

New Jersey Cannabis Regulatory Commission
Public In-Writing Comments
Public Meeting: June 1st, 2021

Sender	Date	Comment/Question
Kerry Hilton	5/20/2021	<p>I would like to see more availability for medical users to have access to a wider array of edible food products besides simply lozenges. access to a greater variety of products such as water additives and higher concentrations of cannabis.</p> <p>I also have a large concern over the supply for medical users when marijuana becomes available for recreational users. Having people flooding the avail dispensaries and buying up strains that medical card owners rely on for their symptoms. How will you address the availability of all products to the people that need it medically before someone who wants it recreationally?</p>
Gregory Richards	5/21/2021	<p>As medical patient with anxiety, treatment-resistant depression, and PTSD, cannabis has been a life line during the course of my treatment.</p> <p>Overall, I believe patient access shouldn't be so limited due to operators' shortcomings with stock. This is a problem I've been working with others to address this problems via discussion with legislators. The constant shortages (primarily South Jersey), could be negated by home cultivation. would be less severe. That being said, an easier path would be licensing that is equitable for all.</p> <p>I believe that oil and non-oil based concentrates and edibles are vital to patients who cannot smoke. I am very shocked that the state hasn't recognized that sooner. End-stage patients and patients with chronic pain could also benefit greatly from expanding provisions to allow concentrates and edibles.</p> <p>When it comes to the recreational use, I believe the public (adults) should have access as well. Having safely manufactured and state-approved concentrates and edibles would be a huge step to moving away from the Black and Grey Markets.</p> <p>All of that being said, we still need to discuss public safety. Just like cannabis flower and alcohol, citizens should not operate a vehicle or complete any hazardous tasks while under the effects of edibles or concentrate.</p> <p>Feel free to reach out, I'm willing to discuss more in detail. There is so much actionable change possible if the State and the people work together on this.</p>
Nick Sears	5/21/2021	<p>I was just informed of the meeting to discuss what products should be available at medical and recreational dispensaries and I have to admit I'm lost on where the confusion is or why we're wasting a meeting on it. The people of NJ voted by a large margin to legal marijuana, not certain forms of marijuana despite the ominous wording of ""a form of marijuana called cannabis"". That means they voted for marijuana flower, edibles, concentrates of every type, infused beverages, etc. ANY product a producer and/or a dispensary thinks enough customers would buy to justify carrying should be available and I'm baffled that a meeting is being spent to discuss this because it's obvious.</p> <p>So since the tax dollars are being spent and we're making a show of this regardless of how needless it is I will now give an answer in line with that. Everything. Everything should be available. If you can buy it in any other legalized state or even Canada you should be able to buy it here and there's no valid reason for that not to be the case. Your focus shouldn't be on</p>

		the ""types"" of products available, it should be the safety of those products as far as testing of the materials going into them and conditions in which they're produced. That is what we as citizens expect from the CRC, not limiting the options available to consumers. This meeting feels much more like a attempt to limit options than a genuine attempt to represent consumer's wishes, specially again since consumers want every option to be available to them so there's no discussion needed.
Andrea Heymann	5/21/2021	Thank you for allowing me to submit a comment during this meeting. I wanted to use my voice in support of allowing to expand the edibles options for medical and recreation cannabis users. As a medical cardholder, I appreciate the edible option when shopping at a dispensary. However, over the past few months, I was diagnosed with IBS-D and now find that I am unable to purchase or use the current edible option available. This is because of certain ingredients in the lozenges that don't work for IBS patients. If we would be able to expand the edibles market, it would allow for a variety of products to be purchased that can cater to individuals with dietary needs as well as be a "healthier" option for folks who aren't a fan of smoking canabis. Thank you for allowing me to submit my comment and for the great work that you do.
Denise Miner	5/22/2021	I feel that any type of cannabis product currently on the market in other "Legal" state should be allowed to be offered here in NJ. Voters here overwhelmingly approved rec. cannabis and it shouldn't be limited in any way to include THC% other than by making sure the products are safe for consumption. Limiting the types of products available will force people to other states or back to the unregulated black market to purchase their cannabis products and cause NJ to lose revenue and put themselves at risk.
Robert Devine	5/25/2021	<p>Hello, My name is Robert Devine, I am a lifetime NJ resident and have been an NJMMP patient for a little over three years. I personally believe all cannabis products and their variations (flower, edibles, concentrates) should be available to both medical users in the state and to the adult use market. I would also like to state the 350 mg THC cap for a concentrated product or edible package needs to be eliminated. The only thing the 350 mg cap does is make patients pay more for their medicine, take a few more hits of that vapor cartridge, or take a few extra lozenges. I really can't understand the reason for this in a legal cannabis state.</p> <p>NJ residents voted to legalize cannabis and this means all forms of cannabis that have been available in other states like CA and CO for many years and future cannabis products yet to be invented. New Jersey is severely lagging behind in variety of products available and a priority should be made to start allowing a varied type of concentrates and edibles in the state for patients who prefer to medicate that way.</p> <p>Products that should be made immediately available to medical patients and available later to the adult use market when that is up and running, include but are not limited to:</p> <p>Concentrated Cannabis - Current concentrate offerings for patients are severely lacking. Patients need access to higher potency extracts they can vaporize if they prefer to cut down on the times they need to medicate in a day. These products include but are not limited to:</p> <ul style="list-style-type: none"> Live Resin Rosin (Hash Rosin & Flower Rosin) BHO (Butane Hash Oil) in its various forms (crumble, budder, sauce, shatter, sugar etc) RSO (Rick Simpson Oil) Topicals Alcohol based tinctures

		<p>Hash Kief</p> <p>Edible Products - Patients and adults who don't want to or cannot smoke or vaporize cannabis should have a variety of high quality edibles available to them and they should be made available to patients as soon as possible. The current lozenges and MCT oil aren't close to enough. products that should be available include but are not limited to:</p> <ul style="list-style-type: none"> -Infused Beverages (Iced Tea, Soda, Lemonade etc) - I can personally speak that these types of edibles are the most effective for me. -Various Candy (which can be in child safe packaging) like chocolate, gummies and lollipops. -Various Baked Goods (Brownies, Cookies, cakes etc) -Various strengths of capsules <p>Thank you again for the opportunity to speak today and I look forward to when dispensaries in NJ can start to resemble dispensaries in more established states like Maine, Colorado and California.</p> <p>-Robert Devine</p>
Lyn McMeen	5/25/2021	<p>I would like to know when NJ is going to start treating medical patients as medical. The terpenes contained in cannabis dictate a majority of the health benefits, yet, the state does ZERO testing for terpenes. How can patients be expected to "guess" which medicine works best for them if they don't know the contents of the product? If the Commission is serious about their patients, they will require terpene testing on all products and the results to be listed along with the THC content. Even recreationally, do people not have the right to know what they are ingesting/inhaling? If not for the recreational patients, at the very least, medical patients should have access to this information based on fact from testing and not opinion from other users.</p>
Domenic Dalessandro	5/25/2021	<p>Increasing the availability of edibles for medical patients is critical. Various chocolates, gummy's, and beverages are available in all states that are legal and have medical programs. The lozenges currently available are gross and really don't provide much relief.</p> <p>Allowing the big companies to bring in their concentrates would be a game changer. PAX, Stiizy, and many more offer great pod options with plenty of strains that are good tasting and bring huge relief to patients</p>
Austin Satinsky	5/25/2021	<p>The lozenges have never really been the most ideal edible product for me. I have a much better time treating my anxiety with an actual edible (a chocolate, a snack, etc). Especially with brands like Select introducing the beverage powder and other states with far more expansive edible variety, there is no reason it shouldn't be available for patients.</p> <p>On concentrate, we should absolutely introduce Live Resin and carts that aren't just flavored terpenes into the medical market. Please allow us to discover and explore what works best for our issues.</p>
Carol Iverson	5/28/2021	<p>Our small town is considering allowing some of the classes. When industrial zone was mentioned; we do not have one designated as such. Could commercial suffice. We would not want to incur costs to change zoning not knowing what the end result would be. Also, security for these facilities needs to be as tight as possible so there are not problems that impact the town.</p>

Christopher Connolly	5/28/2021	<p>On November 3rd 2020 voters in New Jersey approved a ballot question legalizing recreational marijuana. The ballot question never stated ""null and void"" in either the question itself or the interpretive statement. Voters were misled on this question in many areas and it is my understanding that the 70 towns that had existing ordinances in place banning cannabis sales etc had to be listed for transparency purposes so voters could make an honest assessment of this issue. Furthermore, is the ""Cannabis Commission"" sworn to the New Jersey state constitution? Article 1 2a clearly states that ""Government is instituted for the protection, security, and benefit of the people"". There is well documented court evidence, not only in New Jersey, but throughout the United States, that Cannabis is a dangerous substance that has resulted in serious injuries, poisonings, and death. In some evidence marijuana has been used to coerce a victim into performing sex acts on a suspect. The American Heart Association and American Lung Association, former US Surgeon Generals and many others have issued warnings related to marijuana. For me, I have been a victim of the disgusting smell which also has caused sinusitis. Again, are you sworn to the New Jersey state constitution? Thank you</p>
Diane Jankovich-Ludwig	5/28/2021	<p>I am 69 years old and have been against marijuana since I first encountered it at age 17. It smells awful and makes users inconsiderate idiots! That is not an opinion; it is the indisputable TRUTH! I was totally disheartened that NJ voters passed to legalize weed in Nov. 2020. I should not be subject to blatant stoners in my town of Maple Shade nor slammed by an impaired driver on the road. Please call me if you feel the need to dispute my sentiment. I will be very happy to further explain!!!</p>
Joshua Miller	5/30/2021	<p>Today I'd like to take a moment to tell you a story. When I was 22 I was going through alot of loss in my life, so I did what most people would in that situation, I sought help. I went to a doctor and explained to him how I was feeling and he misdiagnosed my depression for severe anxiety and prescribed kolonopin. I spent the next several weeks in a state of complete black out. While I wasn't sad anymore I wasn't anything. I could have gotten behind the wheel or injured or even killed someone. This is the course we take for mental illness in this country. The doctor could have easily given me marijuana which could have assisted without the terror of not knowing what I did or said for weeks. We give people medications that we say help but only hurt but need state meetings for a plant thay hasn't hurt anyone ever? Seems backwards doesn't it? Why not help the people without the possibility of irreparable damage? Can we really tell people not to eat a brownie while forcefeeding them dangerous pills?</p>
David Hamm	5/31/2021	<ol style="list-style-type: none"> 1. All types of Medical marijuana products should be available to medical and recreational users. There should be no difference. 2. There should be no restrictions on cannabinoid concentration limits in cannabis. I.E. no THC limits or making any non-THC cannabinoids illegal. 3. Home growing must be allowed, especially for medical patients. A small fee and registration would be acceptable. Retail prices are way beyond the economic reach for many people. Furthermore, strains that provide the type of relief desired are often not available in medical dispensaries. Home growers should be able to grow hemp too but hemp seeds should be available ONLY from Licensed in-state hemp handlers. 4. Consumers do not want to be gouged by the State. Taxes are already among the hugest in the country. Please do not burden marijuana users with excessive costs and force them to a pay disproportionate cost of social reforms. Please keep race and politics out of marijuana. Using marijuana to fund “social justice” programs not appropriate and is an additional cost burden.

		<p>5. Marijuana dispensaries should be banned from selling hemp and CBD products. Dispensaries should sell marijuana products only and let licensed Hemp growers and Vape shops share in the market growth of cannabis. Or if dispensaries are not banned from selling hemp and CBD, mandate that they may only buy hemp and CBD from New Jersey Department of Agriculture licensed in-state NJ Hemp Growers, processors and handlers. Prohibit marijuana dispensaries from growing hemp or from buying hemp products from out of state.</p> <p>6. Delta 8 THC should not be prohibited in any way but it should not be allowed to be sold in dispensaries. It is a legitimate cannabis product with tangible benefits for some people but Delta-8 THC is not made from marijuana (it's hemp derived) and should therefore be excluded from sales in dispensaries.</p> <p>7. Nobody but big business and the State want exorbitant pricing. NJ residents want pricing and taxes to be kept at a bare minimum. Please do not let special interests hijack marijuana. Make cannabis affordable.</p>
Almondo Jordonne	5/31/2021	I think it's silly that we are even having a conversation about what kind of THC products should be made available. I believe all marijuana related products should be made available to medical patients as well as recreational adults. . It's not full legalization if NJ restricts what kind of people should be made available to the people. Different products works for different people. I believe all related cannabis product should be available to everyone 21+. Let adults decide for themselves what they want to purchase.
Carl Jones	5/31/2021	Please petition the senate and assembly to pass bills s3582 and a5552 to create true legalization in New Jersey. We can grow tobacco and cotton and not cannabis. Talk about social inequality and racism! How dare the garden state not allow its citizens to garden.
Melissa Tasse	5/31/2021	<p>All regulations should be created to prevent children from accessing, using, or being enticed by substance of abuse including THC. Data exists that shows proximity of pot shops in neighborhoods to places where children/teens frequent increases use in youth. Advertising also increases youth use. Pot shops should be nondescript with no advertising and should be located as far away as possible from schools, licensed daycares, churches, parks, playgrounds, swimming pools and any such place that are frequented by children and youth.</p> <p>THC content should absolutely be limited. There is absolutely no reason that a recreational user should need high quantities of THC. The THC of the 70s, 80s, 90s was typically way below 10% THC; Dabs, waxes, concentrates, vapes in states with legal recreational use can reach up to 99%! Furthermore, tying in with enticing of children, flavours, gummies, candies, cookies, sodas that are ""child-like"" should not be permitted.</p> <p>Please listen to those of us who are trying to protect our kids from another predatory addiction industry and put the right regulations in place BEFORE the brains of our youth are seriously harmed from this substance. Data from other states exists; please do not ignore it or brush it aside.</p>
Kenneth Nelson	5/31/2021	<p>As a medical patient for several years in NJ, our current system is broken. Prices are too high, supply is too low, and everyone deserves a chance to get their needed medicine.</p> <p>As such, the only reasonable action is fully recreational marijuana with allowed home grow. Patients have waited long enough to continue to have the most expensive medical program in the country.</p> <p>Thank you.</p>
Hal Guberman	5/31/2021	Decriminalization is key

Austin B	5/31/2021	The CRC should make a strong recommendation in support of homegrow. Our neighbors in New York have already legalized growing and we need to follow suit.
Douglas Sponsler	5/31/2021	As a medical patient on a fixed income homegrow is a necessary provision that needs to be included
Eddie Frey	6/1/2021	Push for homegrown! Us medical patients having to pay these ridiculous prices is not sustainable
Seamus Conway	6/1/2021	<p>Has the Commission wholly considered modeling our state after Maine regarding cannabis regulation? We should use Massachusetts and California as primary examples of failures in curbing the black market while transitioning into legalization, and credit Maine as a leader in allowing cannabis to participate in a truly free market. New Jersey residents should be allowed to own this plant from seed to harvest, and we can't allow already wealthy corporations to be the only people permitted to grow, harvest, or process this plant.</p> <p>Testing needs to be made accessible to NJ residents, including folks not in the MMP. Everyone deserves to know the quality of their cannabis. Furthermore, the testing regulations that medical dispensaries are under have got to be more strict. The variation in quality between dispensaries is unbelievable. The tests they do shows zero information regarding terpene content, which is the most relevant medical information about a strain of marijuana. NJ residents, and especially patients, need more advanced and available testing.</p>
Joanne OConnor	6/1/2021	<p>Will their be guidelines as to the amount municipalities can charge for application or licensing fees?</p> <p>Thank you</p>
Alexis Scott	6/1/2021	NJ Medical Patients need Home Grow. Please encourage the legislature to pass legislation allowing patients to grow their medicine. We are the only state with recreational cannabis that does not allow homegrow. This is our medicine and the dispensaries are inadequately prepared to supply it
Susan Sciarretto	6/1/2021	<p>This committee holds every aspect of my future in it's hands. I am a disabled female potential entrepreneur but I am a patient FIRST. I was friends with Jeff Oakes and have the unique perspective he had which is being a hospital patient not able to medicate with THC while in the hospital when it provides better, safer pain relief than opioids. I didn't just make that up. I am forced to take opioids because they are \$20 for a month's supply instead of \$1368, which is more than my mortgage. The governor promised to help get people off opioids. I'm not one of the wealthy who gets to benefit from a full prescription of marijuana, which would enable me TO eliminate them and 5 other medications. Home grow is the most fair, equitable, and HUMANE thing this committee can do for medical patients like me.</p> <p>Lastly, as a future marijuana homemade edibles catering business owner, it's not just about how and where the loans and banking are done. I require legitimate marijuana suppliers to purchase ingredients or small quantities of a large variety of products as soon as possible. When and how will I be able to do this legally to put in a business plan FOR a loan? Please consider these things going forward. Thank you.</p>
Karl Timbers	6/1/2021	<p>How long (expected) will it take to give the CRC presentation to all 21 counties in New Jersey?</p> <p>Is the executive session over? I was logged in, but am now waiting for the host to start the meeting.</p>
Jen Marko	6/1/2021	Can we entertain smaller amounts of weed for purchase? We pay such a premium in this state it's unfortunate that strains might not mix with us on an individual basis. I know as a prior medical user and cancer patient that some could actually make me feel worse. It would be nice to be able to sample before committing large sums of money, more akin to how the west coast programs operate.

John Freeman	6/1/2021	<p>Today's meeting was unprofessional the last meeting was canceled and today y'all start off saying y'all are having a 1 hour none public hearing. That's the problem the public needs to be informed We Voted for it .. y'all should have that meeting after the people have spoken again the state can do better if regular people are giving the Opportunity's we deserve Sad.</p>
Michael Brennan	6/1/2021	<p>Good afternoon. Thank you for accepting my testimony. My name is Michael Brennan a proud father of three young South Jerseyans and a patient of the NJMMP. I am disabled from the results of an accident forty years ago. The pragmatic use of medical cannabis have reduced the pharmaceuticals to the lowest amount prescribed for several years.</p> <p>Seventeen states have safety tested, regulated adult use cannabis access; not one imposes limitations on Delta9/THCA. Arbitrary caps fail the best interests of cannabis consumers who warrant legal access to varying cultivars of cannabis with varying potencies. Imposing a blanket ban on these higher-potency products fails to eliminate any demand for said products, but will succeed in driving this market underground - guaranteeing to be unregulated as well as unsafe.</p> <p>NORML has similarly expressed its opposition to the imposition of THC limits on medical cannabis products, stating: "While some have opined that more potent cannabis products may lead to greater adverse health effect, such claims are not substantiated by scientific evidence. ... Many patients enrolled in medical access programs have grown to rely on these higher potency products to treat their medical conditions. Just as conventional medicines are readily available in a variety of strengths and potencies in order to meet individual patients' needs, medicinal cannabis products should also be available to patients in varying potencies and formulations. Prohibiting patients from accessing to these products at legal dispensaries will only push these patients to seek out similar products in the unregulated illicit market. This scenario is not in the best interests of either patients or public health."</p> <p>Overregulation continually invigorates Legacy or Black Market sales and places unnecessary risks to public safety. New Jerseyans voted by a supermajority for cannabis legalization on November 3rd, 2020. As of today, 36 states have medical cannabis access for patients and seventeen states have approved safety tested, regulated cannabis access for adult use not one imposes further prohibition of THCA limits. The imposition of an arbitrary cap will create unnecessary needless suffering for the NJMMP patient population, like me. Please amend the overregulation of cannabis and help relieve unnecessary suffering for the New Jersey Patient population, wether registered or not.</p> <p>Sincerely, Michael Brennan, Trustee Coalition for Medical Marijuana - New Jersey, Inc</p>
William Glaser	6/1/2021	<p>I've have tried to login numerous times to no avail. At first there was a capacity limit, now it says another meeting is in progress. it would seem that the commission is blatantly trying to duck the requirements of the Open Public Meetings Act,</p>
James Lyons	6/1/2021	<p>Thank you for reading my comments. My name is James Lyons and I am originally from East Brunswick. I am moving back to New Jersey after graduating from Northeastern University in Boston with a BA in Political Science and an Africana Studies minor. I now work at The Beverly Lyons Real Estate Agency, a family-run brokerage focused on housing justice. We want to increase homeownership across New Jersey and see through the principles set forth in the Fair Housing Act that have failed to come true. As a company, we have a recommendation regarding the use of cannabis tax apportionment, below:</p> <p>RECOMMENDATION TO CONSIDER:</p>

A portion of the taxes from cannabis sales should be put into a fund to help increase homeownership in formerly red-lined neighborhoods in New Jersey, as there is an overlap in formerly red-lined neighborhoods and the neighborhoods where cannabis prohibition was most heavily enforced and where prohibition lead to the most negative consequences.

I would love an opportunity to propose this idea to the public at a future meeting if you all have a process for doing so.

MEETING COMMENTS:

- In response to the first public speaker, Mayor ____, (I forgot her name): ""the standards set by the commission should be the minimum, not the maximum,"" I do believe that there should be limits set to what the maximum can be and other municipal standards to ensure they do not impede equitable access to the industry. Bluntly, her comments about the ""standard of life concerns"" and ""parking and traffic violations"" sounds like old excuses often used to police BIPOC New Jerseyans and cannabis users of all races during prohibition. Small business owners cannot afford to open in cities and should be allowed to open in their own towns or in a town nearby. New Jersey, placed between New York and Philly, is a key small business state and we should embrace that culture by allowing adult-use retailers to open in both our small and large municipalities. Also, if municipalities are given enforcement power (i.e. to shut down sites for violations) there needs to be standards set forth and a report should be filed with the CRC to ensure equity in enforcement.

- The comments from the man who spoke second about the lack of edible products for medical marijuana were very valid. There should be a multitude of alternatives for medical users that are well-regulated.

- In response to Del Cid-Kosso's question regarding placement and discouraging children from cannabis use: As someone who was educated in a New Jersey public school, I can attest to the fact that education is the best way to ensure responsible use and to discourage youth from using before they reach the legal age to do so.

- Notes on Massachusetts - during my time in Boston I learned a bit about MA's Cannabis Commission as well. They have created a Cannabis Equity Commission that issues permits and helps communities most negatively impacted by cannabis prohibition to get licenses and open their businesses. I highly recommend the NJ CRC follow MA's lead and create some sort of equity program to ensure their fourth goal ""to promote diversity and inclusion in the industry by promoting participation in the cannabis industry by individuals from socially and economically disadvantaged communities, people of color, disabled veterans, and women"" (from the CRC website).

- In regards to potency: the cannabis should recommend that dispensaries to cultivate a certain percentage (i.e. 20%) of lower-potency products and require potency to be included on the labeling in order to offer consumers a multitude of options

- I do agree with the notion from the man who said ""you should be more instructive rather than prescriptive"" and would add the caveat that sometimes prescriptions are necessary to ensure equity in the industry

- Dr. Beatriz ____'s comments about disproportionate effects of dabbing on communities of color discount the intervening variables affecting health for communities of color

Brittany Ann
Bonetti, Esq.

6/1/2021

Deadline for Opt-Out: Industry groups are incorrectly advising municipalities that they have 180 days (until August 21, 2021) to limit the number of cannabis establishments and adopt time, place, and manner restrictions. Rather the 180-day deadline in CREAMMA only explicitly applies to the timeframe within which a municipality must opt-out of having certain cannabis businesses within their borders, otherwise the default land use framework within CREAMMA governs. Municipalities and New Jersey’s cannabis industry would benefit from clarification regarding the 180-day deadline. Specifically, CRC regulations should clarify that the 180-day timeline does not preclude municipalities from prospectively limiting the number of cannabis establishments, adopting municipal user/transfer taxes, or adopting time, place, and manner restrictions in the future. Since CREAMMA only explicitly applies to adult use cannabis, municipalities would benefit from confirmation that ordinances pertaining to the medical use of cannabis do not need to be re-adopted.

Public Consumption: CREAMMA addresses consumption of cannabis in public places in the context of smoking, vaping or aerosolizing, but does not explicitly address other forms of consumption, such as ingesting an edible, in public places. In fact, the “clean-up” bill to CREAMMA removed the explicit municipal authority to enact ordinances with a civil penalty for the non-smoking consumption of a cannabis item in public by a person who is of legal age. CREAMMA is now silent on the matter, which is causing concern regarding municipal authority to regulate forms of consumption that do not involve smoking, vaping, or aerosolizing.

Municipal Transfer and User Tax: It is unclear how a municipal user tax should be calculated for entities that concurrently hold more than one cannabis license. For instance, how would a municipal tax work for an entity holding a cultivator and a manufacturer license in a town that has adopted a 2% transfer/user tax on both cultivation and manufacturing? Would the tax be based on weight or THC levels transferred internally from the point of cultivation to the point of manufacturing, since there will be no receipts of sale? Additionally, under the Jake Honig Compassionate Use Medical Cannabis Act (“Jake’s Law”), a 2% tax may only be applied in the context of medical dispensaries – there is no explicit authority in Jake’s Law to levy municipal transfer taxes at any other points in the supply chain. If an entity engages in both medical and adult use markets (which is expected to be the norm), it is unclear how a municipal transfer/user tax would be calculated. For instance, how would a cultivator bifurcate medical product from the adult use product in order to calculate the transfer tax and ensure that the transfer tax only applies to the adult use product? Municipalities would benefit from clarification on the transfer and user tax calculation so that they can properly draft their ordinances.

Local Licensing or Endorsement: It is unclear how much authority is bestowed on municipalities in the context of adopting a local licensing framework. CREAMMA simply provides, “A municipality may impose a separate local licensing or endorsement requirement as a part of its restrictions on the number of cannabis establishments, distributors, or delivery services, or their location, manner, or times of operation.” This is the only provision in CREAMMA addressing local licensing. At this time it seems that many municipalities are looking to mimic the cannabis ordinance adopted by the City of Bayonne, which imposes its own licensing fees and scoring criteria. Municipalities would benefit from clarification as to what can and cannot be done from a local licensing standpoint.

CRC Regulation Timing: Many municipalities that are “opting out” of having cannabis businesses right now do not intend to prohibit adult use cannabis businesses indefinitely, but rather intend to take a “wait

On the June 1, 2021 CRC call the Executive Director indicated that municipalities may impose a transfer tax on the sale of cannabis between licensed ATCs. This is not consistent with a strict reading of the text of the statute itself. The CRC

should adopt regulations to clarify the availability of this type of tax revenue to municipalities. Municipalities would appreciate and be more comfortable having a regulation to cite when imposing this type of tax.

Jakes Law provides, ""A municipality in which a medical cannabis dispensary is located may adopt an ordinance imposing a transfer tax on any medical cannabis dispensed by the dispensary, including medical cannabis that is furnished by the dispensary to a medical cannabis handler for delivery to a registered qualifying patient or the patient's caregiver. The rate of a transfer tax established pursuant to this subsection shall be at the discretion of the municipality, except that in no case shall the rate exceed two percent of the purchase price of the medical cannabis."" The term ""dispense"" has a specific meaning under the law and does not include the transfer of cannabis between ATCs. Instead, "dispense" means the furnishing of medical cannabis to a registered qualifying patient, designated caregiver, or institutional caregiver by a medical cannabis dispensary or clinical registrant pursuant to written instructions issued by a health care practitioner pursuant to the requirements of P.L.2009, c.307 (C.24:6I-1 et al.). The term shall include the act of furnishing medical cannabis to a medical cannabis handler for delivery to a registered qualifying patient, designated caregiver, or institutional caregiver, consistent with the requirements of subsection i. of section 27 of P.L.2019, c.153 (C.24:6I-20).