currently in statute. You can currently see the state of the law. But we have an opportunity to make this actually accessible to folks. That's what the question here is. It is already legal. People can already get a recommendation from a doctor. It's just hard to access unless and until we put regulations in place. And of course, we should put those regulations in place to make sure that you're getting what you think

you're getting, that it is clean, it is reliable, it is consistent. That is what our obligation is here. It is already legal. People can already get a doctor's recommendation. They just are going to have to go somewhere else to actually get access to it.

ARCH: Time, Senator.

J. CAVANAUGH: Thank you, Mr. President.

ARCH: Senator DeBoer, you're recognized to speak.

DeBOER: Thank you, Mr. President. So this summer, when the petition drive was going on, my cousin and his wife came to town. My cousin is a neurologist, and his wife is a pediatric neurologist. And they saw the folks that were doing this petition drive, and they said to me, get this done as soon as possible. My cousin-in-law is a pediatric neurologist for whom 50% of her practice is epilepsy, childhood epilepsy. And she said, there are patients that I have that nothing else works. Epidiolex, that's that synthetic marijuana, it doesn't work on them. There are patients that the only thing that works is medical cannabis. Now she's smart. And she knows more about pediatric neurology with a specialty in epilepsy than I will ever know, or frankly, anyone in this room will ever know. And she tells me I need this for my patients who have debilitating epilepsy. And the only thing I can say to that is that we should get that for these kids, if you meet any of these families out there. Colleagues, I cannot imagine that anyone here wants to sacrifice those kids. So I'm in favor of any bill that will get these kids the medical help that they need. That's it. It's as simple as that for me. Are we worried that it'll get into other people's hands? Do you think it's not already in other people's hands? There's a sign in Omaha-- I-- it shocked me the other day. I was driving in a street I don't normally go down, and I saw this billboard. And it says, come to Missouri. It was a sign for Rockport, and it was advertising how far away it is for you to come get medical-- or sorry-- recreational marijuana. And it was, you know, a few hours away. It used to be fireworks. Now it's, now it's marijuana. The people who want to have it recreationally are gonna get it. Let's get it for the kids who need it. I yield the rest of my time to Senator Hansen.

ARCH: Senator Hansen, one minute, 50.

HANSEN: Thank you, Senator DeBoer. I'm just trying to go through a lot of the concerns, I think, that we hear from the opposition, or even a lot of times, the people who are on the fence. It seems like a lot of

people who are on the fence just don't know for sure what to do about the flower part. Is it good? Is it bad? And though, even though we do explicitly say in the bill it is illegal to smoke it, there are other uses for it in a more natural capacity that some people actually use it for, as opposed to more of a synthetic version. And so, out of all of the comprehensive states-- or the states that have passed comprehensive regulations, all of them have flower included. And I have a whole list here. In those 3 prime examples we were giving about who run really good programs, South Dakota, Florida, Arkansas, all have flower as a part of what the patient can have. And I got a whole list of states right here. And so, the notion that this is kind of new to medical cannabis or it might cause a lot of problems or lead to recreational marijuana, that, that notion does, does not ring true when you see all the states who have flower involved and they're not getting rid of it. I would think if they're starting to see a lot of addictive properties to it, people ending up in homeless shelters, people going onto other drugs, they would get rid of it, like any responsible state would. But they're not. Alaska, Arizona, Kentucky, Louisiana, Mississippi, Montana, North Dakota, Ohio, Utah, West Virginia, conservative states who think the same way a lot of us do here, about our concern about recreational--

ARCH: Time, Senator.

HANSEN: --marijuana. They include it--

ARCH: Time, Senator. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. Senator Hansen got cut off there pretty quickly. I apologize for that, Senator Hansen. I was wondering if Senator Storm would answer just a couple other questions here today.

ARCH: Senator Storm, will you yield?

STORM: Yes.

DUNGAN: Thank you, Senator Storm. I know we've heard a couple of times, I think, here, from you and from some other folks who are opposed to LB677, that this isn't what the voters voted for. I'm curious. What is it you think the voters voted for, with regards to medical cannabis?

STORM: Well, what was in the ballot initiative is what they voted for. That's what they read. That's what they voted for.

DUNGAN: And so, the Ballot Initiative 438 is the regulation or the ballot initiative for the creation of the Nebraska Medical Cannabis Commission to regulate those activities, right?

STORM: Correct.

DUNGAN: And so, do you think that the folks who voted for medical cannabis were voting for actual access to medical cannabis?

STORM: Yes.

DUNGAN: And if you voted for medical cannabis in the ballot initiatives, it would follow that you are voting for the ability to actually obtain that medical cannabis here in Nebraska.

STORM: In a safe manner, reasonable manner, yes. I would say so.

DUNGAN: And that you are also hypothetically then, voting for the ability to receive a recommendation in the state of Nebraska.

STORM: Well, I just think it was a general-- when a, when a person goes into vote, they're going to look at a ballot initiative that's 50 words, and they're going to vote for a, a general theme, and that's probably not going into the depth that you're talking about here, but yeah.

DUNGAN: But I'm, I'm assuming that if somebody is voting for the legalization of medical cannabis and then the ability to regulate medical cannabis, one would have to assume that they're voting for the ability actually to obtain medical cannabis in the state.

STORM: Correct.

DUNGAN: And to receive a recommendation then, or a prescription therefore, right?

STORM: There's not a prescription in this bill, so a doctor's not going to prescribe it, but a recommendation that you have a-- an illness, but I'm not sure the person that voted for that-- I'm sure they looked at medical marijuana and said, OK, I'll vote for it.

DUNGAN: That makes sense. And were you opposed to the medical cannabis initiative?

STORM: I voted no against it.

DUNGAN: OK. And I'm just trying to clarify, because it seems like what the big debate is that we're having here today is access, right? We-- we've heard a lot of arguments about why marijuana is bad or why cannabis is bad or other drugs are good or bad, it's been legalized. And so, the debate that I think we're having is the access to it. So do you believe that LB677 provides access to medical cannabis in the state in Nebraska?

STORM: Not in a safe manner, no.

DUNGAN: Absent LB677 though-- let's say LB677 doesn't pass. There's not actual access for medical cannabis in the state right now. Correct?

STORM: I believe that a commission will be put together, which we're working on right now, and then they, they will-- it'll be their job to set up some format to have medical cannabis in the state.

DUNGAN: And it's within the rules and regulations that were enacted by the ballot initiative that the, the commission get to establish the parameters within which they grant, I guess, applications or they grant access to be able to sell and distribute the cannabis?

STORM: That's what I would say, yeah, the commission, because that's what 438 says. The rules and regulations will be set up through the commission.

DUNGAN: So it would be well within their purview to put together regulations that made it virtually impossible for somebody to get actual licenses to sell this.

STORM: I don't think they would do that, no.

DUNGAN: But they could, I think, is the concern people have expressed.

STORM: I think they'd be off the commission if they did that, and we would put somebody else on that would, would meet the needs of the people.

DUNGAN: But in the-- so these commissioners, I think you grant it for 6 years. They have a 6-year commission, they go on. So the 2 that have been recommended so far by the governor have been adamantly opposed to medical cannabis. So if the Liquor Commission and then the 2 folks who are adamantly opposed to medical cannabis put together a list of rules that are so restrictive they make it nearly impossible for people to

have actual access to medical cannabis, do you think that would be opposed to the will of the people?

STORM: Well, I don't think the people that are picked-- I've already talked to one on the phone. She called everybody and she's been instrumental in helping Iowa set up their, their regulations for medical cannabis. So she's well versed on that, to, to have medical cannabis and she's not--

DUNGAN: Did she tell you that she was in favor of this passing?

STORM: Of what passing?

DUNGAN: LB677.

STORM: No, we haven't talked about that. We just talked about-- she had a conversation with me. And I think she called the other members or reached out through email, before we had the hearing on the 22nd.

DUNGAN: OK. Thank you. I appreciate the answers. Colleagues, I know I'm running out of time here, I'm not probably going to get to talk again. Again, my concern is about access. LB677 is not perfect. It certainly has provisions that I don't necessarily support and that I know many others don't. But it-- what it does do is allow regulation and actual access to the medical cannabis, which is what people voted for. Absent LB677 being put into place, the fear and the concern that many have is the regulations that are going to be promulgated will virtually ban access to medical cannabis. We've seen Iowa, where there's about 5 dispensaries, I think, total, in the entire state. We want to make sure that we are--

ARCH: Time, Senator.

DUNGAN: --giving people what they actually voted for. Thank you, Mr. President.

ARCH: Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. Good afternoon, colleagues and Nebraskans. A lot of you who are talking about your opposition to the bill are just talking about opposition to marijuana use, which is fine, but you're revealing through your, your remarks that you not only don't understand what the drug is and how it works, perhaps that you've never used it or been around anybody who has, but also that you don't the history behind the criminalization of marijuana and why. In the beginning of the 20th century, cannabis was not really used in the

United States. But with the start of the Mexican Revolution in 1910, a lot of Mexicans began moving to the United States, and they brought with them the tradition of smoking marijuana. And in the United States, there was a big fear-- a big, growing fear of Mexican immigration. And politicians and media outlets, both, they propagated claims that marijuana incited violence, that it created a quote-unquote, lust for blood. There were posters and videos. You remember Reefer Madness, all this stuff. And all of this portrayed Mexicans and other marginalized racial groups as a quote-unquote, marijuana menace. And the U.S. Government wanted a way to remove Mexicans from the United States, so they worked very hard to associate marijuana and cannabis/pot with Mexican immigrants and make it something that was undesirable or criminal in the public eye, despite the fact that it was something that was commonly used, that it was a drug that was commonly used more than alcohol, and they eventually made it illegal. And all of this propaganda that was created by the U.S. Government and the media contributed to the prohibition of marijuana, and it shaped negative perceptions about the drug and its users, and these perceptions obviously continue to persist today. Just listen to the remarks that have been made on the floor of this Legislature, a lot of them based in classism, which is based in racism, which is based in these propaganda, these messages that were created for you to believe, over 100 years ago. In the United States, eventually, even the term cannabis, it was replaced with marijuana, just to emphasize the foreignness of the drug and feed the racist impulses of white Americans. And it was around this time that a lot of states in the United States started to pass laws to ban pot. In the 1930s, the head of the Federal Bureau of Narcotics was a guy named Harry Anslinger. And I would say that he was an early creator or propagator of what we would call the "War on Drugs" that Nixon named later. And this guy was not motivated by safety concerns, like a lot of you today say that you are, because the vast majority of scientists that he spoke to at the time claimed that the drug was not dangerous, that it wasn't more dangerous than alcohol or any other, you know, tobacco, any other types of things that were used at the time. What motivated this guy was his desire to keep his job. The Federal Bureau of Narcotics had just been created and he wanted to show that his department was powerful, that it was relevant, that it was worth funding by the federal government, and that's something that a lot of politicians and elected officials should relate to, right? So this guy, Anslinger, he sought a federal ban on marijuana. He relied on the propaganda campaigns that relied heavily on racism. And in his department under his leadership, they promoted messages that claimed that the majority of pot smokers were, in his words, degenerate races,

including black and Latino Americans, and that using marijuana caused them to commit violence and become insane. Same type of stuff that you guys they're saying on the floor today. He said, quote, reefer makes darkies think they are as good as white men. What other-- what also bothered him was-- once again, this guy was the head of the Federal Bureau of Narcotics. He believed that pot was a threat to white women's virtue. He thought that smoking pot made them want to have sex with black men. So pot is a Schedule I drug, colleagues, not because it's so dangerous, but for the same reason that crack is prosecuted differently from cocaine, even though it's the same drug. That stereotype is that crack is low-class and that cocaine is high-class. It's all about beating down a group that someone doesn't like, based on class and race. So when you talk about, well, marijuana is dangerous. It's a Schedule I drug. Figure out why it's a Schedule I drug. Look into the history of why it is a Schedule I drug. It's not because it's so dangerous. It's because of these racist and classist history of the propaganda against this drug that was created by a racist man in the early 1900s, who wanted to keep his job-- tale as old as time.

ARCH: Time, Senator.

HUNT: Thank you, Mr. President.

ARCH: Senator Dover, you're recognized to speak.

DOVER: Thank you, Mr. President. A comprehensive study conducted by the U.S. Department of Veterans Affairs looked at data from 2,276 representative veterans who suffered from PTSD and used cannabis concurrently. Data from 1991 and 2011 showed their cannabis use, especially for a long time, was correlated with increased severity of PTSD symptoms, symptoms, not allevi-- alleviation, and the drug was concurrently associated with higher levels of violence and other substance use disorder. These results go against the anecdotal data, which, in symptoms from PTSD like anxiety or insomnia, are temporarily relieved through cannabis use. There is no large-scale, randomized control trials of cannabis for PTSD showing safety and eff-- and efficacy. Cannabis use disorder has been the most diagnosed substance use disorder among veterans since 2009, according to the VA. In 2002, the 13% of veterans who suffered from PTSD had concurring cannabis addiction, while in 2014, that percentage rose to 22.7%. Most alarmingly, rates of cannabis use disorder are considerably higher among the subset of veterans with concurring PTSD, 12.1%. In some instances, pre-existing substances use disorder, including cannabis addiction, can increase the likelihood of developing PTSD after

experiencing a traumatic event, because of, or how drugs like cannabis rewire their brain. A person who experiences a traumatic event like a car accident or an assault can more readily develop PTSD after struggling with acute stress disorder. Their brain is not as able to balance neurotransmitter chemistry without the help of the drug, which could lead to a deficit of dopamine and serotonin, which is, is most needed. I had a good friend in Montana that was a, a sniper in Vietnam, and he did smoke pot to take care of the demons he had. Dick Snow [PHONETIC] committed suicide, and his son, a valedictorian of high school, committed suicide after that. And so, I think a lot of people think that marijuana is a solution for many things. But I'll tell you, at least in my one experience, PTSD is not one of them. Thank you.

ARCH: Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President. Well, the discussion has been really far-flung today. We've talked all about why people should or should not support cannabis use. We could sub-- we can talk about all of the pros and cons of, of any cannabis, medical or recreational. But I like to just boil this down to the basic things. There was a lot of controversy regarding how this bill-- how this got on the ballot initiative. And many would argue, based upon the charges that were filed that there was wrongdoing done to get this on the ballot. That's part of the Attorney General's lawsuit that has not yet been decided. So let's not forget-- I know people can argue that, that while we've had other judges that have ruled-- well, the Supreme Court has not ruled. And until they do, it's not over. So what we need to focus on is what did the voters vote for. The voters did not vote for the Legislature to get involved and pass LB677. The voters voted to establish the Nebraska Medical Cannabis Commission and have them set up the rules and laying out the, the items that they-- that were involved, which I'd read earlier, on the mic. So we're getting way too premature. The commission has now been appointed, but I think the most telling thing is Senator Dungan's questioning of Senator Storm. I felt it was interesting at the end, when he was questioning Senator Storm and suggesting that the 2 members that had been appointed are anti-marijuana and therefore, they could prolong the rule-setting and make it difficult for this to happen. Well, guess what? The voters voted for having the commission formed, and we're doing that. We're doing exactly what the voters voted for. So really what this bill is about is front-running the commission to establish rules by the Legislature, which, in essence, would nullify everything else, and it would also interfere with the lawsuit that's going on, pending today. Senator Hansen indicated that he'd be willing to pass the bill and

move the enablement into next year, after the, the, the State Leg-- or Supreme Court has ruled. Well once we pass a bill, even if it's, even if it's delayed in its implementation, it's still been passed. So that's a Trojan Horse. Let's cool our jets, let's slow down the pace, kill the bill-- or pull the bill, bring it back in January when we can see much clearer, and take a look at what the commission's done. And if you want to get the Legislature involved at that time because you don't like the speed or what the commission's done, that's a legislative prerogative, and come up with 33 votes and try to change it, or the Supreme Court could rule and we go in an entirely different direction. Now is not the time for the Legislature to get involved. I urge my colleagues to vote no on-- vote yes on the bracket motion, vote no on LB677. We're way premature, we're getting way out there. There's no reason to talk about the virtues of marijuana, anything else. I, I know there's a lot of people that feel like that mari-- that marijuana is the, is the magic elixir. It might be. It might be. But we're here today to enforce the law, to enforce the voter initiative. That's our jobs. That's our jobs. I would also argue that one of the biggest problems we have in this state today is mental health. Don't tell me that drugs don't play a huge role in mental health, which means more cost for the Legislature. We've talked about the cost of SPED and how much that's costing us in the schools. It's nearly doubled since we've increased the rate that we would pay, and for reimbursements. These are going to be costs to this body. It's hard to come by funding, so let's be mindful of the fact that this would be a cost to us. This will increase mental health problems. Let's let the, let's let the commission do its job. Let's let the United States Supreme-- or the U.S. Supreme Court-- or Nebraska Supreme Court to do their job--

ARCH: Time, Senator.

JACOBSON: Thank you, Mr. President.

ARCH: Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. Speaker. I was going to get into a few quotes from people about medical cannabis, but wanted to just mention maybe a couple things that Senator Jacobson said. And, and this is kind of going back the-- of what other, maybe opponents or people who were concerned about the bill expressed, was the idea that we're usurping the will of the people somehow, by passing a bill. Like, they knew what they were doing. I think they knew what they were doing to pass the bill, but I also-- I wouldn't say I would 100% guarantee, but I'm gonna make a strong assumption that they expected us to do the rules

and the regulations or tell the Medical Cannabis Commission, here's your guidelines, here is what we're going to put in statute, now you enforce it. It's not our job to enforce. Our job is to create laws. And so, the, the idea that all of the voters who voted for this initiative said, you know what, I'm OK with 2 people that the executive branch, who's probably not a big friend of medical cannabis, and then 2 people that are appointed that were probably going to be very anti-medical cannabis, I'm OK with them making all the rules. I highly doubt that. I can make a strong assumption that they said, you know what, we would assume that the legislature would take the reins on this and put responsible rules and regulations in to make sure the implementation of medical cannabis is appropriate for those people who actually need it, in the right amount, and make sure we can tax it, and make sure we can set the fees, just like we do everything else. The idea that we just don't-- we'd have a hands-off approach? When we, when we had gambling on the ballot initiative, did we take a hands-off approach to that? What if we just said, you know what? They passed-- leg-- they legalized gambling in the state of Nebraska. Let's leave it up to the commission. They can make all the rules and regulations. There's no way in heck we would do that. So now this notion that we want hands-off? I don't know. It's, it's, it's confusing to me. And I would encourage, maybe, people who want to leave it up to the Medical Cannabis Commission completely, let me know if we had a Democrat governor right now and 2 people who were for recreational marijuana making all the rules and regulations, if you'd be in favor of that. I don't think so. So again, a little bit of a ploy to push off responsibility onto others. And then they have, in my opinion, maybe something they can tell voters later on that they voted against something that was highly popular. It wasn't our responsibility, it's somebody else's. And I don't think that's really great governance. These are tough decisions, and putting some of these rules and regulations, regulations in place is difficult, but we can do it. And it's our job. And so, another thing I want to kind of talk about-- I handed out again, everyone can kind of take a look at it if they want to: the implica-- implications of not acting on medical cannabis in the 2025 legislative session. There's a whole column that talks about what's in the ballot language and what is currently law right now. And the idea that-- that right now, in the ballot language, prohibits smoking, nope; in my bill, yes. Allows for recreational use of marijuana: the ballot language, no, and mine, as well, is no. There's nothing about recreational marijuana in the language and also, with this bill. There's a whole list that we talk about, about what the ballot language allows currently and the bill and the amendment, what it prevents. So it's not unreasonable to say that it could very well

be the Wild West if we don't do anything. But according now, to the 2 people who are-- they're not even elected yet, but the 2 people who are-- the, the governor picked to be on the Medical Cannabis Board, I'm not worried about the Wild West anymore. I'm worried about us not having anything, and in 2 years, we have recreational marijuana. I talked to all the families out there. I talked to all the people in town halls. I talked to hundreds of people who are volunteers for medical cannabis. I would conservatively say, 50-60% of them do not want recreational marijuana. But if we don't give them anything, if it was your kid, you're dang right you're signing for recreational to get it, even if you don't want it. It's not a route I want to go down. And that's something I'm gonna touch on again next time on the microphone, about maybe some of the implications of not doing something and what the future of Nebraska would potentially look like, when it comes to the use of recreational marijuana versus medical cannabis. Thank you, Mr. Speaker.

ARCH: Senator DeKay, you're recognized to speak.

DeKAY: Thank you, Mr. President. Would Senator Hansen yield to a quick question?

ARCH: Senator Hansen, will you yield?

HANSEN: Yes.

DeKAY: Thank you. From our earlier conversation, we were talking about the medical card and how there was a barcode on and how it was checked, as far as where it was bought from a dispensary or whatever. So there are penalties involved if they don't buy it from a dispensary?

HANSEN: What's that? Repeat the question. Sorry.

DeKAY: Would a-- if, if a-- say if it wasn't labeled on a bag that they bought that 2 ounces from a dispensary that showed a barcode and everything that was with that?

HANSEN: That would be on the PDMP and the seed-to-sale, seed-to-sale tracking system.

DeKAY: So do the-- what's the enforcement mechanism on that, if you can--

HANSEN: So if you're shown to not on the seed-to-sale tracking system or have access to it on the PDMP and you have acc-- and you have it on

your person, I don't care what the label says, you're in violation of the law. And you're, and you're, and you're-- according to the current law that we have already in statute, how they enforce that and how they arrest somebody is already in statute.

DeKAY: So that would still remain, going forward?

HANSEN: Yeah. I'm not changing any of that law or any of that statute. Ours has to do with the people who are legally allowed to have this and how we track them, and the rules and regulations we put in place to make sure they're the only ones who are able to have it, and how does law enforcement identify somebody who's supposed to have it. I think that's a crucial part of this bill, and that's that seed-to-sale tracking system I was talking about, with, with-- that keeps track of, you know, how much the person is supposed to have, when they've had it, and the whole tracking system of that plant, all the way to its distributed, but also the PDMP, which is the State Patrol uses, to say, hey, look, you're on the PDMP. Here's how much you've had. You're allowed to have it. Here's the physician that prescribed it to you.

DeKAY: OK. Thank you.

HANSEN: Yep.

DeKAY: And I would just read, for the ballot initiative on Measure 438, and it said: A vote for will enact a statute that makes penalties inapplicable under state law for the possession, manufacture, distribution, delivery, and dispensing of a cannabis for medical purpose-- purposes by registered private entities and that est-- and that establishes a Nebraska Medical Cannabis Commission to regulate these activities. So with that, I would yield the rest of my time to Senator Storm.

ARCH: Senator Storm, 2 minutes, 30.

STORM: Thank you, Mr. President. Senator Hansen keeps saying 2 people are going to regulate this. It's going to be 5. It's the Liquor Control Board, which is made up of 3 members, and 2 more members appointed. So there are 3 other members of the Liquor Control Board, which is a larger majority than the 2 that are going to be on the board that are newly picked. And I also want to point out a couple more things here. There's 5 dispensaries in Iowa; Senator Hansen said 4. And, and they talk about the number of people in Iowa going down who are, who are purchasing medical marijuana. That is correct. But, you know, maybe the people are getting well. Maybe not-- maybe fewer

need marijuana for their ailments. Maybe they tried medical marijuana and it didn't work. You know, I mean, that's a, that's a reality of this. And I, and I don't think we create a medical mar-- system where we want to keep getting more and more people in to take those, those medicines, so it's hard to tell why the numbers are going down in Iowa. But I also want to make it clear, too, that no doctor is going to prescribe this. I keep hearing Senator Hansen saying a doctor is going to prescribe this. No doctor will prescribe this, no pharmacist will-- is going to dispense it. There's no prescription, only a diagnosis of a medical condition. So you're going to find a doctor who will do this, and they'll say-- he or she will say, yes, you have this condition. Go to a dispensary, they will give you marijuana. That's what it's going to be. And that's where the medical supervision truly ends. I mean, it's not, it's not like normal medicine of what you think. There's no consistency in the product, quality, or quantity. That's another thing. When you, when you take medicine that's FDA-approved, you kind of know what you're getting and, and what the quality is and what the, the levels of, of, of the drugs that are in there. This is going to a whole different system. Budtenders at dispensaries are not healthcare providers. So when you go into a dispensary, a budtender is going to give you marijuana, and that's going to be your, your drug. Another thing I want to point out, too, is 2 ounces of flower is equivalent to 200 joints. OK. 5 ounces, which I know we're not getting that of flower, is equal to 450 joints. I don't think people understood that when they read this ballot initiative, but that's, that's what we're talking about-- how much marijuana we're talking about. 2 ounces is actually quite a bit. 5, 5 ounces is a tremendous amount. And I also want to point out that--

ARCH: Time, Senator.

STORM: Thank you, Mr. President.

ARCH: Senator Hallstrom, you're recognized to speak.

HALLSTROM: Thank you, Mr. Speaker, members. I get up again and rise in opposition to the bill and to the amendment. One of the things I find interesting, many of the supporters of this bill who happen to be opponents of other bills, specifically, I believe, LB504 from Senator Bosn, and LB383 from Senator Storer, having to do with social media. On those bills, used the argument that we should cower and refrain from taking action on the basis of potential or threatened litigation based on constitutional infirmities. But yet, in this case, where we have pending litigation, we're looking at moving full steam ahead, pass the bill, come heck or high water, according to the supporters,

and throw caution to the wind and not allow that litigation to play itself out, and it has to do with election validity. We have some significant issues. And I, I did hear Senator Conrad talk about the lower court rulings. And that happens on occasion, that a lower court obviously makes a ruling, and it's appealed. And on occasion, lo and behold, it can be overturned. That's what the legal appeals process is all about, and that's what we're waiting to see what happens. The people that have asked me to support this bill, I've told them my support for upholding the decision by the voters is to make sure that we adequately fund the Cannabis Commission so that the Cannabis Commission can effectively regulate and enforce regulations for medical marijuana. I started talking out earlier, about the case that's pending. And I think when you look at the situation-- and again, the admonishment of Senator Dungan and others, not to drag people through the mud and use names. I'll refrain from doing so, but just some of the things that were taking place behind the scenes when you're talking about election integrity. There were some text messages that were part of the legal proceedings sent by an individual that was associated with the campaign. Here's one. There is no more nice campaign. We don't follow the rules anymore, and we just pay the consequences and hope it's OK. Secondly, there are no rules. And even if there were rules, I'd say, did you get signatures? And if the answer is yes, I'd say, keep it up. Third one, we should probably be very careful, not lead a campaign worker to question that we never-- that we ever notarize things that aren't in person and such. I mentioned the importance of that particular concept of law. A notary public is bound to attest or acknowledge that the individual signing the document did so personally, in their presence. And the fourth one is suggesting that due to conduct, our text probably will be subpoenaed. I think those are all issues that, in fairness, we need to let play out. The briefs that I've read in detail have indicated that of 4 individuals who notarized petition signature affidavits of circulators, which require them to indicate that they observed the signature and some other requisites, were never signed in the presence of the notary public, and in some cases, there was not even a circulator's signature on the affidavit. And if all of those were thrown out, and when I say throw out, they would lose their presumptive validity and be subject to a shifting burden of proof that would be able to show that the signatures were, in fact, genuine, would amount to about 47,000 signatures of the 89,000 or so that were deemed to be valid by the lower court. They only need to overturn about 3,400 of those signatures, so there certainly is a viable issue. I think the other thing, based on what's happened with regard to the notaries, the key, again, is going to be whether the long-standing

notion that's applicable to circulators will be applied to notaries. And if it isn't, then we've got a situation where we may find that future ballot initiatives, we'll just throw caution to the wind and decide that we don't have to follow the rules, we don't have to have these affidavits notarized properly in the presence of the notary, and so forth. And those are the things that I'm concerned about that we can certainly wait till next year, let the Cannabis Commission do its work with regard to the regulations, and come back.

ARCH: Time, Senator.

HALLSTROM: Thank you.

ARCH: Senator Lonowski, you're recognized to speak.

LONOWSKI: Thank you, Mr. President. Millions of years of healthy life lost due to cannabis. Every year, cannabis is estimated to result in 2 million years of healthy life lost due to disability. How much is that compared with alcohol and tobacco? The popular notion seems to be that marijuana is a harmless pleasure, but what are the potential adverse effects of marijuana use, even if medicinal? That's not an easy question to answer. Most studies to date have been cross-sectional or rely on self-reported health. Cross-sectional studies are snapshots in time, so you don't know which came first. Are people sick because they're smoking marijuana, or are they smoking marijuana because they are sick? If you ask people how they are feeling, pot smokers may say, I feel great, even if they're actually suffering from a health problem. There have been few longitudinal studies, those conducted over a period of time using objective measures of health, until now. We turn to Sweden, where they recently published the longest study ever on cannabis and mortality. 50,000 men were followed up to around age of 60. About 30 years ago, when they first reported on this cohort, no significant excess mortality was found among cannabis users or abusers, as they called them. But back then, the men were in their 30s, as in the other study. What happens when you follow them past middle age, when the health-related detrimental effects might begin to emerge? Those with a history of heavy cannabis use did end up having a significant higher risk of death, a 40% higher risk of dying prematurely. But, we thought cannabis didn't kill. What were they referring to? Though, that is, that is no deaths have been directly attributed to the acute physical toxic-- toxicity of cannabis. When a 19-year-old eats a cannabis cookie, cookie and then jumps off a fourth floor balcony, the direct cause of death-- trauma-- is attributed to the fall, but that does not mean cannabis didn't contribute. It's true that people don't directly overdose on cannabis as you can with

opioids-- with opiates, which can shut down your breathing. Cannabis use contributes more to disease than death, in part because people aren't injecting it, but the health-related harms of cannabis were not qualified or quantified on a global scale until 2013. Cannabis is estimated to result in 2 million years of health life lost due to disability every year, resulting in a lot of pain and suffering. Marijuana facts: Marijuana can cause psychosis, schizophrenia, anxiety, and depression. It is linked closely with suicide and is a major risk factor for mental illness. Fact: Marijuana is addictive. Hundreds of thousands of Americans seek treatment for marijuana every year. Fact: No major medical association supports marijuana as medicine. Marijuana is made of hundreds of components and does not meet FDA standards for safe and effective medicine. Fact: States that have legal marijuana have seen an exploding illicit market and increasing rates of youth drug use. In states that have legalized adult-use marijuana, 12-17-year-olds have experienced a 25% increase in marijuana use disorder, compared to nonlegal states. Fact: Marijuana potency has increased significantly, significantly and rapidly. Marijuana in the 1970s had an average of 2-4% THC, the psychoactive component in marijuana. But today, the potency range from 35% to 80% and products as high as 99% are produced and sold in the industry. Fact: Marijuana not only fails to mitigate pain, but results in lower pain thresholds. Fact: Marijuana has been implicated in 25% of road deaths in Colorado. That statistic is from 2020. Fact: Legalizing marijuana will eliminate-- excuse me. No state has eliminated or even reduced the illicit market. Between 70 to--

ARCH: Time, Senator.

LONOWSKI: 80%-- thank you, Mr. Speaker.

ARCH: Senator Rountree, you're recognized to speak.

ROUNTREE: Thank you so much, Mr. President. And I yield my time to Senator Conrad.

ARCH: Senator Conrad, 4 minutes, 50.

CONRAD: Thank you, Mr. President. Good afternoon, colleagues. Thank you so much to my friend, Senator Rountree. Oh, Senator Hallstrom, Senator Hallstrom, Senator Hallstrom. It's a good thing you were not making that argument to a court because there is an ethical requirement that you have candor towards the tribunal, and telling part of the truth is not the same thing as telling the truth. Judge Strong looked at said texts. She looked at the full body of evidence

subject to discovery. And she found, in her analysis, that those texts, when quoted by opponents of medical marijuana, were completely out of context, legally irrelevant, and cherry-picked. So to regurgitate them here on the floor of the Legislature, again out of context, again to sling mud, again to drag moms of sick kids who are petitioning their government to try and find a cure, that says a lot about you. So let's also be clear, again, that there are arduous hurdles to clear in regards to ballot access, and the grassroots organizers of this campaign met them. And any irregularities in the process were caught by our hardworking election officials on the local level that subject each signature and each page to scrutiny. They checked the signatures. They checked the information. They checked the circulator oath, et cetera, and they also stopped counting at 110% for a variety of different administrative efficiencies under law-- the law, as it exists today. Even if some signatures were to lose their existing presumption of validity, that doesn't mean they're disqualified. It means they can be rehabilitated by whoever is challenging them. So-- because they belong to the citizen. They don't belong to the campaign. They don't belong to the Attorney General. They belong to the citizen. The citizens have reserved for themselves the first right, the precious right of initiative, to petition their government for change. That's what happened with medical marijuana. They tried to get restrictive programs and regimes through this Legislature, and this Legislature said no. So finally, after dec-- over a decade of advocac-- advocacy and peaceful organizing with a diverse coalition, they finally got a chance to ask their fellow citizens what they thought about their idea, and 71%, from border to border, party to party, said we agree with you. A sensible approach to medical mar-- marijuana is something that's long overdue in Nebraska. But this cynical Legislature looks at that as an advisory opinion, takes marching orders from their buddy in the Attorney General's Office, and smears moms of sick kids who are peacefully petitioning their government after these claims have been discarded in the courts. And it's very easy to distinguish Senator Hallstrom's concerns about how debate has played out in regards to Senator Storer and Senator Bosn's copycat bills in relation to social media. We urged caution in adopting those measures because those measures were enjoined by other states. We're saying there's no reason to exercise caution herein, in this instance, because the Attorney General's arguments have fallen flat and been unsuccessful. It's-- I love it when people get on the mic and try and make these arguments because they're so easy to distinguish and knock down. So please keep making these inane arguments, because people in Nebraska know that a sensible approach to marijuana is long overdue. And the people who hold the reins of powers

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in this state are out of touch with the will of the voters, and they're out of touch with reality. 47 of our sister states have a program in place. We can learn lessons about what worked and what didn't work. And we can make sure that citizens who need help, like little kids with epilepsy or veterans with PTSD or cancer patients with nausea--

ARCH: Time, Senator.

CONRAD: --can get the help they need. Thank you, Mr. President.

ARCH: The Legislature will now stand at ease until 6:05.

Speaker 2: [EASE].

SERGEANT AT ARMS: The Legislature is scheduled to resume in 5 minutes.

ARCH: The Legislature will now resume session. Senator Storm, you are recognized to speak.

STORM: Thank you, Mr. President. Might have one more time to speak here, so-- before we move to cloture. So I do want to say-- point out one thing here. You know, the briefs from-- the Attorney General's briefs for his cases can be found, found online. I'm not going to read them. I'm not going to point out names, but I am going to tell people where you can go find his briefs. And you can read them for yourself and decide what you think of the Attorney General's chances at winning a, a case. So if you go to the Attorney General's home page, the top of the home page where it says news, the drop down box, go to news, I believe it's April 29th is the date of when they-- you can read his briefs. I stayed up till 2:00 one night, reading all the briefs. It was very interesting to read all that. And you can decide for yourself if there was any fraud that took place during this ballot initiative. It's, it's pretty, pretty telling. There's text messages, there's conversations between people who are collecting names for the ballot initiative, and so I'm not going to sit up here and say, like a lot of the people will, that the Attorney General has no chance at this case. I think he has a very strong case, and-- but we'll decide, and that's why we have a Supreme Court. He's lost in court so far on this, but we have a Supreme Court to have a final decision on this, which will be coming, probably in the fall. I believe he has-- needs to have his day in court, and then we can go from there. But I do want to point that out, and the people at home, you can look at that for yourself. Read the briefs. It's pretty interesting. I also want to point out that I have a county attorney in my district who sent me a-- because I

believe another person in this body read from a county attorney or a sheriff or someone that said they were all for legalizing marijuana. I believe I got his email, as well. But this one is in my-- a county attorney in my district, and this is his opposition to marijuana. It says medical or recreational. But, it says marijuana is a controlled substance for a reason. THC is recognized and accepted as a psychoactive ingredient for a reason. Scheduled and controlled substances are identified to be strictly regulated by federal and state government for a reason. The availability of medicines, including vaccines, is dependent on research, study, expert opinion, professionally identified medical need, and science. As the chief law enforcement officer in a Nebraska county, I want to be on record in opposition to the legalization and com-- commercialization of marijuana outside of an established federal, FDA regulatory approved process. The results from the failed state experiments around the country are abysmal. Based on research and data, here are specific problems that must be addressed before there should be support for any effort to legalize marijuana in any form or amount. I believe the legalization and commer-- commercialization of marijuana will contribute to and/or result in the creation of an extraordinary public health crisis to include physical and mental health declining affecting-- decline, affecting youth and adults from exposure to secondhand smoke. And that-- I want to point out, that's one thing we haven't talked about in here is secondhand smoke. And I know smoke-- smoking is illegal in this bill, but you're going to have flower and people are going to smoke it. People are gonna sit in their house, they're gonna roll joints, they're gonna smoke marijuana in front of their kids. Secondhand smoke is a huge issue. No one ever talks about that with marijuana, the secondhand smoke. And it says right here that the creation-- OK, let me see-- exposure to second-hand smoke-- to develop cannabis use disorder in our youth, being 3-5 times more likely to develop psychosis; increased violent crime, to include: robbery, assault, homicide, and greater risk for law enforcement, and marijuana-associated increases in opioid-related overdose deaths; greater incidents of child abuse and neglect, to include: drug-endangered children, impaired driving with children on board, and intervention for school-age children for behavioral concerns, negative influence on child adolescence and young adult brain development, leading to increased school suspension, higher high school dropout rate, addiction, self-medication for anxiety or depression, and consequential neuro decline, cognitive problems, lower GPA, lower test scores, increased referrals for high school-aged adolescents, and greater incidence of teen attempted suicide; increased traffic-related accidents and fatalities from drug-impaired driving, increased

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employment litigation and issues of safety, compliance, accommodations, testing, and productive in the workplace; greater risk of harm for first, first responders, to include: injuries from combustible extracted labs--

ARCH: Time, Senator.

STORM: Thank you.

ARCH: Mr. Clerk, for items.

CLERK: Thank you, Mr. President. Amendments to be printed from Senator Conrad to LB256; Senator Hallstrom, LB150; Senator Kauth to LB316. New LRs, LR264, from Senator Clouse; LR265, from Senator Spivey; LR266, from Senator Clouse; LR267, from Senator DeKay. Those will all be laid over. That's all I have at this time.

ARCH: Returning to the queue, Senator Storer, you're recognized to speak.

STORER: Thank you, Mr. President. And good evening. I'm gonna take just a moment of personal privilege and wish my husband a happy anniversary. Today's our 35th anniversary. I was married when I was 12, so just so you know. Thank you. All right. Back, back to LB677 and AM1251. I do stand in opposition to LB677 and AM1251 and in favor of the motion to bracket. So I do want to bring us back kind of to the ground again, and sit and listen to the debate. And I understand that there's a lot of people likely listening to our debate as well, and it can get a little bit fuzzy. We, we are not here today to debate whether or not we should have, ultimately, medical marijuana. The voters of Nebraska passed that by a ballot initiative. There is a legal challenge to that process. We have talked a little bit about that. But what, what we're talking about with LB677 is not whether or not we have legalized medical marijuana. So when I hear some of the comments about, you know, the need for doing something in order to allow the folks who maybe are in the Rotunda or who have sent us emails or petitioned us, that's not what LB677 does or has anything to do with. What we're here to talk about is regulations. And as I have said before, and I will sound like a broken record, and I will say it again, the voters also voted on how to promulgate regulations, and that was in Ballot Initiative 438. And I've, I've heard some comments that, well, but they probably, they probably, they probably expected us to do something further and make further regulations. And I have never-- I want to be clear, I'm not saying we should or we shouldn't promulgate regulations at some point. What I'm saying is there are

proponents of this bill who have over and over and over again told us that we should not ever violate the will of the people. They know what they're voting for. It's an insult to interpret their vote on any ballot initiative in any other way. And yet, here we are, claiming that maybe they didn't fully understand this one, that they expected us to do a little something more, a little something extra. However, again, it's really, really clear what they voted on, which is the power to regulate all phases of the control of the possession, manufacture, distribution, delivery, and dis-- dispensing of cannabis for medical purposes by registered cannabis establishments in the state pursuant to Nebraska Medical Cannabis Regulation Act is vested exclusively in the commission. I want to make something else very clear to those, those listening, who have heard all kinds of wild discussion that, that may make it confusing, what we're here to talk about today, regarding LB677. And the, the commission, the members that have been, that have been nominated for the commission have their hear-- have had their, had their hearing, they're not seated yet. We haven't even given what the voters voted on a chance to be enacted. So yes, I, too, believe this discussion on LB677 is not only totally circumventing what the people very clearly did vote on, we're not even giving it a chance to say it works or it doesn't work. And certainly, as a legislative body, it would be our responsibility, if it was not working as it should, to do something then, at that point. But we need to give the commission and the commissioners who have been appointed a chance to be seated and to do their job. Very quickly, Senator Hansen, if you could-- if you would be willing to yield to a quick question, if we have time.

ARCH: Senator Hansen, will you yield?

HANSEN: Yes.

STORER: Thank you, Senator Hansen. I know you and I had discussed briefly about the, the process of how to get this and whether it's a prescription or not a prescription. And I did find, on page 10, where it does say that, that a healthcare practitioner may, may make a recommendation. It's not a prescription, actually, with a limited time or one without an end date. So they can actually do it both ways. But I'm not finding, and if you could direct me to where it does talk about the other specifics, in terms of what that recommendation would be.

ARCH: Time, Senator.

STORER: And we'll come back. Sorry. I'm sorry to have cut you off there.

ARCH: Senator Strommen, you're recognized to speak. Senator Lippincott, you're recognized to speak. Senator Andersen, you're recognized to speak.

ANDERSEN: Thank you, Mr. President. Colleagues, I rise in support of the bracket motion. I do not support LB677 nor AM1251. The people voted to implement medical marijuana, not recreational marijuana. By statute, basically the Ballot Initiative 437 and 438, the newly formed Nebraska Medical Cannabis Commission is charged to regulate such activities. Two of the governor's appointees to the commission will be interviewed by the General Affairs Committee on Thursday. Everybody claims to respect the will of the people, so let's talk about the ballot initiatives, specifically 438. It does not call on the Legislature to act. It does not direct the Legislature to regulate medical marijuana. What it does is make penalties applicable for state and local laws-- inapplicable for use, possession, acquisition of cannabis for medical use. What it does is establishes the Nebraska Medical Cannabis Commission to regulate such activities. It's alarming to have 54 county sheriffs and a chief law enforcement officer, Attorney General Hilgers, all speak out in opposition to this bill. They believe it will cause real damage to the res-- to the residents of our great state. This bill is a proactive effort seeking to legalize recreational marijuana, not medical marijuana, here in Nebraska. The Nebraska Medical Marijuana Commission is tasked to define how medical marijuana will be executed in our state. LB677 is unnecessary, inappropriate, and undermines the will of the people and implements recreational marijuana. I support the bracket motion and oppose LB677 and AM1251. Thank you, Mr. President.

ARCH: Senator Moser, you're recognized to speak.

MOSER: Thank you, Mr. President. And good evening, colleagues. Much of the debate through this process today has centered on whether there should be medical cannabis. And that issue is pretty much settled, I would say. I mean, yeah, you can allow for the fact that millions was spent for influencing how people voted from people who don't live in Nebraska that would benefit from us legalizing marijuana and-- but if you read the statement that they actually voted on, 438, the last sentence says-- well, I'll read the whole thing. The object of the petition is to enact a statute that makes penalties inapplicable under state law for the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered private

entities and establishing a Nebraska Medical Cannabis Commission to regulate such entities. So what's particularly missing in this object statement is that the Legislature should be the one to make the rules on how cannabis is distributed and how it's regulated. The object statement of the ballot question says that there's going to be a Nebraska Medical Cannabis Commission to regulate such entities. And I think that there's-- there will be some trial and error, some, some adjustments that have to be made, year-round, not just when we're in session. And I think LB677 is an attempt to embellish what people voted for. I think we should allow the Medical Cannabis Commission to get into operation and see what rules and regulations they feel are in the spirit of the ballot question, and then we can always look at it in the future. I think we're getting ahead of ourselves by trying to pass LB677. And I've heard some of the-- or my colleagues talk in circles about this and, you know, frankly, a lot of times, I don't pay any attention to what they're saying because I-- if I got my pen and paper out and tried to diagram the sentences that they're speaking, my English teacher would faint right on the spot. And so, I think rather than have a complicated and, and, messy, I think, bill passed by the Legislature, at this point is premature. I think we should wait for things to develop and those of you watching that want medical cannabis, there will be medical cannabis. Don't sweat that. There's nothing to worry about. It's all in the delivery system and how close we want to get to legalizing marijuana, which is what I think some of us in this body want, and I'm absolutely against that. Those who can benefit from medical cannabis and can obtain it from a legitimate medical provider, that's a great thing. If it helps them, that is great. I don't think we want to have people carrying around shoe boxes full of marijuana and creating a secondary market in it and selling it to their friends. I don't think that's in the spirit of the ballot measure. So, thank you very much. Appreciate it. Thank you, Mr. President.

ARCH: Senator McKinney, you're recognized to speak.

McKINNEY: Thank you, Mr. President. Would Senator John Cavanaugh yield to some questions?

ARCH: Senator Cavanaugh, will you yield?

J. CAVANAUGH: Yes, of course.

McKINNEY: Thank you, Senator Cavanaugh. Just a few questions. The first, what do you think has been missed by proponents of the bracket motion?

J. CAVANAUGH: Well, I think one of the things that a lot of people are looking past is the people who are affected by this. And you came to at least one of the town halls we had about this, where we had, you know, close to 100 people come and tell us and share their stories with us. And I know folks try to minimize and say that we're only talking about the people who are in the lobby, who we are talking about a lot of those folks. And specifically, we're talking about those people's children is who we are trying to help here, with making accessible medical cannabis. But I do think that there's an attempt to demonize people who are doing this, but I think there's also an attempt to just look past them. And actually, one of the folks who testified kept saying, don't look through us, look at us. And I had a nice conversation with him out in the Rotunda here, as well, and he's advocating for his son. And actually I have my pile of notes here, of all of the different people who came. I wrote something for everybody that came and testified, you know, about their stories, of things that they would like to see in this law, what they'd like to have us do, and things that have-- how they've been hurt by the, the years that this has taken. Because one of the things you're talking about in this whole bill is this ballot initiative was not the first ballot initiative. There was a ballot initiative in 2018, 2020, and then-- or maybe it was 2020, 2022, and 2020--and 2024. So people have been working on this for a really long time. This has been a long time coming just to get it legalized. But there are a lot of Nebraskans that this means a lot to. And if we don't pass this bill, they're going to have to continue to wait to get access to this. And so, delay is denial of this access. So, I don't know. That's kind of my first thought, not being prepared for your question.

McKINNEY: Thank you. And I'm looking at this spreadsheet that was handed out about support in our districts, as far as like the ballot initiatives. And outside of maybe a couple, maybe a few, 60% of voter-- at least 60% voters in almost every district except for a few supported the ballot initiative. So, what do you think is being missed between the senators that support this bracket motion and their, their constituents?

J. CAVANAUGH: That's a good question. I mean, I really wonder about the folks who got elected when this passed and whether they campaigned on being opposed to medical cannabis. I know that I campaigned on being in favor of medical cannabis, and I know that I had a lot of conversations at the doors with folks who said that they also supported it. And you can see my district, 86%. I have the distinction, I think you have the highest vote for 437, and I have a distinction of the highest vote for 438. But I would really be curious

to know how the senators in favor of the bracket motion here and who have been saying let's respect the will of the voters, I would love to know how they all voted on this. I'd love to know how they advocated to their constituents when they ran for election on this. Because if they voted against it, they're not in line with their constituents. If they advocated against it, they're not in line with their constituents. But if they didn't tell their constituents where they were at on this, then they weren't being honest with who they were going to be and what they were going to do here.

McKINNEY: Thank you. And from your experience with the town halls that were recently held, do you feel as though the voters and the people who supported the ballot initiative understood what they were doing?

J. CAVANAUGH: Yes.

McKINNEY: Thank you. And just lastly, Senator Cavanaugh, I don't know if you'll get to speak. Do you want to have a lasting message?

J. CAVANAUGH: Well, I appreciate that, Senator McKinney. I do think that I would ask everybody to consider the families. And I would ask you to consider that-- to put aside your prejudice toward cannabis and just look and see how this positively can impact people, and not think about what these horror stories that are not even related to Nebraska's program or not related to what we're talking about here. We want a robust regulatory system that protects people but does make it accessible to those who need it. And that's what we've been advocating for: accessible, safe, available. That's what I keep saying, and that's what this bill does. It's a step in the right direction. It's not the final step, it's not the perfect step, but it is a step to make it accessible and safe, and it will make meaningful help to people who have been calling out for it for a very long time. Thank you, Senator McKinney. I'll keep talk--

ARCH: Senator Juarez, you're recognized to speak.

JUAREZ: Thank you very much. Good evening, colleagues. And good evening to everyone online. I'm glad I finally got to speak. I wasn't sure if I was going to get to say a few words on the bill. And I want to show that I am in support of LB677 and the amendment, and I don't support the bracket motion. I did go to all the town halls that were hosted on behalf of this bill. And I'm really glad that I went, because it was a very eye-opening experience for me. I was glad that I got to hear first hand what it meant to the community and why they were supportive of having the use of the medical cannabis. I jotted

down some notes from the notes that I took when I went to the town halls, and I recall that they wanted to expand the list of what could be treated with medical cannabis. I think the doctor should have some discretion, and we should honor the patient-doctor relationship. And P-- PTSD was mentioned, even though we received something in all the information on our desk that it hasn't been supported for the veterans, but it did come out that veteran suicide crisis exists. So I do hope that the, the issue on behalf of the veterans does get resolved. And it was brought up that it's needed in both rural and urban settings. And they wanted us to review the location and the number of dispensaries allowed, because it-- you know, they felt it wasn't enough. And I wanted to mention briefly, I have here, the Journal of Eth-- Ethnopharmacology, on the traditional uses of cannabis. There's an analysis of the CANNUSE database, and there were 2,330 data entries of cannabis ethnobotanical uses from over 40 countries across the world. Regarding the human medicinal uses, most common were reports for treatments of the digestive system and nutritional disorders, nervous system and mental disorders, followed by pain and inflammation. The leaf was significantly associated with the treatment of 2 categories: skin and subcutaneous, subcutaneous tissue disorders, and circulatory system and blood disorders. Seed use was associated with musculoskeletal system disorders and traumas; while inflorescence use shows, shows a statistical support for treatment of nervous system and mental disorders. So the article, you know, does go on to further support the use of the cannabis. And I'm glad that I got to, again, continue to learn about why it's good that we have this bill on behalf of the community. And I yield the rest of my time to Senator Conrad.

DeBOER: Senator Conrad, you're yielded 1 minute, 17 seconds.

CONRAD: Thank you, Madam President. Thank you, Senator Juarez. So it's becoming quite clear that the key hallmark, marquee from the 2025 legislative session, is that this body is willing to use their power in any way to thwart the will of the people, whether it's sick leave or minimum wage or a sensible approach to medical cannabis. And that's on full display today, wherein political actors are making political arguments and conducting political theater to show off for future leadership positions. And they're playing with people's lives. And their arrogance and the disdain for the vote of the people is on clear display. If medical marijuana is not right for you and your family, it's not mandatory for you to use it. But leave it up to a doctor. Take the lessons of our sister state. And if its-- provides some sort of pain relief or eases suffering for our Nebraska neighbors, let them make that decision. It's not for big government to say otherwise. Let

the people have the freedom to live a life free of criminal penalties, seeking cures that have worked for citizens in our sister states.

DeBOER: Time, Senator.

CONRAD: Thank you, Madam President.

DeBOER: Thank you, Senator Conrad. Senator Ballard, you're recognized.

BALLARD: Thank you, Madam President. And I'm going to get back to the text of the bill of AM1521 [SIC]. And you're going to push back on Senator Ben Hansen in our conversation last time at the mic, on the liability. I, I do think there is some truth to the malpractice argument, but I, I still go back to this is a broad ailment-- conditions for, for medicine, and that liability doesn't go far enough. And I'm will-- I'm grateful for his willingness to work on that piece. Second, I know it's, it's a little bit boring, but it's part of my concerns about the vertical licensing, licensing within AM15-- or AM1251. These are not your-- these are big dispensaries that are interested in making large sums of money. Between the fees, and the-- \$100,000 fee to be, to be included, have experience, these are big-time dispensaries that are going to come into Nebraska and sell marijuana, in which some of our concerns on this floor of sell recreational marijuana. And then the last concern, before I yield the rest of my time to Senator Bosn, this date of January 2030. All of these licensing and liquor control guidelines are all into effect until January 2030, and then they revert back. So it's, it's this concern of we put on all these guidelines until 2030, and then they go back. So there's these concerns that I have within AM15-- or AM1251 that gives me pause on supporting this bill on cloture. With that, I would yield the rest of my time to Senator Bosn.

DeBOER: Senator Bosn, 3 minutes, 10 seconds.

BOSN: Thank you, Madam President. Thank you, Senator Ballard. I just want to go back-- so some of the comments that were made about those who are supportive of medical marijuana but not in support of the amendment here, I, I don't see anything in the proposed Initiative Measure 438 or 437 that asks the Legislature to do anything. So I will read it, and if I'm wrong, I'm wrong, and someone can point that out to me. But it says, 438: Be it enacted by the People of the State of Nebraska: Sections 1-6 of this act shall be known and may be cited as the Nebraska Medical Cannabis Regulation Act. I know I said this earlier but Section 4 specifically creates the Nebraska Medical Cannabis Commission. Section 5 says the power to regulate all phases

of the control, of the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered cannabis establishments in the state pursuant to the Nebraska Medical Cannabis Regulation Act is vested exclusively in the commission. I haven't seen the word Legislature yet. Section 6 goes through and tells the commission what they have to do. This is the, this is the ballot initiative. The ballot initiative says by July 1, they have to do certain things. By October 1, they have to do certain things. Sect-- subsection (3) says they have to grant, deny, revoke, suspend registrations upon reasonable criteria and procedures. (4) says they have the authority to adopt, promulgate-- it goes on. It tells them what to do. And when I read this and I say, OK, this is what the legis-- or what the people voted for, I then hear the pushback of, well, we don't like the 2 people the governor appointed. That's a totally separate and distinct issue, colleagues. The people voted to give the governor 2 seats on that commission. You don't have to like it, but that is also what the people voted for, and I don't think we've even given them a chance. And I recognize people have dis-- dis-- differing opinions on their past, but colleagues, the legislat-- or the, the init-- the initiative is clear that the commission has the control. If we have to fix something, we can't fix it before we've even given them the shot of doing the things that the people of the state of Nebraska asked them to do. Thank you, Madam President.

DeBOER: Thank you, Senator Conrad. Senator Wordekemper, you're recognized. Bosn.

WORDEKEMPER: Thank you, Madam President. I'm against recreational marijuana, and I support AM1251 and LB677, and I appreciate Senator Hansen and Senator Holdcroft for, for bringing these 2 forward and putting the hard work into it. I feel the voters knew what they were voting for on the ballot with 437 and 438. Medical marijuana may help some individuals, just like other medications help some patients better than others. Could there be side effects? Yes, same as other medications that have been approved by the FDA. If there's side effects, stop the medication. Medical marijuana is just another option for a doctor to give and have available to recommend to a patient when other medications are not working. This is going to be a recommendation to specific patients that already have medical conditions that are not responding to other treatments. I believe those, I believe those who can recommend a patient to try medical marijuana have a code of ethics to follow and understand malpractice. I support medical marijuana that is regulated. Think about the cost savings to a patient, insurance, Medicare, Medicaid, if a patient can

manage their care and their condition and not have to call 911 or go to the emergency room. Maybe help them with a little better quality of life while they suffer with usually incurable medical conditions. I've responded to some of these people, and you really feel a sense of helplessness and a little more compassion when you have to take care of these people who have run out of options. And they say, we've tried everything. We can't control this. Everybody talks about the issues people have with marijuana on the recreational side, and, and I won't deny that that, that that can happen. But what about the issues with these people that have a medical condition that can't treat it? Thank you, Madam President. I'll yield the rest of my time to Senator Hansen.

DeBOER: Senator Hansen, you're yielded 2 minutes, 22 seconds.

HANSEN: Thank you, Madam President. I'm gonna say in response, a little bit, to what Senator Bosn said. I think in one way she's correct, but in the other aspect, I think she's wrong. I think in one way, she is saying this is kind of difficult, kind of part of the ballot initiative to, to kind of interpret. There's different ways you can interpret this as well. The power to regulate all phases of the control of the possession, manufacture, distribution, delivery, and dispensing of cannabis is vested in the commission-- the power to regulate, not create, all phases of control. We create the laws, and then they regulate them, based on what we, what we give them. You can interpret it that way, as well. So to say we have-- we should have no control over this, in my opinion, is wrong. I can see how it could be interpreted one way or the other. But the fact that, again, we're willing to take a hands-off approach to this should be concerning to the people in this body. The idea we're going to leave it up to a commission and not the representatives of the people to make the laws concerns me, considering that we haven't done it before, especially with something of this much magnitude that requires a lot of regulation and control, like the opposition says. And so, the idea that, that this is solely under the direction of the Medical-- Nebraska Medical Cannabis Regulation Act, I believe is false. It's our, our job to create the laws, their job to regulate and enforce it, based on what we give them. We also have to pass legislation for them to create fees and to tax it. I'm sure a lot of our constituents may not be very happy finding out we don't pass a bill to create fees or tax this. And then what, the, the executive branch or the Governor's Office is just going to give them leftover money they have, or \$30,000 that we appropriate is going to pay for all their staffing?

DeBOER: Time, Senator.

HANSEN: Thank you, Madam President

DeBOER: Thank you, Senator Hansen. Senator Brandt, you're recognized.

BRANDT: Thank you, Madam President. Thank you, Senator Holdcroft. Thank you, Senator Hansen. This has been a very productive discussion today. I think we've got probably 15 minutes left, if that. Sometimes it gets lost, the people of the state of Nebraska. And, you know, everybody in here, all 49 of us want to do what's best for the people of the state of Nebraska. And sometimes, we get in our own little bubbles in here, and we think we're the only ones that can decide this. I think the people have a great ability to decide whether they want to do something or don't want to do something. You know, you can make this same argument on alcohol. Most people can walk into a bar, know when to drink, when to stop drinking, when not to drive, go home, some people won't. Most people can walk into a casino, have fun, go home, others might lose their paycheck. We had this discussion a couple of years ago on motorcycle helmets, and we decided most people have the ability to decide whether or not they want to use a helmet. It's up to them. I was here when we had constitutional carry. Most people have the ability to decide whether or not they want to carry a deadly weapon. So now, this is, to me, is kind of one of these things that I'm going to put my faith in the people of the state. And I think they can decide whether they want to use this form of pain relief, and keep it away from their kids, and we are here to give some guidelines, and we aren't going to get it perfect the first time. And when we come back, year after year after year, we can amend this to fix it. So with that, I would yield the rest of my time to Senator Hansen.

DeBOER: Senator Hansen, you're yielded 3 minutes, 6 seconds.

HANSEN: Thank you, Madam President. So what I'm hoping to accomplish here, maybe in the, in the, in the remaining time that I do have, is to just briefly go over the bullet points of what's actually in the bill. And then at the end, if you can legitimately tell me this is recreational marijuana, then we need to have a much more thorough discussion about what's in the bill. Patients must have a written recommendation submitted to the Nebraska Medical Cannabis Commission for approval of a, of a medical card. Patients must be diagnosed as one of the listed qualified conditions provided by the Nebraska Medical Association. Patients may have up to 5 ounces of medical cannabis but no more than 2 ounces can be in the form of dried flower. Caregivers: Must register with the commission and provide proof of patient's valid recommendation and registration with the commission through a signed affidavit, must be at least 21 years, 21 years old.

Caregivers must carry their own registration card. Caregivers may provide care for multiple patients, but are still beholden to the 5 max possession. Doctors: Recommendations may only be given to a physician, an osteopath physician, a physician's assistant, or a nurse practitioner licensed under the Uniform Credentialing Act and must either primarily practice in Nebraska or have seen a patient for at least 6 months; must utilize the prescription drug monitoring program when using a recommendation, the same system used for opioids and recommended by both the NMA and the Pharmacists Association.

Cultivation: Must be either 1 of 5 vertical license or 5 individual licenses in the state; must pay either the \$100,000 vertical license fee or \$20,000 individual license fees for nonrefundable application annual renewal requirements, must utilize the seed-to-sale tracking system, must comply with local and state compliance requirements and inspection. Dispensaries: Must be either 1 of 5 vertical licenses or 10 individual licenses in the state, must pay either the \$100,000 vertical license or 25 individual license, must utilize the seed-to-sale tracking system and the PDMP compliance, must scan the medical card for driver's lic-- or driver's license for each individual upon entrance to the premises. There will be a maximum of 30 dispensaries statewide with no more than 10 per congressional district. By the way, South Dakota has 75. Schools: Personal use of medical cannabis is prohibited at schools. School boards have the authority to develop a policy for the safe use and storage of cannabis on school grounds, similar to other prescription drugs. Licensees may not be within 100-- 1,000 feet of any school, daycare, or drug treatment facility. Local municipalities: May develop zoning requirements for individual license types, may impose a 2% tax on dispensaries, ensure the compliance of setbacks, impose local inspections and compliance. The Commission: Maintain the patient, caregiver, and licensee database, work in conjunction with DHHS, DOR, and other agencies, enforce compliance and inspection. The regulatory deadline will be moved from July 1 to October 1, and I also agreed we can move it to January 1 of next year to give the AG time to do what he needs to do. At least one member of the Medical Cannabis Commission must be a physician. The registration renewal fees for the licenses will cash fund the commission law enforcement. You cannot drive while under the influence of medical cannabis. Smoking is not an approved form of use. A \$500 fine is imposed upon anyone caught smoking publicly. The Controlled Substance Acts will ensure enforcement--

DeBOER: Time, Senator.

HANSEN: --of illegal possession and distribution. Thank you, Madam President.

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DeBOER: Thank you, Senator Hansen. Senator Conrad, you're recognized.

CONRAD: Thank you, Madam President. I yield my time to Senator Hansen.

DeBOER: Senator Hansen, you're yielded 4 minutes, 55 seconds.

HANSEN: Now I want to continue on with law enforcement. The packaging, seed-to-sale tracking system, registration card, and driver's license of each individual will allow law enforcement to easily ensure that only registered individuals possess medical cannabis. Medical cannabis: May not include any synthetic or semi-synthetic cannabinoids or Delta-8, must adhere to strict independence testing standards for THC levels, heavy metal toxins, et cetera. If the product is outside of the acceptable, acceptable limits, it will not be permitted into the market and must be disposed of. Products must have strict, clear labeling, child-proof packaging, and warnings, including the risk to pregnant women. They cannot be made to look appealing to children. No products may be produced intended for smoking. Taxes: The state-- 5.5% sales tax will apply at the point of sale. These funds will go to the School District Property Tax Credit Relief Fund. The language of the bill is recommended by the State Chamber. They want to talk about employers now. The language of the bill is recommended by the State Chamber and allows for employers to enforce a drug-free workplace. These are just the bullet points of the bill. I don't know how much farther you can get from recreational marijuana. And let me tell you one thing. I don't think too many people are going to disagree with me. What's-- I'm going to, I'm going to say, what's the only way we're going to get recreational marijuana in the state of Nebraska? The Legislature isn't going to pass it anytime soon, and that's our prerogative. I'm going to venture to say the only way we're going to get recreational marijuana, whether you believe in it or not, is through a ballot initiative of the people. And like I said before, through my discussions with all the families and people who voted for this initiative, I would conservatively say 50 to 60, if not more, percent of them do not want recreational marijuana. I had them raise their hands during the town halls. But you know what? If we do nothing or if this is too restrictive, which I have a feeling it will be if we don't do anything, they're full on board for recreational marijuana. Put that on the ballot. That is the soonest and quickest way you're going to get recreational marijuana in the state of Nebraska. I guarantee it. Fear and love of family draw people to ballot initiatives. And you know what else? Anger. To deny the people, 72% of them, what they want for their families and their children by us not doing our job will drive them to the ballots, will drive to sign it. So colleagues, I'm not saying this to say vote for this because

otherwise, we're gonna have recreational. I just want to put reality into the debate, and just something to think about, if it happens. You know, I-- talking to the families and their concerns about what happens with this bill if it doesn't pass, this is something we're going to have to think about. And when you look at your button when cloture comes up, don't legislate based on fear. I think this is the time to look at the objective view, what we're trying to put forth with LB677 and the amendment, and this is a very restrictive, safe approach to get medical cannabis into the right hands of the right people. I think we can do that. I think it's our responsibility. And to just let everybody know, I am more than willing to work on this between now and Select File. We can change the amount. I told about pushing back the implementation date to let the Attorney General do what he needs to do. So far, nobody in the opposition, besides a couple, have been willing to do that. But I'm willing to talk about it. I know some, some people are just philosophically against the idea of this, which is fine. But there's enough of you out there, I think you know in your hearts that people deserve this, and you know in your hearts what's going to happen if we don't. The people voted for you to make a decision, not to push it off to somebody else. I encourage you to vote for cloture, move the bill forward. Let's work on this between now and Select File. Because like Senator Bosn and--

DeBOER: Time, Senator.

HANSEN: --others said, there is some work that needs to be done. Thank you, Madam President.

DeBOER: Thank you, Senator Hansen. Senator Clements, you're recognized.

CLEMENTS: Thank you, Madam President. I yield my time to Senator Storm.

DeBOER: Senator Storm, you're recognized for 4 minutes and 53 seconds.

STORM: Thank you, Madam President. So I would say, you know, let the commission do their job. You know, that's the-- the whole point is, we need to walk before-- we, we need to crawl, before we walk, before we run. We don't need to hit the ground just completely sprinting as fast as we can, on-- especially with cannabis, marijuana. The, the ballot initiative is very clear. I'm gonna read this once again, probably read it 10 times today. This is what people voted on. When you walked in the ballot-- I mean, when you walked into the, the voting booth, this is what you read. A vote for will enact a statute that makes

penalties inapplicable under the state law for the possession, manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered private entities, and that the establishes-- and it establishes a national-- or Nebraska Medical Cannabis Commission to regulate such activities. A vote against means such a statute will not be enacted. And then it said before you vote shall a statute be enacted that makes penalties inapplicable under the state law for the possession and manufacture, distribution, delivery, and dispensing of cannabis for medical purposes by registered private entities and that establishes a Nebraska Medical Cannabis Commission to regulate such activities. That is what the people voted on. There is a commission in place-- that's being put in place. That is what the people read, that's what they voted on, and that's what I think we should allow to happen here. We need to vote no-- or vote for to bracket this. Do not vote on cloture, vote no on the cloture, and let the Cannabis Commission do their job, and see how it works out, you know. And if, if we have to tweak it next session, then we can do that. Also, there's a lawsuit in place right now by the Attorney General-- see how that, how that turns out. I mean, we're talking months, a few months here, a few months to get this right, not to just go crazy, jump into this with a bill that was totally written by the recreational marijuana lobbyist-- like I said, I have proof of that. And that's what I think we should do. The, the ballot initiative, \$1.6 million was spent on the ballot initiative, zero spent against it. If there's a ballot initiative for recreational marijuana, I guarantee you there'll be millions of dollars spent opposing that by people. This, there's nothing spent against it. So if we're going to bring recreational marijuana into this state through a ballot initiative, there will be huge opposition against that. Once again, Iowa, you talk about ball-- bullet points, Senator Hansen talked about his bullet points, telling me this is recreational marijuana. Read what they do in Iowa. Read their bullet points. That is medical marijuana, and, and it's been successful since 2017. They do not have recreational marijuana in Iowa. That is, if, if we're going to "modelist" after a state, Iowa's who we need to look at doing this. And with that, I yield the rest of my time.

DeBOER: Thank you, Senator Storm. Mr. Clerk, there's a motion on your desk.

CLERK: There is, Madam President, Senator Hansen would move to invoke cloture pursuant to Rule 7, Section 10.

DeBOER: Senator Hansen, for what purpose do you rise?

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HANSEN: Call of the house. Roll call vote, regular order.

DeBOER: There's been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 38 ayes, 1 nay to place the house under call.

DeBOER: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. All unexcused senators are now present. There's been a request for a roll call vote. Colleagues, the first vote is the motion to invoke cloture. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please call the roll.

CLERK: Senator Andersen voting no. Senator Arch not voting. Senator Armendariz voting no. Senator Ballard voting no. Senator Bosn not voting. Senator Bostar voting yes. Senator Brandt voting yes. Senator John Cavanaugh voting yes. Senator Machaela Cavanaugh voting yes. Senator Clements voting no. Senator Clouse voting yes. Senator Conrad voting yes. Senator DeBoer voting yes. Senator DeKay voting no. Senator Dorn voting yes. Senator Dover voting no. Senator Dungan voting yes. Senator Fredrickson voting yes. Senator Guereca voting yes. Senator Hallstrom voting no. Senator Hansen voting yes. Senator Hardin voting no. Senator Holdcroft voting yes. Senator Hughes voting yes. Senator Hunt voting yes. Senator Ibach voting no. Senator Jacobson voting yes. Senator Juarez voting yes. Senator Kauth voting no. Senator Lippincott voting no. Senator Lonowski voting no. Senator McKeon voting no. Senator McKinney voting yes. Senator Meyer voting yes. Senator Moser voting no. Senator Murman voting no. Senator Prokop voting yes. Senator Quick voting yes. Senator Raybould voting yes. Senator Riepe not voting. Senator Rountree voting yes. Senator Sanders voting no. Senator Sorrentino voting no. Senator Spivey. Senator Storer voting no. Senator Storm voting no. Senator Strommen voting no. Senator von Gillern voting no. Senator Wordekemper voting yes. Senator Jacobson voting no. Vote is 23 ayes, 22 nays to invoke cloture, Madam President.

DeBOER: Cloture is not invoked. Mr. Clerk, for the next item. I raise the call.

CLERK: Items for the record quickly, Madam President. Amendments to be printed from Senator Kauth to LB316. New LR, LR268, from Senator

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Murman; LR269, from Senator Arch, those will both be laid over. Next item is Legislative-- General File, LB150, introduced by Senator Bosn. It's a bill for an act relating to criminal procedure; it amends Section 29-2221; changes provisions relating to the habitual criminal enhancement; and repeals the original section. The bill was read for the first time on January 13 of this year and referred to the Judiciary Committee. That committee placed the bill on General File with committee amendments, Madam President.

DeBOER: Senator Bosn, you're recognized to open.

BOSN: Thank you, Madam President. Is the queue cleared? I guess, just point of order question. OK. Sorry. I got a little nervous there. All right. Thank you, Madam President and members of the Legislature. I rise in support of LB150, which is our committee priority package. There are a number of bills that have been amended into that, and there are some amendments on the floor that were items filed that did not quite make it onto a consent calendar, but did come out of committee in a form that we thought would-- made them eligible to come onto 150-- LB150. So, there is an amendment that will be coming up that goes through all that. I will take just a quick moment to talk about what LB150 is, and then go through some of the amendments to that bill. LB150 was introduced and amends Section 29-2221, to change the criteria for determining the mandatory minimum when sentencing someone who has been convicted as a habitual criminal. AM1370 amends the bill to provide that if the felony someone committed is in violation of subsection (3) of Section 28-416, which are the controlled substance violations, or in violation of Sections 28-509 all the way to 28-518, which are our theft offenses, and all of their prior felonies were in violation of those same crimes, then the mandatory minimum term shall be 3 years and the maximum not more than 20 years. Some of you may recall this bill. This was a bill that was in LB50 2 years ago. And this, LB150, this year, is an attempt to try to address some of the concerns that arose from LB150, as it was originally proposed. This is an amended version of LB150. It is not the introduced version. So there was opposition to the originally filed LB150. I've worked out the opposition-- or worked with the opponents to come up with this amendment to narrowly tailor LB150 to address those who are convicted of theft offenses and those who are convicted of possession of a controlled substance offenses, so it gives them a reduced sentence of our habitual criminal sentence of 3 years and not more than 20. Otherwise, it would be a 10-year mandatory minimum. To go really quickly through the other bills that you will hear about in this committee priority package, starting with LB219, that is Senator Dungan's bill, and removes the requirement for a

minimum term of post-release supervision for Class III and Class IIIA felonies. LB271 was introduced by Senator Storer, and creates criminal penalties for the interference of railroad infrastructure, equipment, and personnel. A-- excuse me. LB329 was introduced by Senator von Gillern, and amends Section 28-316.01 to better define what a school contract worker is to the definition of a school employee. LB386 is a combination of bills. It's also LB30-- or excuse me-- LB704 from Senator McKinney, LB386 being from Senator Storer. This was a goal of creating pilot programs for regional mental health expansion. This has been implemented in other states and has actually not only reduced costs for law enforcement, but also improved outcomes for individuals suffering from a mental health crisis, and the pilot program would provide that grant funding from the federal government, should it become available. LB412 was introduced by Senator Hallstrom and modifies the existing process for establishing paternity, allowing those who claim to be the biological father of a child in the juvenile court jurisdiction to file a complaint in order to intervene in the proceedings. There is an amendment to that that's going to be coming, to make that bill apply to currently pending cases, as well, but I'll let Senator Hallstrom go through that in more detail. LB539 was introduced by Senator Hardin, and removes the requirement for the Nebraska State Patrol to implement their own instant criminal history record check system for firearm purchases. This is important because, right now, we are using the federal instant criminal history record check system. Boy, that's a mouthful. And if we hit 80%, we have to implement our own, which would be a redundant cost, extremely expensive cost for the state of Nebraska, so this would allow us to continue using the federal program at less cost. LB606 was introduced by Senator Holdcroft, and eliminates references to obsolete provisions of the Division of Parole Supervision and the Director of Supervision and Services. So this is cleanup language from a bill we passed last year, LB631. I believe it was Senator McKinney's bill last year, where we moved the Division Of Parole Supervision to the Department of Correctional Services, and this cleans up a couple of areas that were overlooked. This bill advanced from committee on a 7-1 vote, and I ask for your support for AM1370 to LB150. Thank you, Madam President.

DeBOER: Thank you, Senator Bosn. Senator Holdcroft, you're recognized. All right. Sorry. We need the committee amendment first, also Senator Bosn. Senator Bosn waives opening on the committee amendment. Now, turning to the queue-- no. I'm sorry, once again. We have amendments to the committee amendments.

ASSISTANT CLERK: Madam President, Senator Bosn would move to amend the committee amendment with FA229, with a note that she wishes to withdraw that.

DeBOER: So ordered.

CLERK: In that case, Madam President, Senator Holdcroft would move to amend with AM1421.

DeBOER: Senator Holdcroft, I think this time, you are recognized.

HOLDCROFT: Thank you, Madam President. OK, AM1421 was my original AM283, which was a white copy amendment to my LB136. This bill would simply treat corporations like banks by requiring summons, summons for wage garnishment to be served on the company's registered agent, as opposed to the location where the garnishee is employed. So, so what was happening was collectors were going to service someone's wages and they worked for Casey's. So they would take the summons to the Casey's gas station where he worked and the receptionist there would take it and put it into a drawer and then nothing would happen to it. And meanwhile, the company then, becomes-- within 10 days, becomes liable for that service. So this would require the collector to service it at the company level with the registered agent. Under current Nebraska law, when an employer is served a garnishment interrogatory for an employee, the employee has-- the employer has 10-- a 10-day window to furnish answers to those interrogatories. If the interrogatories are not received by the court and file-stamped within 10 days of service, the employer can become liable for the underlying judgment, that is, someone else's debt. This 10-day deadline is an anomaly when viewed in context with our neighboring states. South Dakota, Iowa, Kansas, Missouri, and Wyoming, all allow garnishees 30 days to respond to interrogatories. Additionally, the garnishment summons is often sent to the location where the debtor is employed, not to the employer's registered agent who handles such measures. Given Nebraska's tight turnaround and the difficulty of compliance, the Legislature, several years ago, changed the law for banks. Just like banks, corporations have one headquarters with multiple subsidiary locations across the state. Financial institutions receive this carve-out so no one branch receives a garnishment summons. The summons goes to the institution's registered agent. LB136, therefore, simply states that, like a financial institution, a garnishment summons may only be served upon a corporation's registered agent, information which is publicly available. LB136 is simply an attempt to level the playing field for businesses trying to do the right thing, who, because of minor statutory missteps, are threatened with liability for debt, which is

not theirs. LB136 was voted out unanimously, out of the Judiciary Committee with a committee amendment, on February 21. There is no fiscal note associated with this bill. And I have to say that there's been a lot of work between the collectors and these, these corporations to come to an agreement on where to deliver these interrogatories. Colleagues, this is a friendly amendment. And I appreciate Chairwoman Bosn's willingness to allow me to amend it into the committee package on the floor. I would appreciate your green vote to amendment, AM1421, into AM1370, and ultimately, into LB150. Thank you, Madam Pre--Mr. President.

ARCH: Senator Holdcroft, you are first in the queue.

HOLDCROFT: OK. Then let's go to my other bill, LB606. As Senator Bosn mentioned, LB606 is a cleanup bill that eliminates references to obsolete positions within the Division of Parole. As she mentioned last year, we moved the Division of Parole, the Division of Parole from underneath-- the Board of Parole to underneath the Department of Corrections. And the reason we did this was to make a smooth-- smoother transition for parolees as they moved from correction facilities into, into society. So LB631, that was Senator McKinney's bill, was passed in 2024, and shifted the Division of Parole Supervision to the oversight of the Nebraska Department of Corrections. LB606, this bill, formally eliminates the Division of Parole Supervision and the Director of Supervision Services, who was formerly responsible for the oversight of Division of Parole Supervision. LB606 also shifts responsibilities formerly assigned to the Director of Supervision and Services to the Director of Correction Services. The Division of Parole Supervision is now under the Department of Correction Services and has been renamed Community Supervision Services. The current Director of Supervision and Services position will be eliminated if this bill passes. The position has been renamed the Assistant Deputy Director of Community Supervision and Services, and is currently under the supervision of the Director of Corrections. LB606 essentially transfers the supervision of the Division of Parole and all responsibilities to the Director of Correctional Services. I would like to thank Chairwoman Bosn and the members of the Judiciary Committee for vote-- for voting LB606 unanimously to the floor on March 25, and into the LB150 committee package on May 8. The bill was brought to me by the Nebraska Department of Correctional Services. They, they were the sole testifier at the committee hearing. The bill has no fiscal note. Colleagues, I would very much appreciate your green vote on LB606. Thank you, Mr. President.

ARCH: Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. And good evening, colleagues. I'm deciding how I'm gonna vote on LB150 and AM1370 and am carefully listening to the debate, and appreciate my friend, Senator Holdcroft's introduction on AM1421. But before we quickly just move past things, I want to send a message to Nebraskans who are carefully following our debate today. And there were many citizens who worked tirelessly on citizen initiative campaigns to bring a sensible approach to medical cannabis to Nebraska that were here today, and impacted families and caregivers, and many of them couldn't join us here today but have been carefully watching the debate at home. And my message to them is this: Don't lose faith. Don't give up. Don't furrow your brow and throw up your hands and succumb to the cynicism that has a hold on this body and the elected leadership in this state. Because that's what they want. They want you to devalue your voice. They want you to devalue your vote. They want you to devalue your power. They want to de-value you as a citizen, who, in a democracy, remains supreme over elected leaders, who are acting like kings and have disdain for the constitution and the citizens and the will of the voters. Don't give up. Feel the feelings because you care, because it matters, but don't give up. Keep organizing, keep petitioning, and if you don't like the outcomes in the Nebraska Legislature, run for office. Find candidates that can fill these seats that actually care about what the voters in Nebraska think. Hold the-- hold power accountable when they thumb their nose at you, because that's the only way it's going to get better. And so, the story out of the Nebraska Legislature today has become a common theme on this session. The Nebraska Legislature will undercut the will of the voters at any cost for their own purposes. And Senator Raybould, and Senator Hallstrom, and Senator Bosn are running around with their Rule Books, getting ready to revive Senator Raybould's priority measure that failed, because members couldn't be bothered to sit in their seat and listen to debate. And they're going to revive it. And they're going to cap and carve up minimum wage, and it's going to happen this week and everybody knows it. So maybe take a moment to reach out to your elected officials and share your opinions on that. Maybe take stock of what this Legislature thinks about our second house, whether it's the moms organizing in the momnibus, grassroots energy, whether it's polling, whether it's a will of the people expressed through 56%, 60%, 71%, op-eds, court cases, none of the things that seem to typically matter in a democracy matter to the people who are sitting in these chairs today. And that speaks volumes about them, not you. That speaks volumes about what they do with their power, not what you do with yours. Feel the feelings, and turn those

feelings into continued deliberate action, peaceful expression, peaceful participation, relentless engagement with joy, with determination, and with resilience. And know that nothing is as powerful as an idea whose time has come, whether that's a sensible approach to marijuana or basic protections for low-wage workers in this state. Whatever the results are in this body, we're not going to give up. We're going to keep fighting for working families and for civil rights, no matter how cynical and abusive of power members of this body or the executive branch might be. Thank you, Mr. President.

ARCH: Senator McKinney, you're recognized to speak.

McKINNEY: Thank you, Mr. President. I rise in support of AM1421. I support AM1370, kind of, mainly because I-- like, maybe 2 bills in it that I just disagree with, just on principle. But I do have a bill in the package, and it deals with a pilot program-- now it's a pilot program, dealing with allowing mental health individuals, workers, or social workers going out on calls with law enforcement for situations that pertain to mental health of individuals that call. And I introduced the bill as, I think, LB706. It was heard in Judiciary. We had maybe one opposition on it and-- after the hearing. But he kind of was in support of it. He just felt like it-- the cost was the issue. So thanks to Senator Bosn and Senator Storer, we were able to work out some language to allow for this to get into the bill, which I'm appreciative of, because I do think that the more we, we focus on making sure that, you know, individuals going through mental health "crises"-- crises are, you know, dealt with in a certain way and that law enforcement has some assistance, especially on those calls, I think we'll see a, a, a change and a difference in, you know, the amount of people that are dealing with mental health issues inside of our county jails, and even our state penitentiaries. And I think it's a cost savings for our counties, our cities, and the state overall, if we can, you know, do more to assist people dealing with mental health issues and going through crisis and making sure when those calls are made that, you know, there's someone there who can more so respond to the needs of those individuals. Because law enforcement officers aren't trained in, you know, mental health and, and those types of things like an-- certified individual would be. And that's why I brought the bill, because I think it's important, and that's why I'm happy that it's in the, in the package, overall. So, with that, thank you.

ARCH: Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. Good evening, colleagues. I think I rise in favor of Senator Holdcroft's amendment, but I wanted to speak briefly about my portion of this bill. As Senator McKinney said, obviously with any package, there are things that some of us like and there are some of us-- things that some of us don't like. I brought my bill, I think it was LB219, which refers to post-release supervision for particular classifications of felonies and what the range is that you can be sentenced to on those. So for those of you who are unaware, post-release supervision was implemented, I think, by LB650, a number of years ago-- about 10 years ago. And what it is, is if you spend time in custody on certain felonies, a judge either can or has to, depending on the felony, sentence you as well to post-release supervision. That was intended to be essentially probation after you get out of custody, with the expectation that it would work to sort of reintegrate back into society. I think it was a laudable goal, but what it's resulted in is some people-- the way it was set up-- getting on post-release supervision who were not suited for post-relief supervision, and it's resulted in people then, ultimately, having their post-relief supervision revoked if they're not able to comply with the terms and conditions of PRS, post-release supervision, which then clogs county jails and our prisons. And so there are only 2 levels of felony that people have to have a sentence of post-release supervision on if they're sentenced to time in custody. And that's level IIIA, and then right above that, level III felonies. And you have to, on both of those under the current law, if you get any time in custody at all as a part of your sentence, you have to do at least 9 months post-release supervision, with a maximum of 18 months on Class IIIA felonies and a, a maximum 24 months on Class III. So essentially, colleagues, it sets a floor, where if you even get a day in jail on that, you then have to do at least 9 months post-relief supervision. I spoke with a number of individuals in the entire criminal justice system: county attorneys, people who work for the courts, and the defense attorneys. All of them agreed having the mandatory minimum of the 9 months on the post-release supervision was problematic. And the reason for that is the judge, in making a determination that somebody is not eligible for probation and therefore sentencing them to time in custody has to find that they are unable to comply with the terms and conditions of a probation order. But then, they have to turn around and automatically give them this 9 months of post-relief supervision, having just read into the record that they're not eligible for post-release super-- or for probation. So it creates this catch-22, where judges are making a judicial finding that an individual is not able or should comply with the terms and orders of a probation order, but then they have to then do so for

at least 9 months. So long story short, this doesn't take away the maximum. If a judge determines that somebody should be on post-relief supervision, they can give them up to 18 months of PRS on a Class IIIA felony. They can give him up to 24 months, that's 2 years of post-release supervision after a Class III felony, this just takes away the mandatory minimum and allows the judge that discretion, which was a bill that was ultimately supported by the county attorneys. And it came out of a conversation, actually, that I had had with some of the county attorneys here, in Lancaster County, about the current state of post-release supervision. Colleagues, I would actually love to readdress post-release supervision as a whole. I don't think it necessarily is doing what it was intended to do. I don't think it's focused necessarily on reintegration the way that it should be, and I think it is focused more on being kind of a punitive probation service, but that's another bill for another day. For now, this is a very simple change to a couple of the numbers on a sentencing order as it relates to III and IIIA felonies. It came out unanimously, had support, again, from county attorneys, defense attorneys across the board, there was no opposition. So I would appreciate-- I do appreciate that being added into the package. There are parts of the package, colleagues, that I do not support. I still struggle with components of this package. That being said, I understand some people support parts and not others. I'm still listening to the debate on this bill. I have hesitations with increased felonies. I have hesitations about some of the modifications being, being made on the habitual criminal. So, I look forward to continuing to listen to some of the debate here. Thank you, Mr. President.

ARCH: Senator Hardin, you're recognized to speak.

HARDIN: Thank you, Mr. President. My bill is LB539. It's included in AM1370. I'm grateful to the Judiciary Committee for including this important legislation in their committee package. It came out 8-0. First, I'd like to make clear that this bill does not do a couple of things. It does not change anything with the process of individuals purchasing a firearm. This does not repeal the Handgun Purchasing Act. After LB150 becomes law, people will still have to go to their county sheriff and apply for a handgun purchase permit and have a criminal history check done before receiving that permit. Now that we have that cleared up, let me tell you what this bill actually does do. This will amend Nebraska law to remove the requirement of the Nebraska State Patrol to implement their own instant criminal history record check system for firearm purchases. Current law would require the State Patrol to develop and maintain their own system once 85% of the Nebraska arrests and convictions records have been completed. 2024

data shows that we are at 80% completion and nearing the point of having to implement this system. Nebraska currently uses the federal instant background check system, and implementing our own system would be redundant and wildly costly. Not passing LB539 will cost the state millions of dollars. Nebraska State Patrol estimates the cost of a statewide system would be \$3 million dollars to develop and the \$4 million dollars every year after that to staff and maintain. This saves the Nebraska State Patrol from having to implement a system that already exists and works quite well. The bill was heard by the Judiciary Committee on March 14. We had 5 proponent testifiers, no opponents. Thank you, Mr. President.

ARCH: Senator Storer, you're recognized to speak.

STORER: Thank you, Mr. President. I rise in support of the underlying bill as well as 1370-- AM1370 and AM1421. Senator McKinney sort of already introduced a little bit of how we were able to come together, work together. We have 2 very similar bills with similar goals. LB386 was my underlying bill, Mental Health Pilot Program Act. Really, the, the basis of this is rooted in the lack of access to mental health facilities, specifically in rural Nebraska, and even more specifically in the cases of when an individual must be EPCed. Senator-- or excuse me-- Attorney General Hilgers had been very intentional about traveling all 93 counties, and the message became very clear to him that this was an issue across many counties in rural Nebraska. Currently, when law enforcement responds to an individual experiencing a mental health crisis, they often place the individual in EPC, that stands for emergency protective custody, to ensure their safety and the safety of others. However, due to limited number of health beds across the state, officers may be forced to transport individuals for hours. Just to give you an example, my home county, Cherry County, Valentine being the county seat, the nearest regional behavioral health center is approximately 2 hours away, and that is assuming there is a bed available. So oftentimes, officers not only have to travel great distances, but then have to wait for hours, sometimes days, for, for beds to open up, which is not, not productive for the individual experiencing a mental health crisis. And so this pilot program sets to utilize-- we're hoping to look at the opioid dollars. There is no fiscal note with this. We're going to start with one cooperating county and go from there, to see if this, this works for other counties across the state. And so the goal really is to get better, more expedient care for those individuals experiencing a mental health crisis, as well as provide a more realistic option for our very small-- our small counties are-- have sometimes only 2 officers on their entire staff. So taking one out of commission for 6,

12, 24 hours is a great burden on those counties. And so we're very excited. I thank Senator McKinney for his work, as well. I think both of these will work to improve access to mental health in the state of Nebraska. The second bill is LB271 that I will speak to, briefly. LB271 is really in-- specifically in response to an incident that happened a couple of years ago with a railroad derailment. And it is intended to sort of bridge the gap for the lack of, lack of penalties that were not really meeting the crime, so to speak. So railroads play-- do play a critical role in Nebraska's economy, and our nation's transportation network. I think we all acknowledge that. However, acts of interference, particularly those that are intentional or reckless, pose a significant safety risk to the public and the environment-- the environmental and railroad personnel. Existing laws, as I said, do not fully address the range of actions that could endanger rail operations and has left gaps in enforcement and accountability. So LB271 addresses this issue by defining and penalizing interference with railroad infrastructure. Specifically, the bill criminalizes actions such as obstructing rail operations, tampering with railroad property, interfering with communication systems, or making terroristic threats. These offenses are classified. And we did work with some of those in opposition, so we brought this down to a Class-- down from a Class IIIA felony. This legislation aligns with the priorities of protecting critical infrastructure and ensuring the safety of Nebraska's communities. In developing this measure, we've engaged with key stakeholders, including law enforcement, railroad operators, and safety advocates. I want to specifically thank Chairman-- Senator Bosn, for her hard work on this package and working through a lot of the concerns and the opposition to the various bills included in the package. I think we're at a, at a good place. And again, thank you. Appreciate your support and your green vote.

ARCH: Senator Hallstrom, you're recognized to speak.

HALLSTROM: Thank you, Mr. Speaker, members. My portion of LB150 is found in Sections 21-23. It was originally LB412, which was advanced by the Judiciary Committee on a vote of 8-0. Co-sponsors on this bill are Chairman Bosn and Senators DeBoer and Dungan. The bill itself is designed to address the Nebraska Supreme Court decision in the case of Chatterjee v. Chatterjee. And under current law, a presumption of legitimacy of children exists for children born to the parties or to either spouse in a marriage relationship which may be dissolved or annulled. As a result, a child born during a marriage is not considered to be born out of wedlock. In the Chatterjee case, Apurba Chatterjee brought a complaint to establish paternity of twin children, alleging that Indraj Chatterjee, who was married to

Indraneel Chatterjee, was pregnant with twins and that he was the biological father of the children. Despite everybody having the same last name, there was a husband and a wife, and a third party, who claimed to be the father of the twins. Notwithstanding the existence of genetic testing indicating a 99.9% probability that Apurba was the biological father of the twins, the Supreme Court held that Apurba was a stranger to the marriage and therefore, lacked standing to seek a finding of paternity. In the face of a dissenting opinion, which argued that current law, law allowed for the statutory presumption of legitimacy to be rebutted by a stranger to the marriage, the majority opinion noted that situations, like the one in Chatterjee, present difficult policy decisions. The court went on to state that it is the function of the Legislature, through the enactment of statutes, to declare what is the law and public policy of the state. In Chatterjee, the parties were essentially disputing whether biology or marital status was paramount, and the court determined at that time that Nebraska's existing statutes prioritized the marital relationship. The Nebraska Supreme Court has clearly invited the Legislature to act in this area of the law, and I believe that the decision cries out for a solution allowing the alleged father to be granted standing to bring an action to establish paternity. I do have an amendment, AM1536, to the standing committee amendment, which amends Sections 21, 22, and 23 of the bill, to basically provide that the passage of the law will apply to pending cases, those that have not been finally adjudicated, as well as to any cases filed on the date or after the date that the law becomes effective. I am aware of cases that are in the pipeline that this change in law will be positive to allow those that can prove proof-positive through DNA that they are, in fact, the biological father of a child, to have standing to bring their rights to fruition. And with that, I will encourage ultimately, the support of AM1536 to the Judiciary Committee amendment, AM1370, and support of the bill as amended. Thank you.

ARCH: Senator Juarez, you're recognized to speak.

JUAREZ: Thank you very much. Good evening, colleagues. And good evening to everyone watching online. I am in support of, of the amendments, but I'm not supportive of LB150. And I wanted to take a few minutes to state that, you know, I'm really in shock about how our last bill turned out on medical cannabis. When I was home and not in this Legislature and I know I've said this story before, I was in shock how the Legislature voted on how the people have spoken. And they speak so strongly, and not on just this issue but other ones, as Senator Conrad has spoken well of. And it is an absolute shock to me-- one of the reasons why I ran was to come here, because I got

frustrated with that reality. Now I get to be here with everyone and still frustrated. Unbelievable. I'm counting the days now that we have left in this session, and it's going to definitely be a good mental health break to exit, because it's just so unfortunate how votes go. I hope that people really pay attention and not give up on making changes in this body. I still believe in the vote. I can't-- I want to encourage you to keep voting. Don't give up. But please, the work that we need to do and I'm even going to do it, we need to get more people registered to vote, because that's how we're going to make changes. I hope, as hard as it is, that you see the reality and you understand what we need to do. It-- I can't overstress how important that vote is, and I hope that you will make the changes that are necessary. Thank you, and I yield the rest of my time.

ARCH: Seeing no one in the queue, Senator Holdcroft, you are recognized to close on AM1421.

HOLDCROFT: Thank you, Mr. President. And this is the garnishment bill. Again, an agreement between the collectors and the corporations that they're collecting from to deliver their interrogatories to a, a, a specified individual. It's been many years, and I have to express my appreciation to Senator DeBoer for paving the way on this bill. And I appreciate your green vote on AM1421.

ARCH: Colleagues, the question before the body is the adoption of AM1421. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

CLERK: 40 ayes, 0 nays on adoption of the amendment, Mr. President.

ARCH: The amendment is adopted.

CLERK: Mr. President, Senator Guereca would move to amend with AM1491.

ARCH: Senator Guereca, you're recognized to open.

GUERECA: Thank you, Mr. President. Good evening, colleagues. With the help of Chairwoman Bosn and the other members of the Judiciary Committee, I bring you AM1491, my LB694, which would prohibit discrimination based upon military or veteran status. The state of Nebraska is one of the most veteran-friendly states in the union. That's not something that should surprise, that should surprise anyone here, but what may be surprising is that we, as a state, don't consider military members to be a protected class. Service members and their family are the bedrock of our military readiness and national security. They and their families make substantial sacrifices in terms

of time, physical safety, and geographical stability. The department has established a goal to ensure that service members and their families are protected through state anti-discrimination measures against bias and discrimination in employment, housing, and education, in addition to the protections under the Uniform Service Employment and Redeployment Rights Act. These protections align with the Department of Defense's commitment to take care of our people. Because of their military status, service members and their families may encounter bias and discrimination in employment, education, housing, public utilities, civil rights law, and in places required to provide public accommodations, such as stores, restaurants, and various transportation modalities. This is why it is absolutely crucial that Nebraska step up and provide the necessary protections these families deserve. I am optimistic that we can move forward with AM1491 and help these families find a safe and comfortable home here in Nebraska. This bill did get out 8-0 out of committee, and last year, also advanced 8-0 out of committee. It just couldn't find a home. I want to thank all the folks that have supported this bill and the diverse set of co-sponsors of my original bill, LB694. I specifically want to highlight the strong comments and support from Michelle Richart, from the Office of the Deputy Assistant Secretary of Defense, Sydney [SIC] Putnam, from the National Association of Social Workers, and the ACLU of Nebraska. I appreciate your time today and I'm happy to answer any questions you may have. Thank you.

ARCH: Turning to the queue, Senator Bosn, you're recognized to speak.

BOSN: Thank you, Mr. President. I rise in support of AM1491, from Senator Guereca. This was a bill that did come, as he noted, come out of committee, 8-0. We initially had pursued this bill on the consent calendar. And given that it was, I believe, 60 pages, we were declined that opportunity. So I'm hopeful that we can add it to LB150, and would appreciate your green vote. Thank you, colleagues.

ARCH: Seeing no one in the queue, Senator Guereca, you're recognized to close on your amendment. Senator Guereca waives close. Question before the body is the adoption of AM1491. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

CLERK: 44 ayes, 0 nays on adoption of the amendment, Mr. President.

ARCH: The amendment is adopted. Mr. Clerk, next item.

CLERK: Mr. President, Senator Hallstrom would move to amend with AM1536.

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ARCH: Senator Hallstrom, you're recognized to open on your amendment.

HALLSTROM: Yes. Thank you, Mr. Speaker, members. Just very quickly, I'll reiterate. I did talk earlier on the mic, about AM1536. It's simply a somewhat technical correction to the bill to provide specifically or expressly that the provisions of the bill will apply not only to cases that are filed on or after the effective date of the act, but also to any cases that are pending that have not been finally adjudicated. And hopefully, the positive changes that we're making in this law will help some folks that are similarly situated to those in the Chatterjee case that I referenced, and I would ask your support of AM1536. Thank you.

ARCH: Seeing no in the queue, you're recognized to close. Senator Hallstrom waives close. Question before the body is the adoption of AM1536. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

CLERK: 41 ayes, 0 nays on adoption of the amendment, Mr. President.

ARCH: The amendment is adopted.

CLERK: Mr. President--

ARCH: Mr. Clerk, next item.

CLERK: Mr. President, Senator Dungan would move to amend with AM1485.

ARCH: Senator Dungan, you're recognized to open on your amendment.

DUNGAN: Thank you, Mr. President. Colleagues, I'll be quick. I know we're getting to the end of the day today. This was another bill that I had in the Judiciary Committee that came out 8-0. To be honest with you, it was intended to be consent calendar, but we didn't get a letter to the Speaker in time, and so Senator Bosn has agreed that this would be a good vehicle for that, as well. Long story short, in a criminal matter, you have a right to discovery. So you can file a motion that is then approved, where you have access to certain statutorily delineated items that are your discovery that you get if you are defense counsel. There-- there's then also a reciprocal order, where you have to then give discovery back to the county attorney, so it's sharing information with both parties. To put it simply, our statute has sort of bifurcated the discovery's explanations, and this bill just clarifies an ongoing right to discovery. So it's commonly accepted in court and in cases in, in the criminal matters that when you file a motion for discovery, it is ongoing. So if there's

additional information that one party gets that they intend to introduce at trial, they have to turn that over to the opposing party. It's commonly just sort of how things are practiced. I think there's been, maybe, some confusion in a couple of cases, as to whether or not there is that ongoing right of discovery. This clarifies it, and something that judges, county attorneys, and defense counsel all agree on, as well. In addition to that, it has a slight rewording of the discovery statute that does not change the substance at all. It simply makes it, frankly, more readable. So with that, I would encourage your green vote on AM1485.

ARCH: Seeing no one in the queue, you're recognized to close. Senator Dungan waives close. Question before the body is the adoption of AM1485. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

CLERK: 46 ayes, 0 nays on adoption of the amendment, Mr. President.

ARCH: The amendment is adopted. Returning to the committee amendment, seeing no one in the queue, Senator Bosn, you are recognized to close on your committee amendment. Senator Bosn waives close. Question before the body is the adoption of AM1370. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

CLERK: 42 ayes, 0 nays on adoption of the committee amendment.

ARCH: AM1370 is adopted. Mr. Clerk.

CLERK: Mr. President, Senator Bosn, I have FA187 and FA39, both with notes that you would withdraw.

ARCH: So ordered.

CLERK: In that case, Mr. President, I've nothing further.

ARCH: Colleagues, the question before the body is the advancement of LB150 to-- Senator Bosn, you're recognized to close. Senator Bosn waives close. The question before the body is the advancement of LB150 to E&R Initial. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

CLERK: 40 ayes, 2 nays on advancement of the bill, Mr. President.

ARCH: LB150 advances to E&R Initial. Mr. Clerk, next item.

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CLERK: Mr. President, LB150A on General File. It's a bill for an act relating to appropriations; appropriates funds to aid in the carrying out of the provisions of LB150. The bill was read for the first time on May 19 of this year and placed directly on General File.

ARCH: Senator Bosn, you are recognized to open on LB150A.

BOSN: Thank you, Mr. President. This is the A bill. I believe that is due to the fact that there were costs associated with-- I, I apologize. I was caught off-guard, looking at something else. And so-- oh, the crime commission for-- gosh, I'm sorry. I don't have it in front of me, and I apologize, because I am-- would Senator Clements yield to a question?

ARCH: Senator Clements, will you yield?

CLEMENTS: Yes.

BOSN: I cannot hear what you're trying to help me with. Can you tell me what you are trying to say?

CLEMENTS: Yes. The A bill has funding of \$700,000, a little over that, but it's from federal funds, would not affect our budget, General Fund.

BOSN: Thank you. And I can tell you what that is for. So the federal funds is for the program that is Senator McKinney's and Senator Storer's program for mental health pilot program funding. It does not affect our budget. He is correct. It's federal funding, should it be available, to allow expansion of mental health beds in essentially-- mostly for western Nebraska, where they are struggling to have enough beds for individuals who are suffering from a mental health crisis, and for Senator McKenney's portion, to allow individuals who have-- therapists and, and mental health training to accompany law enforcement officers on calls where it's likely that it's someone suffering from a mental health crisis, and potentially, could be avoiding detaining that individual or taking them to jail and rather, just providing services. So this has been implemented in other states. Our goal here is to try it as a pilot program here and hopefully expand it. I know there are some portions of Omaha, Lincoln, and Kearney that are doing what Senator McKinney's bill does, but this would expand it. So, I ask for your green vote on LB150A.

ARCH: Turning to the queue, Senator Machaela Cavanaugh, you're recognized to speak.

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M. CAVANAUGH: Thank you, Mr. President. Would Senator Bosn yield to a question?

ARCH: Senator Bosn, will you yield?

BOSN: Yes.

M. CAVANAUGH: Do you-- I-- I'm sorry if I missed it. Do you know how much this is going to cost?

BOSN: I believe it was 150, but I, again, apologize. I do not have that--

M. CAVANAUGH: OK. \$150--

BOSN: --with me. But I believe it's \$150--

M. CAVANAUGH: --thousand?

BOSN: --thousand. Yes.

M. CAVANAUGH: OK. I just don't want to have a rounding error. OK. Thank you. I appreciate it.

BOSN: I-- if you give me just a second here, I can look that up--

M. CAVANAUGH: Oh, sure.

BOSN: --and be more precise. So the A bill is for-- federal funds, it would be 700-- I was totally off, so good thing we did. Total, it says appropriating \$731,000 from federal funds, \$762,000 from federal funds to aid in carrying out the provisions here, total expenditures for permanent and temporary salaries and per diems from funds appropriated shall not exceed 100-- well, it says \$93,696, and then-- for, for this year, and then \$98,376 for next year. Again, just making sure everyone understands this is not general funds from our budget.

M. CAVANAUGH: OK. Thank you. And whose bill was this a part of?

BOSN: This is a combination bill from Senator Storer's LB386 and Senator McKinney's LB706.

M. CAVANAUGH: OK. Thank you. I appreciate it.

BOSN: Yes.

M. CAVANAUGH: Thank you, Mr. President.

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ARCH: Seeing no one in the queue, Senator Bosn, you're recognized to close. Senator Bosn waives close. Question before the body is the advancement of LB150A to E&R Initial. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

CLERK: 45 ayes, 0 nays on advancement of the bill, Mr. President.

ARCH: LB150A does advance. Mr. Clerk, for items.

CLERK: Mr. President, amendments to be printed from Senator McKinney to LB530; motion to be printed, printed from Senator Sorrentino to LB258. Name adds: Senator Dungan, name added to LR203. Senator Raybould would move to adjourn the body until Wednesday, May 21, at 9:00 a.m.

ARCH: Colleagues, you've heard the motion. All those in favor, say aye. Opposed, nay. We are adjourned.