

Patient Advocacy Matters

Join us in advocating for medical cannabis access in Kentucky, ensuring every patient receives the care they deserve.

**Empowering patients
through advocacy and
support**

CALL TO ACTION

Kentucky's medical cannabis program is still in its early stages—and patient voices are essential to expanding access, improving affordability, and ensuring the program meets the needs of Kentuckians. Use this form to advocate for broader coverage, streamlined access, and patient-first policies. Your elected officials need to hear from the people this program was built to serve.



Contact your legislators



Call the legislative message line: 1-800-372-7181



Go to legislature.ky.gov and select 'Who's My Legislator' in the top menu. send them an email, or scan the QR code below.



KENTUCKY MEDICAL CANNABIS PATIENT ADVOCACY FORM

HOW TO CONTACT YOUR ELECTED OFFICIALS

Your state legislators directly shape Kentucky's medical cannabis laws. To find your representatives: Visit the Kentucky General Assembly's "Find Your Legislator" tool:
→ Go to legislature.ky.gov and select 'Find Your Legislator' in the top menu.
Enter your home address to identify your Kentucky State Senator and State Representative.
Save their names, office numbers, and email addresses.

Contact Tips (Effective Advocacy Best Practices)

- Be concise. A short, well-framed message is more impactful than a long one.
- Be specific. Reference the issue(s) you check below.
- Share your lived experience. Patients move policy—your story matters.
- Be respectful and solution-oriented. Policymakers respond best to constructive requests.
- Ask for a response. For example: "Can I count on your support for improving patient access?"

SAMPLE CALL OR EMAIL SCRIPT

"Hello, my name is _____, and I live in _____ County. I am a medical cannabis patient (or supporter) asking for your support in improving Kentucky's medical cannabis program. Expanding access, affordability, and qualifying conditions would greatly benefit patients like me. Medical cannabis has made a meaningful difference in my life, and I hope you will advocate for policies that put patients first. Thank you for your time and service to our community."

When contacting lawmakers, be sure to include

YOUR INFORMATION

Name: _____

City/County: _____

Email/Phone (optional): _____

Patient Status (check one):

- Current medical cannabis cardholder
 Prospective patient
 Caregiver
 Supporter/Family Member

KEY ISSUES YOU SUPPORT

(Include all that matter most to you)

- Expanded qualifying conditions (specify any conditions you care about)
 Telehealth access for ALL appointments
 Allowing for combustible flower products including pre-rolls
 Streamlined physician recommendation process – removal of notarization requirement
 Employment protections for medical patients
 Other: _____

YOUR ADVOCACY MESSAGE

Describe how expanded medical cannabis access would help you, your family, or your community. Personal stories are the most powerful tool for creating change.

NEXT STEPS

- I contacted my State Representative
 I contacted my State Senator
 I shared this form with another patient or caregiver

TOGETHER, WE CAN BUILD A STRONGER, SAFER, PATIENT-FIRST MEDICAL CANNABIS PROGRAM IN KENTUCKY. LEARN MORE AT KYCANNA.ORG/PATIENTS