July 25, 2022

>> Chase: Thank you, Laura. Thank y'all for joining us. I know a lot of y'all, this is an issue we have all worked on for a long time and we're really happy that you joined us today. Basically what we’re wanting to do was kind of have a frank discussion, literally with Frank about where the medical cannabis program is here in Texas and kind

of our plans moving forward on how we see our best advocacy strategy might work during this next session. You know, in Texas we've been working on the Texas Compassionate Use Program, also TCUP. That way if you don't know the abbreviation. Since I guess about 2015 and it's been a slow march to get here. But, you know, a lot of people, including

me in the beginning, didn't think we would ever get to this point so, you know, it's taken a lot of people working really hard to get us here. And one of the things that we've tried to do over the years is figure out where we can make alliances and coalitions and bring people together so we can have one big voice. Because, as y'all

know with the legislature, having a unified voice is something that works a lot better than if they're hearing all kinds of different things. That makes it easier for them to basically just back away. If they think an issue is disorganized or there's some infighting between groups, that's all they need to say I'm going to go work on something

else. So we've been working with Frank, Frank Santos is joining us and I'm going to do a little question and answer. Frank actually served on our board for many years here at CTD. He's been a great advocate for us. He is also a highly respected lobbyist in the capital, has been working there for many years. I have learned a lot from him

and Dennis. Frank has been starting to take on this issue too and we have had a lot of discussions. He created the Texas Patient First Foundation and I have been working with him on that. I'm going to share my screen and go to the website for now. That way y'all -- Frank, I'm not sure if it's already up or not.

>> Frank: It is. I can see it.

>> Chase: But that being said, we can scroll through this in a minute. I wanted to give Frank a chance to, you know, introduce himself and then we'll jump into some question and answer and where we see this going.

>> Frank: Well, thank you so much, Chase. So my -- I am Frank Santos and I am a Hispanic male. I've got some kind of clear colored glasses on because I can't see without them. I've got a big Texas flag on my wall and a -- kind of a facsimile of the Texas capitol around me. All things political surround me in my office. I would rather be here

and not there. Thank y'all for having me and I appreciate the time to speak with you today.

>> Chase: Thank you, Frank. These discussions we have been having -- and we had -- we decided that what is our best course has been to kind of start Texas Patients First and really create that voice behind -- heading towards really the focus being trying to work through the Senate. Do you want to kind of explain the whole concept behind Texas

Patient First and what we're looking at?

>> Frank: Sure. So I have been working in legislative work for almost 30 years now. Started at the Medical Association. I was a staffer at the capitol after law school and then had various jobs with different companies. Then opened my own company in 2001 so I have been around this for a long, long time and a lot of that I was on the board of

CTD and, you know, really when Dennis asked me a long time ago to get involved, it's the kind of thing that you learn a whole different side of, how to impact the legislature on really important issues that, frankly, a lot of people don't want to really listen to. I always tell people when I'm giving talks that the first thing -- you have heard

this, I'm sure. It's overused but it's true. The first thing that a legislator wants to do when they are elected is get re-elected. I'm sort of tainted in that way but it's good because I see what the legislature and how they vote, what they need, and how to get things done that are very difficult. This is a difficult topic. So what happened

last session is I had a client and we were working on the issue kind of tangentially to a big group that were working on it. Y'all are working on it as well. And I got involved sort of midstream and I determined, after kind of getting a download from Chase and Dennis that things didn't seem like they were really going all that well. There

was just too many people -- I think Chase alluded to it earlier in that there were just too many people coming at it from too many different directions and what happened is people started falling off. Support started falling off and people didn't know what to support. We ended the session with a bill, not a very good bill, but we got a bill.

And after that, I talked to my clients and I talked to Chase and Dennis and some other folks and I said, look, the only way we're going to get this done is we've got to be very targeted. It's how I normally work but we've got to be very targeted at the people who are making the decisions here.

So in the process of about a year we went back and forth. We came up with a concept that the only way -- the only direction we can go is medical cannabis and it's got to be patient centered. It's got to be about the patient. And that sort of brings in, obviously, the doctor because without the doctor you can't get the therapy for the patient.

And so everything is centered around that. You'll find that we don't talk about adult use. We don't talk about any of those things because, frankly, it serves as background noise for our real goal here, which is to take the TCUP program, as Chase mentioned, and really blow it out as open as we can. We want to put some, you know, some

curbs around it so that there's protections for patients and doctors. We want to make sure that there are enough providers -- and I mean providers, I'm talking about cultivators and processers and distributors so that patients have access to their therapy and that it's safe. That's kind of -- these are some of the big issues that we

want to look at as we're going into the next session. That there's testing. We're not having adulterated products with things like fentanyl, which is a huge issue right now. So in the process of all that, we've been getting some really good support and obviously Dennis and Chase have been incredibly helpful. Your group is so important to

all of this. We've got a big veterans group that we're starting to work with. And what we're doing right now is the first thing we did was a very comprehensive poll and the poll was targeted at Republican primary voters. And the reason for that is, obviously people like Dan Patrick and the governor and Republican senators are only going to

look at that data. We did this poll and it came out actually better than we thought. And on our website you'll see some of the top line -- some of the top line findings, 88% favor -- these are Republican primary voters. 88% favor allowing use of cannabis for medical purposes. That's not super surprising. 84% will allow for more conditions

if it's for medical purpose. That's very good because that taps into our physician element. And 77%, you know, favor increasing the therapeutic level above the 1%. As a matter of fact, we put 5 in there and they were in favor of 5 or above. So we didn't put it in our -- on our website that way because we're still trying to sort of play

the political game and make sure we don't jump ahead of anybody but the good news about that is that we do have the overwhelming support of Republican primary voters in those districts. Now it's about education. And, Chase, you stop me when I've talked too long but I want to give everybody kind of a background of what we're doing.

>> Chase: No, keep going.

>> Frank: What we're doing now is we're taking -- and there's a whole lot more information that was inside of the tabs for this poll. Mike Baslese, he's the guy who does the lieutenant governor's polling. He did the poll and so that gives us some credibility out there with those voters to say, hey, we used your guy and he came up with these numbers

so it doesn't look like it's somehow we forced the numbers. But we're holding these sessions with chiefs of staff throughout the capitol. We're taking groups of 10 and 15 chiefs of staff of different offices. We always do -- we do all Republican or we do all Democrat. We're kind of going back and forth. I have another one this week on Wednesday.

And we go through the poll. And Mike is on the call and we walk through it and we let them ask questions and we're just getting them used to hearing this data. The next phase will be that we're going to take this information and start putting it out on social media. You'll see soon a new video podcast that we're going to be creating called

Statehouse, which we'll be doing interviews. You'll see Dennis and Chase on there, some other folks, some policymakers, some regulators, some of the big multi-state operators that are either involved in Texas or want to be involved in Texas and what they're doing for the patient. And, you know, some other people that have put out some pretty

good research out there about it. Not true research like at the university-type, that's not allowed yet, but some really good papers on some of the safety elements and so forth. So we'll start having those. You'll start seeing those. We'll be putting those out. We're really just flooding the zone with really good information and data so that

as we get closer to November, you know, we'll start developing our legislation. And as that legislation is developing, you know, we want to make sure we have a pretty comprehensive bill but we want to pull out all of the garbage, you know, the stuff that makes people, you know, pause and want to kill the bill. We're trying to keep as many people

inside the tent as possible. And that's actually the hardest part of this whole thing is keeping everybody on the same page because there's a lot of people out there that are still promoting adult use, which is fine. You know, that's their prerogative to do that. The problem is, you know, as a political person that's been around this a

long time, I have a pretty good idea I know what can pass and how it's going to pass. It's all about framing it correctly so these members can go back to their districts and say, look, I voted for something very positive. It's all about patients and it's therapeutic and so forth. I see someone asked a question here. What is adult use?

That is recreational use. Yes. That may come some day. I think right now what they're focused on is the TCUP program. So that's just -- that was a lot of words. I apologize but that kind of gives you a little idea of what we're doing to help the program move along. It's called Texas Patients First Foundation and you can find it --

>> Chase: We'll attach the link. Frank, you're right, to expand on that, when it comes to rec use and medical, early on when we were originally trying to pass these bills, CTD, when we were in some of the offices, like really trying to have those sit-down discussions with legislators to get them comfortable with the idea, their main thing

was next you're going to come back for open rec for everyone. It's a slippery slope, we don't want to do it. And so CTD had to make some commitments to a lot of legislators was the only reason we were here was to support our membership and to support a medical program that created a safe, regulated environment. That was key. We wanted people

to have a safe and regulated environment because we knew people that were going all over to get it. We all know people that have to travel to go find something or they're getting it for a family member and you don't know what you're getting at the time and you really can't then use it as a medical medication because you're not getting exactly

the same thing every time. You're not working with your doctor. So we had to make that commitment to them to make them feel comfortable enough that our plan was only to work on medical. And we told them we're sure people will come back about rec. We won't. Our organization. And I just don't know that at this point in time our state -- it's

one of those things that if that was in our bill in any way that would open that up, it would kill it outright. It would not move. And we have to persuade some people that are, you know, like Lieutenant Dan. He is getting a lot of feedback from at home from some of his supporters. It's not a large group but people that he listens to that

still thinks any kind of expansion for medical, for anything is something that shouldn't be done. So it's going to take walking a tightrope and giving them good information that when they go back to their district or their donors come to them saying why are you doing this? That they can point out here are the benefits of it. Here's the guardrails

we put in place so it doesn't become this slippery slope. And we're going to have to spend a lot of time educating and really working towards creating a unified voice around those things. And I think with a lot of the discussions we've had with Frank, with other lobbyists, with other legislators and their aides is there is good potential in

looking at improving how many conditions might be able to be joined. And there's a lot of back and forth on that. Looking at raising the THC caps. They aren't going to go unlimited. Raising it to 5% opens up the door for more therapeutic products. Going up from .5 to 1% made some changes for all of us. You know, and we're going to

have the discussion of how people ingest cannabis, what is the best for their system. Because we're going to have to have that discussion eventually with legislators. There's still a big fear of the idea of people smoking cannabis. I don't know where that will stand. That may be one of those things that we can't move this go-round but if

we can increase how many people have access, which I think currently in June we were somewhere around 29,000 people in the program and about 601 doctors are now able to prescribe in Texas. That's a drastic jump from last session. And it's helping people. What we're going to be doing is gathering stories about those that are on the program.

People who have wanted to be on the program. You know, if your diagnosis makes you fall outside of the program, are you going and buying it from a hemp shop and not really knowing what you're getting? That's something that we've been talking about because there is a lot of pushback on some of the stuff that's being sold in the hemp side that's

not regulated in Texas. And that's something we've told legislators is that if you want a safe, regulated program then you do have to open up the medical side to give people that option that they're being open with their doctor. So we'll be working in that direction.

Something else, Frank to bring up. Is there anything that our members or anything anyone can do besides sign up? And we'll send you a sign-up sheet or e-mails that you can get updates on what we're working on. Is there anything they can be doing right now to help with moving this forward or, you know, while we're in the interim?

>> Frank: Yeah. So definitely we'll get y'all on the list so that as we're doing updates to the website and as we're doing things you'll get all of that information, as much as you want to be involved. We welcome your help. And I would say that the most important thing right now for us is we've got to get -- you know, we're in the education

stage of it and so one of the things that we want to do -- we are in the process right now of doing some video shoots of some veterans with their stories. But I would like to do some testimonials with those -- anybody that would be interested in sharing their experience. I can see that someone said there's been some issues. I mean, I

would like to know what those issues are. It's important for us as we go through our process, as we're developing a piece of legislation. Since I don't use the program, I wouldn't know what it takes. But I know from Chase that it's a very difficult program to maneuver through so we want to know that, figure out if we can fix those things,

and just keep making it better and more open each time. The other thing too is we want to increase the number of physicians in the program in a big way. I'm talking to the medical association. I'm talking to the neurologist, you know, I'm talking to all of these groups. As a matter of fact, as soon as this calling is over, I'm

going to get on a call with a neurologist again. They're very interested but kind of a little bit, to Chase's point, there are doctors within the medical community, big medicine, TMA, that are not in favor of this. Why? Who knows. But they are kind of a vocal minority and so the TMA folks are kind of helping me. We're trying to figure out

how to maneuver through that. There's also a group that is very much in favor of helping us but they also are afraid of the rest of the group. So it's just like everybody else. Everybody's got an audience so we're trying to figure out how to answer to those, how to speak to it and so if you've got a physician that's willing to

give us information or even if they want to put their story out there or talk to patients through either our podcast or through a testimonial, you know, let Chase and Dennis know and we'll figure out a way to make that happen. We have a very professional group that's doing this so this is all going to be done on a very high level.

So when people see it, they really get a lot out of it. You know, we don't waste people's time and it gets the exposure that it needs.

>> Chase: Yep. Thank you, Frank. Let's see -- oh, thank you, Lora. Frank, do you have a few more minutes? I was going to do something that we don't normally do. Usually we break up into small rooms but while we've got you for about five more minutes, is there anybody that wants to ask Frank a question about our plan or -- oh, I see Amy. Alright, Amy.

>> I have a question about how deliveries might be handled if you were expanding the bill. Because in my experience I've been told that they have to go back to their home base every time they make deliveries and they can't just go in a circle around the state, which uses a lot of time. And in my experience, even though I live in Austin, if I

want to get my medication delivered, I have to ask for it more days in advance before I run out. But I'm only allowed to ask for more medication every month. So you're going to run out if you don't skip doses. So this idea of having to skip doses just to get the medication that you need, that your doctor says you need, even if you're in one

of these major hub cities, is a problem. So I'm wondering how we address that.

>> Frank: That's a great question. That's the first time I've heard that. It's not come up in discussions before so it sounds like there's some limitation on how a dispensary or a delivery from a dispensary can -- that they can only deliver it, you know, they can't have a load of deliveries and hit a bunch of people. They have to bring each

person their delivery an then reload and then go to another delivery. Is that what you're saying?

>> They can't go to multiple cities at a time. They have to come back between cities.

>> Frank: Between cities, okay. So inside the city it's okay but outside?

>> Right. And since you can only ask your doctor once a month for more refills and you may have to, once you have your refill request in, wait extra days to have it delivered. You have to skip doses between when you run out and when your month appointment is and when they're actually able to deliver it to you.

>> Chase: Amy, the administrative side -- they do have some really weird rules that started off that have carried over. And that's why usually it was only on certain days in each city because they're trying to make it all the way around the state. And they're not allowed yet to really store it in other places. It has to be at their main facility.

And they are looking at that for I think compassionate. But it is a problem, you're right, and it's something that I've been trying to think through. Because that actually increases the cost. They have to set a very specific route. They have to submit it to DPS every time they do it and then they can't really stray from that route either.

It is an issue, an administrative issue that is causing us to actually have higher costs. Lora? I see your hand's up.

>> Thanks. You know, Amy, I have never had an issue with this. We're through compassionate cultivation and I was putting it in the chat, we regularly get three months at a time. Her doctor always puts in the prescription -- that's not the right way to say it. But however you load that into the system. He always puts in a three-month supply

and so we have never, never had an issue with delivery. And regularly -- and I do try ahead of time to say, okay, we're ten days out or a week out or whatever. But we have never had an issue with that. So I kind of -- I'm surprised that her doctor can put in a three-month prescription and yours can only put in a one-month prescription.

That doesn't make sense to me.

>> Chase: Amy, tell me if I'm wrong. Something I ran into, and the reason why is getting the three months all at once, the amount of money it costs for a three-month amount, usually people start trying to break it up to pay like that. And if you miss a window of trying to get it submitted, you know, and it happened to me this go around in my

third month when I was supposed to -- I missed it by a couple of days and so now I've got to wait for an appointment, get that, then it has to be resent in and processed. Amy --

>> I think in the law it says your doctor has to see you before they can redo a script. And the law might say that they have to see you every month, so maybe that's how they're interpreting it, my doctor, but I could be wrong.

>> Frank: That might be right.

>> Chase: I know they can give you -- like they used to write it for the three months and if you only get a third of it the first month, they should have it on file that you still have so much available and then you can choose how much.

>> They've never offered me the chance to have three months at a time.

>> Chase: Then let's talk after this. We'll help you sort that.

>> Frank: Regardless, we'll just keep that on the list of things that it's problematic so there's no reason -- we can always look into it and see what else is possible.

>> Chase: Those administrative hurdles and reduced costs. Anybody else have a question for Frank before he has to run? Otherwise, we can keep our conversation going afterwards.

>> Dennis: Yeah, Frank, this is Dennis. If you could clarify a little bit. Hemp was legalized but that in some ways created an opportunity for a much better medical cannabis program. Can you touch base on that a little bit? Why that actually creates a better opportunity for us to succeed?

>> Frank: Are you saying that hemp provides a better opportunity?

>> Dennis: Yeah, because they passed that but that's an unregulated program. It caused people to shift from the current regulated TCUP program to the unregulated hemp program, which we don't like that.

>> Frank: No, and neither does DPS and neither does the legislature. The problem is, as you know, they passed that legislation, nobody wants to reopen it to try to fix the problem. I do think they will fix the problem, though, with the delta 8 I think it is, that everybody's concerned about. An unregulated product is just rife with problems.

It also causes a lot of -- and these things go kind of hand in hand. I just saw a neat paper. I'm going to post it at some point. I want to pull out some stuff out of it but I saw a really good paper about how a regulated environment is so much better for the state. Safety profile and all these other things. With an unregulated environment,

you're actually encouraging a black market and that's what we have. I don't want to besmirch Delta 8 because they're legal but it's a black market. There's nobody who can determine what's in it. There's no testing, per se, standardized testing, I should say. And so it's a problem for those that really truly need a medical therapeutic product

to get what they need. And also, you know, there's no price control over Delta 8. They just do whatever they want to do and sell it wherever they want to sell it. I think that's created a legislature looking at a program like TCUP and saying if we don't get that program running properly, then we're going to lose control of everything.

And then you're going to have what a lot of these other states are dealing with, Oklahoma, a lot of other states. They have some serious problems because they blew it open, didn't even think about it. New York is about to do the same thing. And I think the slow nature of the way this worked, kind of worked to our benefit because now

we see all the problems that came along with those other states and we can put together a really good program. That's what we're telling people and it's surprisingly going extremely well. They see that if the federal government were to make any kind of change, you know, even a small change in cannabis legislation, it could really blow the doors

open in Texas and we wouldn't be ready. So all those little pieces, including the hemp issue, are helping us this next session.

>> Chase: Thank you, Frank.

>> Frank: You bet.

>> Chase: All right. I know you have to run so if any of y'all have any last questions or if you want to stay on and ask anything from us, we're more than happy to. Lora just asked a question. She was wondering which senators are still really opposed to it.

>> Frank: Well, I mean, that's a very good question. There's some -- here's what we're finding out. There are -- there's always going to be senators out there, some of which are actually leaving that are always going to be not no but hell no, for whatever reason. They have their constituency and they were against lottery. They're against anything

like that. So this is just one more of those. That's okay. We don't need all of them. What we're doing right now is we have a group of senators that signed on to legislation already, so they have a history. They may not be the best advocate in the world for us but they've signed on. They took a step. There's a lot of them out there

that would like to be involved and they need, for lack of a better term, cover, you know, back in the district. And that's what we're trying to provide. I'm not answering your exact question but the way we're doing it is very methodically and I wouldn't say right now we could take a bill, take it over to the Senate, if we were in session,

and pass it the way we want to. But I fully intend to be there by the time the legislature comes in session. It's all about education and we just keep pushing, pushing that envelope. I think we're getting there, to be honest with you. A lot of stuff going on. Fentanyl has been a big part of it because now all of a sudden, they're worried

about adulterated product. That helps. Let's figure out some way to put some regulation around that, standardized testing so products don't hurt patients. But little by little -- as we get closer, we'll have a much better idea of who's on board and who needs to be worked. Is that okay? Can I give you that answer? I hate to not be specific enough.

>> Chase: If you look at the past votes on this, usually in the Senate there's one person that decides if a bill's going to be heard. And once he makes that decision, it usually -- I mean, we have had unanimous votes at that point. So the real goal is getting that guy comfortable with where we're at, why we're doing this, why it's responsible.

It's a very responsible thing for us to do to create a strong regulated market that, you know, provides patients and voters and Texans access. Let's face it, cannabis may work great for a lot of people. It may not work at all for others but you should have that choice to really be able to work with your doctor and see if it does. At the end

of the day we want people back at work, living their lives, not having to deal with the day-to-day chronic issues we're dealing with. And I still really do look at this as another one of those medications in the toolbox that we can use. But we need good, safe access and options to be able to deliver that. So I think we can get there and we're

going to do everything we can. We've got a great team working it and hopefully this is the right session and we'll get there. And thank you, Frank for coming. We really appreciate you.

>> Frank: My pleasure. Any time. Any time, you know, what a great group. Thank you for all the questions and if you have questions afterwards, if you think about it, just submit them to Dennis or Chase and I'm happy to either get on the phone with you or, you know, send you an e-mail. I'd love to.

>> Chase: Thank you, Frank. We're going to stay on. I see that there's a whole bunch of chats in the chat box. Frank, you're more than welcome to stay. I know you have other things too.

>> Frank: I'm going to get on with the neurologist and see if I can get them on board.

>> Chase: Let me run through the chat. Feel free, if y'all want to ask any questions, unmute yourself and instead of breaking out into breakout rooms, I think it would be better for this go around to have a frank discussion, if y'all want.

>> I wonder if a lot of the hesitation is just ignorance. Lack of education. People's fear of -- because of the whole issue of, you know, that old marijuana thing. But they don't see the difference in the products that one is a medical product and the other is recreational. I just think that a lot of it is just fear of what they don't know.

>> Chase: There's still a lot of stigma out there and that is something that we've tried to counter. We've tried to show the benefits of it, how it can help people. But, yeah, we're fighting a stigma that was created by a lot of money and a lot of the backing of the government for a long time. So it's working our way backwards. Yes, it doesn't

help when you have people that are abusing something but, let's face it, when it comes down to any medication, moderation and being responsible is one of the things we all have to do and not turn it into something that's being abused and thrown into people's faces. So we have a stigma we're still working on getting rid of but I think there's

so many success stories out there of people who are trying to do it right, that we should give good law-abiding people the opportunity to make that decision for themselves, and that takes them backing us to do it.

>> The other question I have real quick is, to me, if pharmacology has an issue with it and some of the doctors, is it about money, really? They're afraid of losing money to another substance that may not be as expensive as some of the other stuff out there that they're prescribing and afraid of losing their big bucks.

>> Chase: Well, actually, I have had those discussions. We work a lot with pharma on a lot of access to new medications, so we spend a lot of time in that issue area and we have some really good connections with all the top companies. You know, I have posed these questions and we have sat down and had that talk. And to be honest, if you think

about it, there are no new pain medications that are out there. They are all basically generics now. It's the generic world that would lose out, not any of the big brand pharma groups. And I think a lot of them are actually really interested. The moment cannabis gets dropped from Schedule 1 to Schedule 2, they're going to dive into research.

There's a lot of compounds that they would love to get their hands on that they have never had access to. And I think doctors right now, some feel comfortable about access and letting people try it and then there's your older doctors, their toolbox is set and they don't want you to try it and they're not going to the Bryson, I see your message that my clock is broken. It seems like it's 5:45 all the time here. Thanks for reminding me.

>> Dennis: Glenda, this is Dennis. One thing a lot of people don't know -- actually the pharma industry is not opposed to the medical cannabis expansion here. They simply don't get involved. They don't take one side or another but there actually is a cannabis-based medicine that is available in Medicaid. I think that -- I think some of you

may know this. It's called Epidiolex and Medicaid will pay for it. It has a very limited type of diagnosis. I think Lora may know about it and anybody else who doesn't fit in those two narrow boxes doesn't get it. Again, it's part of a stigma attached but the fact that Medicaid has approved it, is based on cannabis, is another sign

some of those stigmas have relaxed.

>> Chase: Lora, one thing I want to throw in there, Lora, you put in the chat that they just introduced a bill removing it from schedule 1 to schedule 2. Because Epidiolex was approved, schedule 1 is like heroin or cocaine. Basically it has to have no medical value. Once Epidiolex was approved and it is purchased on Medicaid, it's a really high

CBD content. It showed there was medical benefit to that medication and that is what is going to be key to actually lowering it from Schedule 1 to 2.

>> Correct. And my understanding is that Epidiolex has no THC in it whatsoever. It's a high concentrate of CBD. Again, as Dennis said, it was created for intractable epilepsy and Dravet syndrome. Dravet is the most serious. Those kiddos typically have 1,000 seizures a day. That's how I got into this movement in the first place because

I knew a child that had that syndrome and so that's when I started fighting in August of 2014 was when she got the diagnosis and, sadly, she died right before Senator Glick introduced the bill. Everything has been a memory of Baby Kate but, again, those kiddos have rarely lived past age 5, but this has been -- just the introduction of CBD

to those children has been phenomenally miraculous. It's also been genuinely miraculous for my daughter, who has Lennox Gastaut. That's a form of intractable epilepsy and it's not well controlled by medication. You can have pain not controlled by current medications. Julie is on the highest levels of six other pharmaceutical meds to control

seizures and she was still having -- I think the month before she started on CBD, she had 100 seizures that month. The first month [Inaudible] and two seizures. They have still -- you know, we rarely have a seizure now. If she has a seizure, she has one or two a month and there are maybe 10 or 20 seconds. She used to have 30-minute seizures

or she would have a period of time where she was seizing for hours. And any time you have that period of time, you have to go to the emergency room. That is always a medical emergency. Since we started CBD, we haven't done that at all and we've barely used -- I think once or twice we've had to use rescue Valium. Considering we used to use

rescue Valium five, six times a month and we've used it maybe twice since she started in 2017, miraculous change.

>> Chase: And the cost savings that we're creating, when you start looking at what is the cost of an E.R. visits and these kids going to multiple E.R. visits a month when having some of these seizures that you're really actually creating a more stable healthcare system. But, you know, with Epidiolex it's a high concentration of CBD. For some conditions,

that works great. Other people need more THC balanced with CBD to have an effect. There's got to be a spectrum you can work with your doctor and that's a key thing why we want doctors to be making the decision, because it really does come down to everyone is slightly different. Their systems are going to react to this slightly different and

there is some experimentation you have to do at the beginning with your doctor to really fine tune it and find what's working for you, so we want to make sure that we can do that in a safe way and give people the opportunity to have that conversation with their doctor and not feel like they're doing something wrong. So any other questions?

Suggestions? Anything.

>> If nobody else has another question, I'll shut up for just a question and if nobody else has anything, I have one other one.

>> Chase: Go for it, Glenda.

>> Has there been any research about not only physical pain management and seizure management as far as psychological issues related to cannabis and its impact?

>> Chase: I know there's a lot of research being done and they actually opened it up for people with PTSD. You know, there's some good benefits there. But not always. For some people it may not affect them as well. So I think that's why it's so key that people are working with their doctor because we don't want them starting something and then

just trying to come off their other meds at the same time. You really do want to see where the balancing point is and then slowly work your way off that. And if it helps, that's a great thing. If it doesn't, then you at least know and you can backtrack and work back the other way. But I have heard both from friends that deal with mental

health issues where for some it is really -- it's a lifeline. And for others they feel like it might make them a little more antsy. It's finding the right fit, finding the right medication for them. For me, it was pain management. It's what helped me come off of taking opioids. I was ten years of taking six a day and running back to my truck

during hearings to grab some, working my way off that was hard. But having a few drops of cannabis with oil in it. At that time I had to go get it from Colorado. It's what helped me work my way off it and now all I have to do is try a little at night, right before I go to bed. It actually calms all the spasms in my body and has reduced my

pain management greatly and now I don't have to take any kind of narcotics. So there's some great benefits to it. It's just finding the right fit for you.

>> Well, obviously I'm pretty uninformed about -- because I don't use any kind of prescription pain for anything. But it's fascinating to me, a very well-worth discussing and legislating. I just hated that our legislators are so afraid of -- they're afraid of -- I don't know, to pass and get involved. They're afraid of their

constituents, and understandably because that's, like he said, they want to get re-elected and that's all they care about.

>> Chase: We're going to work to get there. Deborah, I see you've got your hand up.

>> Yes. I'm honestly -- it took me a while to figure out how to do that. I listened to so many of the things you're saying. It's all very interesting and at times I don't know if I fit in because I was hurt at work. Even though I'm disabled and have been for 28 years, I don't want to step in where I shouldn't step in. So I'm a little lost

as to how to participate.

>> Chase: Well, you know, actually the medical cannabis world, what we're working on right now and the current program that's run by the Department of Public Safety, it's a very narrow group of people that can actually apply for it. I think it's basically seizure disorders, PTSD, cancer, spasticity. I'm blanking.

>> PTSD I'm familiar with.

>> Dennis: Parkinson's.

>> ALS. We worked really hard to get ALS in there.

>> Chase: You can go to the state program and apply. You would have to talk to a doctor that actually works on it. There's only 600 doctors in the state. I do mine virtually. I get online with them every three months. Yes, epilepsy, thanks for throwing that in there. You can sign up, try to program and for some people, like we said, it's

helpful. For others it's not as much but we're going to work to expand it and create more options during the legislative session. We're going to get there eventually but right now it's just us educating y'all and as we get closer to session we'll send out information, like if we need somebody to send an e-mail or make a call, we can definitely

help with that kind of stuff and walk people through.

>> I appreciate your information. Thank you.

>> Chase: Of course. Any time. Any other questions, y'all? Otherwise, I will turn it over to Dennis so he can say the sponsors, because I already forgot all of them.

>> Dennis: Well, Chase, if you had maybe a few have taken some cannabis medicine, you would remember who those sponsors were. All joking aside, let's face it, one of the things about this issue is sometimes people do think it's a joke. It's not a joke. Just ask Lora Taylor and what it meant for her daughter, or Shawn Meredith or Amy. I'll

tell you, folks, I've worked with Chase and during the legislative sessions he would crash and burn in May. Physically, mentally. He doesn't do that since he got shed of all those heavy-duty painkillers and replaced it with cannabis. I have witnessed this. I know this to be true. As always, Raise Your Voice is of no charge to

anybody and there will be some follow-up information. We can do this with the help of our sponsors. Our entry-level sponsors are Gilead Sciences, Shield healthcare, we work for health Texas, Amgen. Notice we do have pharma sponsors in this too. And touch of class, AstraZeneca, Bristol Myers, United Health Care plan and ameri group. Thank

you all for participating today. We will be in touch. This is a major issue and I think I can speak for my colleagues at CTD. So this is among the most frequently-cited issues. We get calls, e-mails about. People want to find other ways other than pharmaceutical drugs to get relief and sometimes superior relief. Thank you all so much.

Take care and we'll see you soon for the next Raise Your Voice.

>> Chase: Thank y'all .

>> Laura: Before y'all jump off, I just want to mention, we're taking a quick summer break from Raise Your Voice at our next session will not be until August 25th. You'll be hearing more about that from us a little later on next month.

>> Chase: Appreciate that information.