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CANNABIS REGULATORY COMMISSION  
PUBLIC MEETING  
THURSDAY, FEBRUARY 24, 2022

BOARD MEMBERS PRESENT

- DIANNA HOUENOU, Chairwoman
- SAM DELGADO, Vice Chairman
- CHARLES BARKER, Commissioner
- MARIA DEL CID-KOSSA, Commissioner
- KRISTA G. NASH, Commissioner
- JEFF BROWN, Executive Director

STENOGRAPHICALLY REPORTED BY:  
CARMEN WOLFE, CCR  
NJ Licensed Stenographer

STATE SHORTHAND REPORTING SERVICES  
212 Monmouth Road  
Oakhurst, New Jersey 07756  
(732) 531-9500  
ssrs@stateshorthand.com

1                   CHAIRWOMAN HOUENOU: Good afternoon,  
2 everyone. Welcome, everybody, to the Cannabis  
3 Regulatory Commission's Public Meeting on this  
4 February 24th. The time is now 1:08 on my clock, and  
5 I'm calling this meeting to order. Ms. Hogan, please  
6 read the Notice of the Public Meeting.

7                   MS. HOGAN: Madam Chairwoman, this is a  
8 meeting of the New Jersey Cannabis Regulatory  
9 Commission. Adequate notice of this meeting has been  
10 provided in accordance with the Senator Byron M. Baer  
11 Open Public Meetings Act. The meeting was noticed in  
12 the Asbury Park Press, Atlantic City Express, Bergen  
13 Record, Courier Post and Trenton times in  
14 December 2021. Information regarding the virtual  
15 nature of this meeting due to the Covid 19 pandemic was  
16 posted in publications and on the CRC website. The  
17 meeting time and location has also been posted on the  
18 website of the New Jersey Cannabis Regulatory  
19 Commission and with Office of the Secretary of State.

20                   CHAIRWOMAN HOUENOU: Thank you. Ms.  
21 Hogan, can you please take roll call?

22                   MS. HOGAN: Commissioner Barker?

23                   COMMISSIONER BARKER: Present.

24                   MS. HOGAN: Commissioner Del Cid-Kosso?

25                   COMMISSIONER DEL CID-KOSSO: Present.

1 MS. HOGAN: Vice Chair Delgado?

2 VICED CHAIRMAN DELGADO: Present.

3 MS. HOGAN: Commissioner Nash?

4 COMMISSIONER NASH: Present.

5 MS. HOGAN: Chairwoman Houenou?

6 CHAIRWOMAN HOUENOU: Present.

7 MS. HOGAN: All members of the  
8 Commission are present, and we now have a quorum.

9 The first order of business is for the  
10 Commission to go into Executive Session to discuss  
11 legal matters and litigation updates. These are  
12 discussions that are not shared with the public. We  
13 believe the Executive Session should take about  
14 30 minutes.

15 CHAIRWOMAN HOUENOU: Thank, Ms. Hogan.  
16 Do I have a motion to go into Executive Session?

17 VICE CHAIRMAN DELGADO: I move that we  
18 go into Executive Session, Chairwoman.

19 COMMISSIONER BARKER: I second.

20 CHAIRWOMAN HOUENOU: Moved by  
21 Vice Chair Delgado. Seconded by Commissioner Barker.  
22 Is there any discussion on the matter? Hearing none,  
23 all those in favor of going into Executive Session say  
24 aye.

25 (All members responded by saying "aye.")

1                   CHAIRWOMAN HOUENOU: All those opposed  
2 say nay. Are there any abstentions? Hearing none, the  
3 motion passes.

4                   The Commission will now go into  
5 Executive Session. We expect the Executive Session to  
6 last approximately 30 minutes. We will leave the live  
7 stream running during that time, and we'll return to  
8 the Executive Session (sic) once the Executive Session  
9 is done. So, we can expect to resume the public open  
10 portion at about 1:40 p.m. Thank you, everyone, for  
11 your patience.

12                   (There is a recess.)

13                   CHAIRWOMAN HOUENOU: Thank you,  
14 everyone, for your patience. The Executive session has  
15 ended. It is now 1:42 by my watch, and we will now  
16 resume the open public portion of this meeting. Ms.  
17 Hogan, can you please announce the next agenda item?

18                   MS. HOGAN: The next item on today's  
19 agenda is a Preview of Minutes of both the Commissions'  
20 Open Session and Executive Sessions held on January 27,  
21 2022. The minutes have been shared and reviewed by the  
22 members of the Commission prior to this meeting.

23                   CHAIRWOMAN HOUENOU: Thank you. If  
24 there are no questions or corrections to the minutes, I  
25 will ask for a motion to adopt the meeting minutes for

1 January 27, 2022.

2 COMMISSIONER DEL CID-KOSSO: So moved,  
3 Madam Chair.

4 CHAIRWOMAN HOUENOU: Moved by  
5 Commissioner Del Cid-Kosso.

6 COMMISSIONER NASH: I second.

7 CHAIRWOMAN HOUENOU: And seconded by  
8 Commissioner Nash. Thank you. Is there any  
9 discussion? Hearing none, all those in favor of  
10 approving the January 27th minutes say aye.

11 (All those responded "aye".)

12 CHAIRWOMAN HOUENOU: All those opposed  
13 to approving the minutes say nay. Are there any  
14 abstentions? The ayes have it and the motion is  
15 carried.

16 MS. HOGAN: Next up on the agenda is the  
17 Chair's Report.

18 CHAIRWOMAN HOUENOU: Thank you. I first  
19 want to begin our -- my Chair's Report today with a  
20 heartfelt thank you to Ms. Erin Hogan for whom this is  
21 her last CRC Public Board Meeting with us. As Erin  
22 prepares to move on to bigger and better things, we are  
23 so thankful to her for all of the work that she has put  
24 in to help the CRC stand up as an agency and be the  
25 success that it is with particular emphasis on, you

1 know, helping with the -- helping us get through the  
2 public meetings. So I want to extend a warm welcome --  
3 sorry. A warm thank you and well wishes for Erin as  
4 she moves on to the next journey. And thank you, Erin,  
5 for everything that you've done for the CRC.

6 I'll next turn to provided a few updates  
7 on the CRC's process and expectations. I've been  
8 concerned that some people of -- we have received  
9 incoming from several folks who may be jumping the gun  
10 a little bit with respect to what they think will be  
11 outcomes of this new industry instead of waiting for  
12 the established process that needs to be completed.  
13 So, we have thousands of viewers who have tuned in to  
14 this Commission's public meetings over the last ten  
15 months. And anyone who's been paying attention knows  
16 that the Commission has been pretty transparent about  
17 the application and investigation process both as it  
18 pertains to the medicinal and the adult use industries,  
19 as well as what people should expect in the future.  
20 So, for example, the CRC has met with dedicated  
21 partners who have invited us to meet with or have  
22 accepted our invitations to meet with them and have  
23 been tremendously helpful in forming our rules and  
24 sharing information with the public who want to be a  
25 part of this industry. So, for example, we have held

1 several meetings with legacy operators both nationally  
2 and at the state level to talk about how best to  
3 support those in the legacy market who want to  
4 transition into the regulated space. We met with  
5 veterans groups and municipal officials who've been  
6 wonderful partners in sharing information with the CRC  
7 about what's happening on the ground and also sharing  
8 our CRC information to their constituencies. So, I  
9 thank all of the CRC's supportive partners for their  
10 help in this work.

11 In August of 2021, the CRC put our  
12 initial rules into place. And those rules put a strong  
13 focus on providing meaningful opportunities for people  
14 to own and operate a cannabis business. And we were  
15 able to do that with fees that are among the lowest in  
16 the country and priority application review for people  
17 with prior cannabis related convictions, certified  
18 minority women and disabled veteran owned businesses  
19 and people living in economically disadvantaged areas.  
20 In October, we hosted a statewide informational webinar  
21 to make people aware of the rules and what they can do  
22 to start preparing for applications. And then in the  
23 next month in November, we hosted another  
24 pre-application webinar to dive a little bit deeper  
25 into the application process and provided a number of

1 resources for those who want to participate in this  
2 industry. The CRC has set out our vision  
3 for an equitable cannabis industry. We want to see New  
4 Jersey's industry reflective of our city -- of our  
5 state. We want to see racial and ethnic inclusion  
6 among our business owners and workforce. We want to  
7 see businesses small, medium and large. And we want to  
8 see businesses spread out across the state from Cape  
9 May County to the far reaches of the Delaware Water  
10 Gap. But in order for that vision to come to fruition  
11 we need all of you. We have more than 300 participants  
12 watching this meeting. We need each and every one of  
13 you to help us bring that vision to reality. We want  
14 aspiring entrepreneurs to picture themselves in New  
15 Jersey's cannabis industry. So if you are interested  
16 in operating a cannabis business, please go to our  
17 website, [nj.gov/cannabis](http://nj.gov/cannabis), to learn more and to apply  
18 for a license. And we also need our stakeholders to  
19 help share the available information with community  
20 members.

21 So we really look forward to continuing  
22 the CRC's work with our trusted partners and  
23 stakeholders because we want to ensure that our helpful  
24 resources reach anyone who wishes to be a part of our  
25 Garden State.

1                   And so with that, I will conclude the  
2 Chair's Report. And I'm very excited to see our  
3 industry grow as we move forward in New Jersey. And  
4 now we'll turn it back to Ms. Hogan.

5                   MS. HOGAN: Firstly, I just want to say  
6 I want to thank the Chairwoman for your kind remarks.

7                   Next up on the agenda is the Executive  
8 Director's Report.

9                   EXECUTIVE DIRECTOR BROWN: Madam Chair,  
10 may I have the floor?

11                  CHAIRWOMAN HOUENOU: Yes.

12                  EXECUTIVE DIRECTOR BROWN: Thank you. I  
13 would like to also echo our Chair's comments in  
14 thanking Ms. Hogan for her service to the Cannabis  
15 Regulatory Commission and her broader service to the  
16 State of New Jersey. So thank you.

17                  So, going to cover a number of things  
18 that we've been covering consistently in the Executive  
19 Director's Report. You know, echoing Chair Houenou's  
20 comments, we want to be transparent about our  
21 application process and provide updates as to where we  
22 stand so that people who are either waiting to have  
23 their applications voted on at a Commission meeting or  
24 otherwise have a good idea for where we are. So please  
25 go to the next slide with the agenda.

1                   So, going to cover an update on  
2     cultivator and manufacturer application acceptance,  
3     update on the 2019 RFA Awards, touch on where we stand  
4     with the expanded ATC certifications, and then I want  
5     to cover just some follow-up on the interim lab testing  
6     change that was -- that the Commission voted on and  
7     approved last meeting.

8                   So before I get to the application  
9     update, echoing our Chair's comments, you know, one of  
10    the -- we really stand at a crossroads here, an  
11    important one; and we've been at many at the  
12    Commission. You know, one was when the law was signed.  
13    One was when the Commission was formed in April of  
14    2021. Another was in August when we did our rules.  
15    And here we are, you know, moving through hundreds of  
16    applications ready to really kick off this legalized  
17    market under an entirely new framework; one that did  
18    not exist before, did not exist in medical cannabis.  
19    And I can tell you, somebody who came from the  
20    Department of Health who oversaw the division, that,  
21    you know, we learned a lot of what to do, but we also  
22    learned a lot of what not to do. And we learned from  
23    not only our own experience but from other states.  
24    And, you know, we've been getting some -- we get  
25    questions to our licensing mailbox. And I want to just

1 encourage everybody who's interested in getting into  
2 this industry to look at the resources on our website.  
3 Our Director of Communications, our Director of our  
4 Office of Diversity and Inclusion and other staff  
5 members have just done a tremendous job at putting  
6 resources on the website that are available for  
7 would-be business owners to learn how to get into this  
8 industry, to learn how to start a micro business, to  
9 learn how to apply for a conditional application, how  
10 to convert from a conditional application to an annual  
11 application. Watch the two webinars that our Chair  
12 mentioned because there's really important information  
13 in there. One of the things that we've highlighted --  
14 and we still get questions on this -- is we have  
15 completely cast aside the RFA process in our new  
16 licensing system. We are moving through applications  
17 on a rolling basis but according to priority.  
18 Conditional applicants, that's applicants that have  
19 that -- that meet certain income thresholds and other  
20 requirements -- get reviewed first and foremost. And  
21 social equity business applications get reviewed at the  
22 top of the heap. And those are applications that are  
23 either submitted by individuals with past cannabis  
24 convictions or who live and have lived in economically  
25 disadvantaged areas around the state for, you know,

1 five of the last ten years and currently have -- meet  
2 certain income thresholds. You know, our goal there is  
3 to really provide a very targeted approach and provide  
4 priority access to this new industry. So, you know,  
5 when looking at where we stand, we are making  
6 tremendous progress. If you go to the next slide here.  
7 Next one. Thank you.

8                   So one of the things I covered in the  
9 pre-application webinar is that initially with these  
10 applications we anticipate that we'll need more than  
11 90 days to review. Now, for those who submitted on  
12 December 15th of 2021, you know, that 90-day clock is  
13 coming up on March 15th of 2022. Our goal is to get as  
14 close as we can by that 90-day clock and eventually to  
15 beat that 90-day clock on new applications, but just  
16 given the volume and the fact that we're staffing up  
17 the agency, in the pre-application webinar I covered  
18 that we will likely need extra -- need to extend that  
19 90-day clock in early days due to volume.

20                   The components of the application review  
21 are the submission, review and scoring. One thing I  
22 want to highlight here is, as I mentioned, that we're  
23 -- what we're doing is dramatically different than RFAs  
24 that occurred in the medical program is we're going to  
25 allow applicants to essentially cure their application.

1 This is a new feature. It's in our rules. So, in a  
2 big competitive process, you know, you have to follow  
3 strict standards. Here, because we're doing a rolling  
4 bases and we're looking at each individual application,  
5 we can reject an application back to an applicant.  
6 They can then cure, resubmit with whatever deficient  
7 information wasn't there in the initial round. And  
8 depending on what priority level they were, they won't  
9 go right to the front of the line, but they'll go to  
10 that same priority level. So if you're a social equity  
11 business, micro business, conditional applicant, that's  
12 the highest overall priority, if your application is  
13 deficient and you get it back because of some deficient  
14 factor, when you resubmit you don't go to the back of  
15 the line. You just go to the back of the, you know,  
16 highest overall priority; similarly for other social  
17 equity business applicants and diversely owned  
18 businesses and so on and so forth. The other  
19 components to the review are criminal history,  
20 qualification/investigation and probity. That is  
21 different depending on whether you're a conditional  
22 applicant or a annual applicant; a review for  
23 regulatory compliance and then a recommendation for the  
24 Commission -- to the Commission from staff, and then  
25 the Commission would vote on it. If approved for a

1 conditional licensee, they would get that license and  
2 then have a certain amount of time to convert to  
3 annual. And if it's an annual application, they'll,  
4 then, essentially, then the build out of the facility  
5 starts. And the license is only issued once a  
6 facility's built out and ready to start actually  
7 producing, manufacturing or selling cannabis. Next  
8 slide, please.

9                   You know, I mentioned the criminal  
10 history background check component. That is a very  
11 targeted and very different look in recreational  
12 cannabis versus what was in medical. There's only --  
13 you know, the statute is very clear that a  
14 disqualifying conviction has to be directly related to  
15 the business. It doesn't include past cannabis  
16 convictions. As I mentioned, that, in fact, is --  
17 those can benefit applicants depending on whether  
18 they're a social equity business or not. And then  
19 there's a review for the statutory compliance with  
20 social equity businesses, impact zone business,  
21 diversely owned businesses which includes minority  
22 business enterprises, women owned business enterprises  
23 and disabled veteran owned business enterprises, as  
24 well as compliance with the other types of  
25 applications. Importantly, we're also looking at

1 compliance with our regulations which are -- I could  
2 tell you we've had other states reach out to find out  
3 about -- get more info on our regulations on management  
4 services agreements and financial source agreements  
5 which are there to protect social equity businesses, to  
6 protect minority business enterprises, women owned  
7 business enterprises and disabled veteran owned  
8 business enterprises from predatory contracts and  
9 predatory business practices. Next slide, please.

10                   So all that is going on in the review  
11 process. And providing an update that I've updated --  
12 provided before, this is where we currently stand in  
13 the breakdown between conditional and annual. Still,  
14 the majority of applications we have are conditional;  
15 86.5 percent versus 13.5 percent annual. Next slide,  
16 please.

17                   For application types, still, roughly a  
18 close to a two-thirds/one-third split between  
19 cultivation and manufacturing with a few testing  
20 laboratory applications, as well as some others, some  
21 other applications. Those are mainly types that we're  
22 not accepting applications for at this time. Next  
23 slide, please.

24                   The breakdown for the different  
25 designations. And these are only what the applicants

1 attested to. So, first social equity applications.  
2 Out of the 363 we currently have, it's 127, 175  
3 diversely owned business applications, 37 impact zone  
4 applications, 9 with bonus points either for collective  
5 bargaining agreements or residency, and then 15 that  
6 just applied in the general pool of applications. Next  
7 slide, please.

8                   So the last thing I want to say on the  
9 cultivation and manufacturing is that, you know, we  
10 hope to have some very positive updates in the near  
11 future here when it comes to those applications. As I  
12 said, 90 days is March 15th. And, you know, I  
13 anticipate that hopefully we'll come close to that on  
14 some of these. But, eventually, we're going to be  
15 beating that 90-day mark. I can commit to that  
16 especially on the conditional applications. We have  
17 had some applicants ask about how to get updates on  
18 those applications. They can actually get those in the  
19 system. If it says they're under review then they're,  
20 in fact, under review. So now I'll turn to the RFA  
21 updates and run through this next slide, please.

22                   So we have 43 awardees. And I'll get to  
23 why that is. You know, we had 44; we now have 43.  
24 I'll talk to that in a second. All 43 are in an  
25 investigatory stage of permitting. Importantly, none

1 -- no permits have been issued. That have awards. And  
2 award are conditional. And they're conditional upon  
3 meeting all the requirements that this Commission put  
4 into the final agency decisions to ensure  
5 accountability, to ensure compliance with our  
6 regulations. This investigation includes verification  
7 of the information supplied in the application,  
8 criminal history background checks and verification of  
9 compliance with all those conditions in the final  
10 agency decisions. Next slide, please.

11                   So we've dropped from 44 to 43 because  
12 one dispensary awardee has not accepted the award. And  
13 so that award has been returned back to the Commission.  
14 It is a dispensary in the Southern Region. And that  
15 award is returned to the Commission. And to all the  
16 Commission members, I anticipate a recommendation  
17 forthcoming from staff on what to do with that. Next  
18 slide, please.

19                   So, we've received a lot of questions  
20 about certifications specifically and the certification  
21 status of applicants. And so, we wanted to provide an  
22 overview of where things stand as pertains to either  
23 minority business enterprise certifications, women  
24 owned business enterprise certifications or veteran  
25 owned certifications which were all scored on in this

1 RFA. And, in fact, of the 43 accepted awardees, you  
2 know, either based on actual certification status or  
3 what they've attested to in their application, there  
4 are 19 WBEs, 11 MBEs and 11 MWBEs. So, of those 43,  
5 roughly 22 are either minority women business  
6 enterprises or minority business enterprises. And  
7 importantly, there are several, you know, races and  
8 ethnicities that can get you qualification for that.  
9 And then 19 are WB or women owned business enterprises.  
10 And this is all being verified. Importantly, there are  
11 applicants who did not have a certification at the time  
12 of award, and, therefore, were not scored as having one  
13 who still remain in process for that certification.  
14 So, we will continue to report data on awardees as it  
15 becomes verified and available. Next slide, please.

16           So moving now to expanded ATC  
17 certifications. And you can go to the next slide.  
18 Thank you. So, once again, quick to review. You know,  
19 the way the law is set up, existing alternative  
20 treatment centers do not need to go through a formal  
21 application process to begin recreational sales. ATCs  
22 just need to prove they have adequate supply to serve  
23 patients and recreational consumers, prove they can  
24 expand to recreational dispensing without impacting  
25 service to patients, submit proof of municipal approval

1 for the licenses sought and some other requirements  
2 that are in our regulations. Next slide, please.

3           Eight certifications have been received  
4 and are under review. I can report versus last --  
5 versus last meeting now five have been deemed complete  
6 and have moved on to substantive review for those  
7 factors in regulation. The three that were still  
8 deemed not to be complete, the reasons have been  
9 communicated to the alternative treatment centers, and  
10 we're working with them to get those remediated  
11 quickly. Next slide, please.

12           So I hope to have further updates on  
13 that at, you know, certainly at our next meeting and on  
14 an ongoing basis. So now, we have received some  
15 feedback based -- and some questions about the interim  
16 lab testing standard changes that were adopted by the  
17 Commission last week. And that really was simply to  
18 allow for using the Maryland standards. And you can go  
19 to the next slide, please. To up the batch size from  
20 minimum of ten pounds -- or maximum of ten pounds,  
21 rather, to a maximum of 100 pounds. And that was based  
22 on stakeholder feedback from the industry to try and  
23 get more ATCs, more alternative treatment centers, to  
24 actually engage in third-party testing and, you know,  
25 improve product safety and accountability. That

1 decision was based on a review of regulations in other  
2 states and a review of the research we conducted for or  
3 own personal use cannabis rules which, also, allows  
4 batch sizes in excess of 100 pounds. I wanted to just  
5 let the Commission know that there are states that do  
6 allow for batch -- other states than us allow for batch  
7 sizes of 100 pounds and above. And that it is  
8 scientifically sound and also still achieves product  
9 safety and accountability for patients. You know, I am  
10 hopeful that this achieves the goal of getting more  
11 ATCs to use third-party testing. And that it only  
12 improves the public health and safety of this overrule  
13 Medical Cannabis Program.

14 With that, thank you. And I'll turn it  
15 back to you, Madam Chair.

16 CHAIRWOMAN HOUENOU: Thank you, Director  
17 Brown. Ms. Hogan, can you please announce the next  
18 agenda item?

19 MS. HOGAN: Next we have the Public  
20 Engagement and Education Committee Report.

21 CHAIRWOMAN HOUENOU: Thank you. We have  
22 a member from the -- member of the Committee to provide  
23 an update to the public and the rest of the Commission  
24 about their work. So I believe Commissioner Barker is  
25 going to provide that update. Commissioner Barker.

1                   COMMISSIONER BARKER: Yes. Thank you,  
2 Madam Chairwoman. And good afternoon, everyone. Thank  
3 you, all, for joining. We appreciate you coming to the  
4 meeting to learn more about the efforts and the updates  
5 that we have for you. Commissioner Nash and I just  
6 want to share a brief update regarding the statutorily  
7 mandated Regional Public Hearings on behalf of the  
8 Public Engagement and Education Committee. As you  
9 know, many of you know already, the CREAMM Act states  
10 that the CRC shall host at least three Regional Public  
11 Hearings throughout the state primarily to solicit  
12 public input about social equity investments and how  
13 tax revenue should be used and appropriated. We are  
14 excited, extremely excited to let you know that we will  
15 begin these hearings next week beginning Wednesday,  
16 March 2nd. The first hearing will be for the Northern  
17 Region; and that will take place, as I just said,  
18 Wednesday, March 7th. The second hearing will take  
19 place for the Central Region; and that will be  
20 Wednesday, March 9th. And the last hearing will be for  
21 the Southern Region; and that will take place  
22 Wednesday, March 16th. Now, all hearings -- in the  
23 interest of trying to get as many participants as  
24 possible -- all hearings will be virtual and they will  
25 take place between the hours of 7:00 P.M. and 9:00 P.M.

1 And really, just want to emphasize that the purpose of  
2 the public hearings is for you, the people, to share  
3 your thoughts and ideas and wishes for how tax revenue  
4 should be spent for social equity investments. As we  
5 know, one of the driving forces behind legalization of  
6 cannabis is the ability to use the tax revenue  
7 collected to restore people, to restore families and to  
8 restore communities most harmed by the failed war on  
9 drugs especially our black and brown people communities  
10 and families that bore the brunt of that. And so we  
11 really, really want to emphasize, again, that this is  
12 an opportunity for your thoughts, your ideas to be  
13 heard and prioritize for your neighborhood, for your  
14 town and for our State of New Jersey. And we do hope  
15 that the legislature follows the recommendations from  
16 our report.

17 For more information, you can refer to  
18 our website, [nj.gov/cannabis](http://nj.gov/cannabis). And you can also sign up  
19 to register on the website. We ask that you join the  
20 public hearing in the region where you live, but we  
21 understand you may have a scheduling conflict. And if  
22 that is the case, you are welcome to join when you can.  
23 Please, please do not hesitate to reach out to our  
24 office if you have any questions or comments. And we  
25 truly look forward to seeing and hearing from you very

1 soon. God bless and take care.

2 CHAIRWOMAN HOUENOU: Thank you,  
3 Commissioner Barker. Ms. Hogan, can you please  
4 announce the next agenda item.

5 MS. HOGAN: Next up on the agenda is the  
6 consideration of adoption of a universal symbol for  
7 cannabis items.

8 CHAIRWOMAN HOUENOU: Director Brown, can  
9 you please provide a summary of the staff's  
10 recommendations on universal symbol for cannabis items?

11 EXECUTIVE DIRECTOR BROWN: Absolutely.  
12 Thank you, Madam Chair. And thank you to our Public  
13 Education Committee for putting that together and  
14 putting together those important hearings.

15 So, pursuant to the law and  
16 corresponding regulations, the Commission has to  
17 designate a universal symbol to appear on cannabis  
18 products. So those are cannabis items, both flower and  
19 manufactured cannabis products, that will be sold in  
20 the market. The symbol is to denote that it is, in  
21 fact, a cannabis product. At our November meeting, the  
22 Commission heard public comment from both the public  
23 and invited speakers on, you know, best practices and  
24 considerations for a universal symbol. And if you can  
25 go to the next slide, please.

1                   So, some of the feedback the Commission  
2 received at that meeting were to use symbolism, you  
3 know, recognizable to a wide range of individuals  
4 including children, use components that are utilized  
5 across multiple jurisdictions that's responsive to  
6 stakeholder feedback, incorporate elements of warning  
7 labels from other industries. So, you know, there are  
8 many consumer household packaged goods and products  
9 that might be dangerous to kids. And they all tend to  
10 have warning labels on them. And, so, you know,  
11 looking at those to -- as a basis for what we do in  
12 cannabis is also important. And, then, also, to  
13 include elements recognizable to people who, you know,  
14 like kids who can't read yet or non-native English  
15 speakers who wouldn't be able to read a written message  
16 in English use elements that easily catch the eye.  
17 Next slide, please.

18                   So, based on review and work -- and I  
19 want to thank our Communications Director, Toni-Anne  
20 Blake, as well as graphic designers at the State Office  
21 Information Technology who worked on putting together  
22 some options. This is the staff recommendation to the  
23 Commission for the universal symbol. And there are two  
24 here. And I'll note why. So, one is for packaging,  
25 essentially, to go on the label of the exterior of a

1 package. And this incorporates three elements. So  
2 first, a red stop sign denoting pause or stop. The,  
3 you know, aversion of the International Intoxicating  
4 Cannabis Product Symbol which Doctors for Cannabis  
5 Regulation and ASTM International had presented at our  
6 last meeting which incorporates elements from other  
7 industries of warning labels and, also, uses the  
8 cannabis leaf which is utilized in multiple  
9 jurisdictions now to denote a cannabis product. And  
10 then it includes the plain language warning, "Not safe  
11 for kids." So that would be essentially go on the  
12 package itself. A minimum size of width of point 75  
13 inches and a height of point 5 inches. And then there  
14 will be, if adopted, a corresponding style guide which  
15 will explain how to scale that up depending on the size  
16 of packages. We do have smaller package that cannabis  
17 products can come in. And, so, that's why we would  
18 start there and then scale up accordingly.

19           The second is a product imprint. And  
20 per the law, the universal symbol is to be imprinted  
21 directly on cannabis products. So edibles, ingestible  
22 products will need to be imprinted with this symbol.  
23 And, here, we're just -- the recommendation is to just  
24 use the simple warning triangle with the cannabis leaf  
25 as that imprint. The imprint piece would be the more

1 costly to implement for the industry. And, so, if we  
2 keep it simple and keep it, you know, something that's  
3 potentially useable in multiple jurisdictions I think  
4 that can be helpful. So, if you move to the next  
5 slide, please.

6                   So, you know, this, as I said, it  
7 incorporates a version of the International  
8 Intoxicating Cannabis Product Symbol which was  
9 presented at our last meeting and adopted by standards  
10 organization. It's not exactly to their specifications  
11 because it's in this additional format. It includes  
12 the cannabis leaf. Next slide, please.

13                   And it incorporates those other elements  
14 we talked about; commonly known symbolism to denote  
15 stop or pause, plain language that says "Not safe for  
16 kids", and it's only three colors; and so cutting down  
17 on costs of printing these to appear on labels.

18                   So that is the recommendation. I'm  
19 confident that this is a, you know, result of hearing  
20 from those stakeholders moving with best practice and  
21 making sure our universal symbol is reflective of those  
22 things. So, thank you, Madam Chair.

23                   CHAIRWOMAN HOUENOU: Thank you, Director  
24 Brown. Do I hear a motion on this matter?

25                   COMMISSIONER DEL CID-KOSSO: Madam

1 Chair, I move to adopt this resolution concerning the  
2 universal symbol that indicates that an item contains  
3 cannabis.

4 COMMISSIONER BARKER: Second that, Madam  
5 Chair.

6 CHAIRWOMAN HOUENOU: Moved by  
7 Commissioner Del Cid-Kosso and seconded by Commissioner  
8 Barker. Is there any discussion on this item? Hearing  
9 none, Ms. Hogan, can you please call the vote?

10 MS. HOGAN: Commissioner Barker?

11 COMMISSIONER BARKER: Aye.

12 MS. HOGAN: Commissioner Del Cid-Kosso?

13 COMMISSIONER DEL CID-KOSSO: Yes.

14 MS. HOGAN: Vice Chair Delgado?

15 VICE CHAIRMAN DELGADO: Yes.

16 MS. HOGAN: Commissioner Nash?

17 COMMISSIONER NASH: Yes.

18 MS. HOGAN: Chairwoman Houenou?

19 CHAIRWOMAN HOUENOU: Yes.

20 MS. HOGAN: The motion passes.

21 Next on the agenda is the consideration  
22 of medicinal cannabis product waiver regarding  
23 concentrates.

24 CHAIRWOMAN HOUENOU: Director Brown, can  
25 you please provide a summary of this proposed waiver

1 and its need.

2 EXECUTIVE DIRECTOR BROWN: Absolutely.  
3 Thank you, Madam Chair. Right now under medical  
4 cannabis regulations, license permit holders can  
5 produce topicals, lozenges, oils which could be either  
6 in a vaporizable form or in like tinctures as well as  
7 whole flower. Here, what we're proposing is to provide  
8 a waiver of those limitations on products to  
9 specifically allow for a category of products for which  
10 we have a number of product proposals. And we've heard  
11 from both industry and patients alike as to the want  
12 for these products in the state of concentrates. So,  
13 these are things, essentially, pure forms of either  
14 solid or semi-solid cannabinoids that are extracted  
15 from the plant. Generally, they are not -- there  
16 aren't incipient ingredients added like you can see in  
17 big cartridges. So, these are things that go by terms  
18 of wax or rosin or shatter and other names. They are  
19 available in other northeast medical markets, available  
20 in medical cannabis markets cross the state. And we  
21 have an opportunity to make them available here in the  
22 State of New Jersey.

23 Importantly, for a patient who, you  
24 know, might want a fast-acting product who doesn't want  
25 flower, doesn't want a vape cartridge, this could

1 provide a very high dose, high and effective dose of  
2 canniboids in, you know, one inhalation. So  
3 recommendation is to approve this waiver there is one  
4 condition; going back to third-party testing. So, in  
5 order to take advantage of this waiver, we will only  
6 approve ATCs to manufacture products under this waiver  
7 provided that they engage a third-party lab to do their  
8 product testing.

9 So our recommendation is to approve this  
10 resolution.

11 CHAIRWOMAN HOUENOU: Thank you, Director  
12 Brown. Do I hear a motion from one my commissioners?

13 COMMISSIONER NASH: Madam Chair, I move  
14 to approve the product waiver regarding concentrates.

15 VICE CHAIRMAN DELGADO: And I second it,  
16 Madam Chair.

17 CHAIRWOMAN HOUENOU: Moved by  
18 Commissioner Nash and seconded by Vice Chair Delgado.  
19 Is there any discussion on this motion?

20 COMMISSIONER BARKER: Madam Chair,  
21 briefly.

22 CHAIRWOMAN HOUENOU: Yes, Commissioner  
23 Barker.

24 COMMISSIONER BARKER: Before I vote, I  
25 would like to say that I hope my fellow commissioners

1 and Executive Director Brown, I hope that we will  
2 commit to also working on a framework that provides a  
3 waiver for expanded edible options. I think our  
4 paycheck community and stockholding community they  
5 continue to emphasize their need to have expanded  
6 edible options that offer them alternative and more  
7 suitable methods of medicinal consumption. And, you  
8 know, I do believe that they stressed how expanded  
9 edibles will better serve them and allow them to  
10 benefit in many ways. And I definitely look forward to  
11 working with you, all, on this. Although there are  
12 some safety concerns, I do understand that concentrates  
13 are a helpful option, medicinal option for patients.  
14 And I hope we continue to incorporate additional  
15 helpful options for patients. And with that, I yield  
16 my remarks.

17 CHAIRWOMAN HOUENOU: Thank you,  
18 Commissioner Barker. I will give Director Brown an  
19 opportunity to respond if he so wishes on the ability  
20 of concentrates to be used in ingestible items. But  
21 I'll also note -- before I turn it over to Director  
22 Brown, I'll also note that the Commission does plan on  
23 updating its stipulations within the medicinal space  
24 through our Formal Rule Proposal following the APA  
25 process. So I think we do -- I think there is plenty

1 of room for the Commission to do that work and make  
2 sure that we are providing patients with a wide variety  
3 of products so that they can determine what is most  
4 useful for their medicinal needs. So I'll leave it  
5 there, but I'll turn it to Director Brown to see if he  
6 has anything to add in response to Commissioner  
7 Barker's comments.

8 EXECUTIVE DIRECTOR BROWN: Thank you,  
9 Madam Chair. I mean I'll just echo your remarks. I  
10 think, you know, we will work towards that goal. As  
11 we've discussed, there's some complexities when it  
12 comes to commercial kitchens but confident we can work  
13 through those. And, you know, no issue there. So,  
14 yes, absolutely. You know, our goal is to continue to  
15 work to offer more products to patients.

16 COMMISSIONER BARKER: Madam Chair and  
17 Executive Director, thank you.

18 CHAIRWOMAN HOUENOU: Thank you. Is  
19 there any further discussion on this matter? Hearing  
20 none, Ms. Hogan, can you please call the vote.

21 MS. HOGAN: Commissioner Barker?

22 COMMISSIONER BARKER: Aye.

23 MS. HOGAN: Commissioner Del Cid-Kosso?

24 COMMISSIONER DEL CID-KOSSO: Yes.

25 MS. HOGAN: Vice Chair Delgado?

1 VICE CHAIRMAN DELGADO: Yes.

2 MS. HOGAN: Commissioner Nash?

3 COMMISSIONER NASH: Yes.

4 MS. HOGAN: Chairwoman Houenou?

5 CHAIRWOMAN HOUENOU: Yes.

6 MS. HOGAN: The motion passes.

7 Next we have the open public comment  
8 period. The specific topic open for comment is on  
9 adult use consumption areas.

10 CHAIRWOMAN HOUENOU: Thank you, Ms.  
11 Hogan. Members of the public can submit comments  
12 during and after this meeting to the CRC in writing via  
13 our website, [nj.gov/cannabis/meetings](http://nj.gov/cannabis/meetings). The deadline  
14 for submitting comments to the Commission is 5:00 p.m.  
15 tomorrow, Friday, February 25th. Written comments, as  
16 always, will be shared with the Commission members and  
17 will be made public along with the meeting minutes.

18 We will hear from -- so, we will hear  
19 from our select invited speakers first. And then we  
20 will open up the floor to the broader public to provide  
21 their comments. And we'll hear from those individuals  
22 in the order in which they have signed up to speak.  
23 So, for our speakers this afternoon, please remember  
24 our standard three-minute rule. We'll have invited  
25 speakers who we have offered five minutes to speak, but

1 for the public comment period you'll be limited to  
2 three minutes. So, please be mindful and concise  
3 during your comments. We have a number of folks who  
4 have signed up today. And so, we want to make sure we  
5 can hear from as many individuals as possible. Please  
6 note that the public comment period is meant to give  
7 members of the public an opportunity to address the  
8 Commission about matters that the Commission should be  
9 aware of. It's not a space for people to simply market  
10 or advertise private businesses. So, we ask that  
11 everyone keep remarks focused on matters that pertain  
12 to the Commission's work or items that the Commission  
13 should be aware of.

14 Ms. Blake will call out the names of our  
15 speakers beginning with our invited guests, and then we  
16 will turn to our other members of the public who had  
17 signed up to speak. When it is your turn to speak, Ms.  
18 Blake will ask you to unmute yourself. If you are  
19 dialing in by phone, which I believe we have or we had  
20 a few folks joining us by phone, you will need to press  
21 star 6 to unmute yourself when told to do so. Now, in  
22 order for our staff to unmute individuals who signed up  
23 to speak, your full name or phone number as it appears  
24 on Zoom must match the name or phone number you used to  
25 register to speak. So, please ensure that your name

1 matches the name you used to sign up. If you need to  
2 change your name on the Zoom platform, exit the Zoom  
3 meeting and immediately relaunch the Zoom meeting which  
4 should prompt you to enter your name. If you are  
5 joining us by phone, the phone from which you are  
6 calling must match the phone number used to sign up.  
7 We will not be able to correctly identify you as a  
8 speaker if your name or phone number does not match  
9 what you used to sign up.

10 So with that, I will turn it to Ms.  
11 Blake to first call on our invited guests and then we  
12 will hear from the public.

13 MS. BLAKE: Good afternoon, everyone.  
14 Our first speaker is Suzaynn Schick, Dr. Suzaynn  
15 Schick, an Associate Professor at the University of  
16 California, School of Medicine. Go ahead, Dr. Schick.

17 DR. SCHICK: Can you hear me? Can you  
18 hear me?

19 MS. BLAKE: Yes. We can hear you. Go  
20 ahead.

21 DR. SCHICK: So I work at University of  
22 California, San Francisco. And California opened their  
23 first what we call on-site consumption areas or smoking  
24 or cannabis use lounges in cannabis stores or  
25 dispensaries back in 2018. And I'm going to be showing

1 you some data from the air that we studied in these  
2 public stores. And, also, California allows cannabis  
3 consumption at special permitted events. And I've also  
4 got some data from our Annual Harvest Festival. Can  
5 you advance the slides, please?

6                   So I'm going to be talking a lot about  
7 PM 2.5. PM 2.5 is airborne particles that are less  
8 than 2.5 micrometers in diameter. This means that they  
9 are small enough that they penetrate all the way down  
10 to the bottom of your lung when you inhale. They don't  
11 get caught up in your nose or your throat. And they  
12 can be solid or liquid, but they're usually made of a  
13 mixture of chemicals. And they are known to damage the  
14 tissues of the lung and can enter the bloodstream  
15 directly through absorption from the lung. And what's  
16 especially important about PM 2.5 is that even very low  
17 concentrations can increase your risk of cardiovascular  
18 disease specifically heart attacks. Next slide,  
19 please.

20                   This is data from the Emerald Cup  
21 Harvest Festival which is held in the Santa Rosa Fair  
22 Grounds. We studied in 2018, 2019 and 2021. This is a  
23 21-and-over event; has a secure perimeter. And in the  
24 areas where we work, the attendees are allowed to smoke  
25 freely. And vendors, also, give out samples of dabs

1 and sometimes vapes. Next slide, please.

2 The majority of the smoking activity --  
3 of the consumption activity is smoking there. And we  
4 measured in 2018, 1,118 micrograms per cubic meter  
5 inside the vendor area when the background  
6 concentration outside, outdoors, was only 4 micrograms  
7 per cubic meter. In 2019 it averaged 172 micrograms  
8 per cubic meter when the background was only 3. And  
9 last December it was 383 on average when the background  
10 was 5. Next slide, please.

11 This is data from a dispensary that did  
12 not allow smoking but did offer desktop flower  
13 vaporizers and electric dab rigs as well as permitting  
14 the use of vape pens on the premises. We measured,  
15 actually, around the clock for five weeks in 2019. And  
16 the average PM 2.5 concentration when the business was  
17 open was 84 micrograms per cubic meter. And the  
18 average when the business was closed was 3 micrograms  
19 per cubic meter. This paper's been published in  
20 Environmental Health Perspectives. Next slide, please.

21 These are what the daily concentrations  
22 looked like. The little tiny black bars at the bottom  
23 of each column are the concentrations inside the  
24 business when the business was closed. So that's from  
25 10:00 at night -- 9:00 at night until 9:00 in the

1 morning. As you can see, concentrations varied a lot  
2 day by day, but they were consistently much higher than  
3 the concentrations were when the business was closed;  
4 and, also, much higher than the concentrations were  
5 outdoors in the air. Next slide, please.

6 Our next data is from a dispensary that  
7 permitted smoking. We studied this dispensary not 24/7  
8 but in short visits where we actually went into the  
9 smoking lounge with people who were customers carrying  
10 our instruments with us in backpacks. We did nine  
11 visits mostly between 3:00 and 7:00 P.M. And the  
12 average particle concentration was 840 micrograms per  
13 cubic meter. And measuring at the same time as we were  
14 collecting in the dispensary in a coffee shop on the  
15 same block, their PM 2.5 concentration was 4 micrograms  
16 per cubic meter. Next slide, please.

17 What this looked like here is different  
18 days. Each bar here represents 30 minutes of sampling.  
19 On some experiments we went in and out multiple times.  
20 It happened that the dispensary installed a brand new  
21 ventilation system midway through our study. It did  
22 not appear to make a difference. Overall, there was a  
23 12 percent decline in PM 2.5 concentration. It was not  
24 statistically significant. Next slide, please.

25 So what does all of this mean? What is

1 a safe level of exposure to PM 2.5? Safe levels of  
2 exposure are extremely low. The U.S. EPA's current  
3 threshold is 12.5 micrograms per cubic meter. The WHO  
4 recommends a threshold of 5 micrograms per cubic meter.  
5 And a lot of the PM 2.5 concentrations I just showed  
6 you are literally off the scale. And when the U.S. EPA  
7 says that something is unhealthy, very unhealthy or  
8 hazardous it means that there is a strong risk that  
9 it's going to increase the risk of asthma attacks,  
10 heart attacks and strokes immediately when people are  
11 exposed; as in when I say immediately, within minutes.  
12 It's also going to add to people's lifelong exposure to  
13 carcinogens. Next slide, please.

14 So, is secondhand cannabis smoke perhaps  
15 less hazardous than other forms of smoke like tobacco  
16 smoke or vehicular pollution? Do the cannabinoids  
17 somehow make it safer or better for us, less dangerous?  
18 That's still an open question, but I'll just tell you  
19 that the THC concentration even in a highly polluted  
20 environment is quite low. When we go in and do these  
21 studies, we don't get a secondhand high even in really  
22 polluted places. You have to literally have multiple  
23 people smoking in a completely sealed environment like  
24 a car or van to get that to happen. And if there  
25 isn't enough cannabinoids in there to have any

1 psychoactive effects, there is unlikely to be enough  
2 cannabinoids in a secondhand cannabis-smoke exposure to  
3 have a therapeutic effect that counters the danger  
4 posed just by having tiny particles of any reactive  
5 chemical inhaling into your lungs. All you're getting  
6 with a secondhand exposure is smoke. Next slide,  
7 please.

8                   These are data -- I'm taking maybe a  
9 little bit more time here because I'm also presenting  
10 data from another scientist here at UCSF. My  
11 colleague, Matthew Springer, studies the health effects  
12 of all different kinds of smoke using rats. And what  
13 he does is he generates a smoke with a smoking machine,  
14 dilutes it to a concentration that's similar to what  
15 people are exposed to in the real world and then has  
16 the rats breathe it. And before and after he measures  
17 the diameter of the rats' leg arteries and their  
18 ability to increase in diameter when blood flow  
19 increases. Once you lose this flow-mediate dilation,  
20 your chance of heart disease and your risk of heart  
21 attack goes up. When you're exposed to tobacco smoke,  
22 you can see that ten minutes after the exposure your  
23 flow-mediate dilation goes down; 30 minutes later it  
24 recovers a bit. Exposed to the same concentration of  
25 marijuana smoke, your flow-mediate dilation goes down

1 and it does not recover significantly at 30 minutes  
2 post. Exposed to just plain air, you don't see any  
3 effects on flow-mediated dilation. This to me suggests  
4 that cannabis smoke has the same potential health  
5 effects in that it will increase risk of heart disease  
6 in people who breathed it. And this risk comes on  
7 immediately. Next slide, please.

8 MS. BLAKE: Dr. Schick, you have two  
9 minutes.

10 DR. SCHICK: Thank you. In summary,  
11 smoking and vaping release masses of particles. Dr.  
12 Springer has recently studied cannabis herbs, you know,  
13 just dry herb vaporizers and found the same effects on  
14 cardiovascular health. Breathing particles increases  
15 the risk of heart attack and cancer. I know that  
16 there's still a lot of controversy in the literature  
17 right now, but, frankly, we are a long way from having  
18 good, large studies of people that accurately assess  
19 whether or not they're using cannabis, this, which  
20 makes it harder to see health effects. Smoke is very  
21 difficult to control using ventilation alone. We  
22 didn't tell the dispensary to install the ventilation  
23 system. They just had it in one time when we showed  
24 up. And it really didn't help. And smoking and vaping  
25 lounges really are not safe for the people who work in

1 them. This includes people who smoke marijuana for,  
2 you know, themselves. Earlier studies with tobacco  
3 smoke where they looked at people who worked in bars  
4 before and after smoking bans found that both smokers  
5 and non-smokers had better lung health and fewer  
6 respiratory symptoms after a smoking ban. You're not  
7 getting away from the risks of exposing your workers as  
8 a business owner simply by employing people who already  
9 voluntarily smoke cannabis. And I also note from  
10 working in dispensaries, that not all dispensary  
11 employees smoke. Some of them only use cannabis via  
12 other administration methods.

13                   So, that is the end of my talk. I will  
14 be happy to answer questions later on in the chat if  
15 that's something that's possible, or you can contact me  
16 through my email. The managers of this public meeting  
17 can make that available to you. Thank you for your  
18 time and your attention.

19                   MS. BLAKE: Thank you, Dr. Schick.

20                   CHAIRWOMAN HOUENOU: Thank you, Dr.  
21 Schick. Before we let her go and turn to our next  
22 invited guest, I'll open up the floor for our  
23 commissioners to ask any follow-up questions on the  
24 information Dr. Schick presented.

25                   COMMISSIONER BARKER: Thank you,

1 Chairwoman. And thank you, Dr. Schick, for this  
2 presentation; very helpful and informative. One  
3 question that I thought of as you were presenting, and  
4 especially considering the interest in consumption  
5 areas, both indoor and outdoor, I thought about your  
6 example of the festival. And I was wondering in  
7 consideration of, you know, perspective venues, but,  
8 also, in consideration of communities and residents,  
9 both the host community and the neighboring  
10 communities, were you able to track how far the smoke  
11 traveled and what levels, you know, persisted at those  
12 different distances?

13 DR. SCHICK: The data I showed today are  
14 all from indoor environments, but we have, also,  
15 studied some outdoor environments, just not a lot of  
16 them. We studied the 420 Festivals in Golden Gate Park  
17 in San Francisco. We've also studied some outdoor  
18 concerts where both cannabis and tobacco products were  
19 in use. You do see dangerously high PM 2.5  
20 concentrations at outdoor events. If the outdoor area  
21 is not near anybody else's houses, i.e., blocks away,  
22 you are unlikely to see pollution of neighboring  
23 environments at levels that we worry about for health.  
24 However, if somebody has a consumption lounge in the  
25 backyard of their commercial property and it's right

1 below someone else's window, or if the wind is blowing  
2 into someone else's backyard, then you can see  
3 exposures that are risky. And, also, very, very likely  
4 to cause people to complain. We do normally see lower  
5 PM 2.5 concentrations when people are using outdoors  
6 rather than indoors. However, if you throw a roof on  
7 top of it, add some windscreens you're starting to look  
8 a lot like what's indoors again in terms of those very,  
9 very dangerous exposures. So, if you've got enough  
10 outdoor space, you can see effective dilution, but most  
11 commercial properties where people are going to be  
12 opening stores and dispensaries don't have that amount  
13 of extra space around them. So when we were looking at  
14 the 420 Festival in Golden Gate Park and we were at the  
15 outer edge of the fenced off area, we did see a slight  
16 increase in PM 2.5 concentration but not enough that  
17 over time we would have been worried about it and  
18 not enough that it would have been high once it had  
19 made it all the way across and out of the park to  
20 places where people were living.

21 COMMISSIONER BARKER: Thank you very  
22 much, Doctor.

23 DR. SCHICK: You're very welcome.

24 CHAIRWOMAN HOUENOU: Dr. Schick, I was  
25 wondering if you could highlight approximately how long

1 it took for these indoor or enclosed consumption areas  
2 that you studied for the concentration of PM 2.5 to  
3 return to those background or baseline levels.

4 DR. SCHICK: So, different businesses  
5 have different ventilation settings. However, most of  
6 them are somewhere between half of an air change per  
7 hour and 4 or 5 air changes per hour. And air changes  
8 when you have enough clean air coming into a space that  
9 it represents the entire volume of an indoor space.  
10 So, in those -- so, you know, when we were looking at  
11 the dispensary that allowed us to sample 24/7, we would  
12 see within about an hour after closing the PM 2.5  
13 concentrations would be getting closer to the normal  
14 background levels, but it didn't happen right away.  
15 And the problem is that when you're firing up, you  
16 know, when you start smoking something or using a  
17 vaporizer you're emitting a lot, a lot of particles.  
18 And it's hard to control; and it does take a while to  
19 go away.

20 CHAIRWOMAN HOUENOU: Thank you.

21 DR. SCHICK: Does that answer your  
22 question?

23 CHAIRWOMAN HOUENOU: It does. Thank you  
24 very much.

25 DR. SCHICK: You're welcome.

1                   CHAIRWOMAN HOUENOU: Any other questions  
2 from the commissioners? Hearing none, thank you very  
3 much, Dr. Schick, for your presentation.

4                   DR. SCHICK: You're very welcome. Thank  
5 you for the opportunity.

6                   COMMISSIONER BARKER: Thank you, Doctor.

7                   MS. BLAKE: Madam Chair, may I continue?

8                   CHAIRWOMAN HOUENOU: Yes. Please, Ms.  
9 Blake.

10                  MS. BLAKE: The first round of speakers  
11 I will ask as you hear your name please raise your  
12 hand. Mayor Dwayne Warren from the City of Orange, Mr.  
13 Kashawn McKinley and Mayor Janice Kovach. If you are  
14 here, I invite you to raise your hand. We will start  
15 with Mayor Warren. Go ahead, Mayor Warren. We can  
16 hear you.

17                  MAYOR WARREN: Okay. Very good. Thank  
18 you for having this session. And thank you for  
19 allowing us to present. I am the Chairman of the  
20 Cannabis Commission -- Committee of the New Jersey  
21 Urban Mayors Association. And it's a collection of  
22 mayors throughout the state that have similar problems  
23 that focus on urban areas and urban constituencies.

24                  And this is a matter that is very  
25 important to the organization. It's something we've

1 pushed for for a long time. Your issue now to regulate  
2 consumption spaces is important as it deals with our  
3 workforce, our children and places where we bring our  
4 families. And some of the things that we ask you to  
5 consider are the rules and regulations that are imposed  
6 under the Smoke Free Air Act in New Jersey which  
7 basically deals with smoking of tobacco at this point  
8 and vaping as well. To the extent that it regulates  
9 indoor and outdoor smoking, and with the added feature  
10 in this case of having some barrier that's going to be  
11 sensitive to the fact that children may be in the space  
12 as well and could possibly inhale a substance that  
13 legally they're not able to do. The other issues  
14 around mitigation and around clean air within  
15 facilities concerns us on several fronts. One of which  
16 we'd like the air to be cleaned or the smoke mitigation  
17 to be handled in a way that's done rapidly to ensure  
18 the safety of the employees and the patrons, but, also,  
19 we're looking at the safety of our enforcement  
20 personnel as well who may be on the scene to enforce  
21 regulations. And we believe your regulations should be  
22 in accordance with local municipal regulations. And  
23 perhaps there should be a compilation of what those  
24 regulations are. And that should factor into your  
25 rule-making process as well.

1                   There should also be some guidance and  
2 training to our inspection staff whether it be building  
3 inspectors or our local police as to how that  
4 intersection is going to happen because there are  
5 health risks that are imposed upon municipal personnel  
6 who should not be under the influence of marijuana  
7 during the time that they are on duty, but this could  
8 be something that may be unavoidable if they're in  
9 places where they have to heavily regulate. And so, we  
10 want to -- want you to think about how we deal with  
11 those employees and that safety as well.

12                   And then in places where there could be  
13 violations of where the rules and regulations are,  
14 legally we should deal what are the -- what is the  
15 quality of evidence going to be as we enforce the rules  
16 and regulations? And it just ventures into how do we  
17 acquire the evidence, how do we -- and whether or not  
18 it's confiscated, what happens to the license of the  
19 business owner who's operating the business there? So  
20 those kind of more thorny issues ought to be properly  
21 laid out so that we can mitigate any litigation that  
22 might occur and to make sure that our businesses can  
23 thrive in this environment.

24                   And then, finally, there is a big push  
25 from all of municipalities to have appropriate signage.

1 So, I was happy to see that we adopted the universal  
2 signage. Now that should be across the state,  
3 certainly, in our urban areas. The language on signs  
4 and the limitations and a copy of the rules and  
5 regulations should be something that establishments  
6 should be required to post so that everyone is on  
7 notice as to what the rules and regulations are and  
8 what the limits are to the use of this new legal  
9 product.

10 With those issues, the Urban Mayors  
11 Association is asking that you consider them across the  
12 board. We certainly would invite you or have you  
13 invite us to a session that walks through these kinds  
14 of issues before this final rule implementation. And,  
15 certainly, we'll work with our Executive Director, Ms.  
16 Barbara George Johnson, to submit something in writing  
17 to guide your deliberations as a well. Thank you,  
18 again, for having us.

19 CHAIRWOMAN HOUENOU: Thank you, Mayor  
20 Warren. Do we have any questions from the Commission  
21 members for Mayor Warren? Seeing no questions, thank  
22 you, again, Mayor Warren, for your time and your  
23 expertise.

24 MAYOR WARREN: Thank you.

25 MS. BLAKE: Next up is Mr. Kashawn

1 McKinley who is Director of Constituent Services for  
2 the city of -- for Atlantic City. Mr. McKinley, go  
3 ahead.

4 MR. MCKINLEY: Good afternoon, everyone.  
5 Can you hear me?

6 MS. BLAKE: We can hear you. Go ahead.

7 MR. MCKINLEY: Thank you. I want to  
8 speak on a few things. I want to start off  
9 specifically about Atlantic City. Atlantic City is not  
10 our state's home to conventions; it's the east coast  
11 convention capital. Cannabis is an entirely new  
12 industry that will be driven by conventions. Atlantic  
13 City needs special provisions to capitalize on this  
14 marketplace. Stand-alone consumption lounges, both  
15 inside and outdoor, are needed. Atlantic City needs  
16 the capability to provide large indoor and outdoor  
17 venues for consumption of cannabis, but unlike the  
18 consumption of alcohol. Locations like Boardwalk Hall,  
19 the Convention Center and Bader Field should be  
20 permitted to host large cannabis conventions. Only  
21 licensed five retail dispensaries will be permitted to  
22 be portable or set up a booth or a table to sell  
23 cannabis. Atlantic City Special Events Office requires  
24 the authority to issue temporary consumption licenses  
25 or permits for festivals and other events. We

1 understand that the state's -- the statute prohibits  
2 this given the unique characteristics of Atlantic City.  
3 This is an exception that Atlantic City truly needs.  
4 Without such exception or exemption, Atlantic City will  
5 to fail at meeting the demands of the conventions for  
6 tens, in many instances, tens of hundreds of thousands  
7 of visitors attend (sic) Atlantic City.

8 I believe municipalities will once incur  
9 incidents of DUIs for consumers leaving consumption  
10 areas. Municipalities will likely be surprised to find  
11 out that consumption areas are prohibited from selling  
12 non-cannabis beverages which would include water and  
13 non-cannabis foods. Drink and water, staying hydrated,  
14 is one way that the consumers may sober up from a high  
15 after consumption. Municipalities, therefore, may have  
16 an interest in pushing for revision to the regulations  
17 to permit the sale of non-cannabis and non-alcoholic  
18 beverages or light snacks. These facilities connected  
19 to dispensaries should be open to the public and not  
20 require people to become a member or to make a purchase  
21 to consume.

22 Lastly, I want to stress that the point  
23 of legalization was to right the wrongs specifically  
24 against minorities by law enforcement. Prohibited  
25 consumption areas only perpetuates the same cycles of

1 abuse within minority communities. If it is illegal to  
2 consume in public housing and in public, then the  
3 cannabis is still illegal for an entire sector of our  
4 community. Being forced to consume in public puts them  
5 at risk of law enforcement interactions which is the  
6 whole point of legalization, to reduce these  
7 interactions.

8 Starting a state-wide educational  
9 campaign pointing out the purposes and safety measures  
10 that will be imposed on consumption lounges such as the  
11 prohibiting of serving alcohol. You also can limit the  
12 amount of cannabis product a patron can consume.  
13 Provide a free ride share to consumers with an  
14 agreement for someone like Lyft or Uber. And, also,  
15 create incentives designated -- for drivers who would  
16 not consume but will drive friends home, thereby,  
17 earning loyalty points from a dispensary. Thank you,  
18 guys.

19 CHAIRWOMAN HOUENOU: Thank you very  
20 much, Mr. McKinley. Do we have any questions from the  
21 Commission members for Mr. McKinley? Hearing no  
22 questions, thank you, again, Mr. McKinley, for your  
23 time and your remarks today.

24 MR. MCKINLEY: Thank you.

25 MS. BLAKE: Mayor Kovach, go ahead.

1                   MAYOR KOVACH: Thank you very much.  
2     Good afternoon. Thank you Chairperson Houenou, Vice  
3     Chair Delgado and the rest of your commissioners for  
4     inviting me to speak this afternoon on behalf of the  
5     League of Municipalities. I'm Janice Kovach, Mayor for  
6     the Town of Clinton and immediate past President of the  
7     League.

8                   As the CRC begins the process of setting  
9     standards for cannabis consumption areas, we urge the  
10    commissioners to continue to recognize the strong role  
11    municipalities have in regulating cannabis businesses.  
12    The CRC regulations adopted to date have done a  
13    tremendous job in recognizing this. And we thank you  
14    for that. Regulations regarding cannabis consumption  
15    areas must, first and foremost, consider the health and  
16    safety of consumers, neighbors and the rest of the  
17    community as a whole. Regulations must also consider  
18    quality of life concerns for direct neighbors and  
19    community members.

20                  To that end, we offer the following  
21    suggestions: Regulations should require public notice  
22    and direct notice be given to neighbors whenever a  
23    cannabis establishment seeks endorsements for  
24    consumption area. This provides an opportunity for  
25    those in the community to express any concerns they may

1 have over such a proposal. Regulations should provide  
2 for a mechanism that allows for the reporting of  
3 concerns or violations related to cannabis consumption  
4 areas. Violations will be treated with progressive  
5 punishment culminating with the loss of endorsement for  
6 a consumption area; and for the worst offenses  
7 potential loss of a cannabis operator license. Odor  
8 control is of particular importance as it can greatly  
9 affect the quality of life of those in the community.  
10 While it may be easier to control the odor for an  
11 indoor consumption area, outdoor areas may not be so  
12 easy to control. Odor is one of the biggest concerns  
13 and complaints local leaders in communities with  
14 legalized use have received regarding cannabis  
15 businesses. While the CREAM Act provides that indoor  
16 consumption areas must only be accessible through an  
17 interior door after first entering the retailer, it  
18 remains critically important that these areas have  
19 alternative means of ingress and egress in the case of  
20 an emergency. This is for the safety of patrons as  
21 well as for first responders. When cannabis is  
22 consumed at a location other than one's own home, such  
23 as in the consumption area, it is only logical that the  
24 consumer will need to travel to and from the  
25 consumption area. This increases the potential for

1 impaired driving. CRC regulations should require any  
2 facility with a consumption area to have employees  
3 trained in CRC approved training to recognize  
4 impairment. This is critically important to help  
5 prevent a consumer from getting behind the wheel while  
6 impaired. Any license holder looking to operate a  
7 consumption area must recognize their role in potential  
8 liability when serving consumers; similar to how the  
9 state's dram shop laws operate. Regulations should  
10 place the responsibility on the operator to ensure that  
11 any cannabis brought into the consumption area is from  
12 the regulated market. As the CREAM Act allows for  
13 bringing in outside cannabis into the consumption area,  
14 it is possible that illegal or illicit cannabis is  
15 brought in. For outdoor consumption areas, the CRC  
16 should provide minimum requirements regarding the  
17 height of surrounding walls, fences or barriers  
18 required and reiterate a municipality's authority to go  
19 beyond these minimum endorsements in order to obtain  
20 municipal endorsement. Although cannabis establishment  
21 license holders are prohibited from acting as a retail  
22 food establishment, there is no current prohibition  
23 that food be prohibited from being brought into the  
24 cannabis consumption area. We believe it should be  
25 left to the municipal discretion on whether or not and

1 to what extent food or drink can be brought into the  
2 cannabis consumption area.

3 Thank you very much for your time today.

4 CHAIRWOMAN HOUENOU: Thank you, Mayor  
5 Kovach. Do any of the Commission members have  
6 questions for Mayor Kovach?

7 Mayor, I have one quick clarification  
8 question. You had mentioned a desire to see cannabis  
9 businesses have their workers trained to protect  
10 people, but I did not catch what kind of training you  
11 were hoping to see. Could you just clarify that for  
12 me?

13 MAYOR KOVACH: Sure. We would hope that  
14 the CRC would provide training. So, some form of  
15 training that -- similar to what some restaurants, most  
16 restaurants should be doing with bartenders or any  
17 servers; you know, how to recognize someone who is  
18 impaired and then what the steps that should be taken  
19 to protect the consumers as well as the business owner.

20 CHAIRWOMAN HOUENOU: Okay. Thank you so  
21 much.

22 MAYOR KOVACH: Sure.

23 CHAIRWOMAN HOUENOU: Anyone else have  
24 questions for Mayor Kovach? Seeing no further  
25 questions, Mayor Kovach, thank you, again, for your

1 time and your comments this afternoon.

2 MAYOR KOVACH: Thank you so much.

3 MS. BLAKE: So the next five speakers on  
4 our list today are Assemblywoman Shavonda Sumter, David  
5 Rosano, Donte Bronagh, Hassan Austin, Noah Fouad, Hala  
6 Alomar. Assemblywoman Sumter, David Rosano, Donte  
7 Bronagh, Hassan Austin, Noah Fouad, Hala Alomar. That  
8 may be six, but if any one of those people are present  
9 raise your hand and I will call you. I see  
10 Assemblywoman Sumter. Assemblywoman, you may proceed.

11 ASSEMBLYWOMAN SHAVONDA SUMTER: Thank  
12 you. And I want to thank the Commission for all of  
13 their work to date. I am testifying today as Chair of  
14 the Legislative Black Caucus in partnership with the  
15 Legislative Latino Caucus and the Asian/American Caucus  
16 of the New Jersey General Assembly. That is 34  
17 members.

18 I join you today to amplify the mounting  
19 distrust and shaken confidence our caucuses have in the  
20 creation of the new adult use cannabis industry. I was  
21 fortunate to sit through a good portion of your meeting  
22 today to hear some of the concerns addressed from the  
23 Executive Director and the Chairwoman and from your  
24 committee reports; so, I will report that back to all  
25 on our respective committees. However, we had scathing

1 press articles detailing and outlining the lack of  
2 equity and apparent unfairness for the issuance of  
3 medical licenses through a competitive request for  
4 applications that necessitated our united efforts to  
5 ensure we have better outcomes for equity and fairness  
6 in the adult use cannabis awards. We're trying to  
7 engage every effort with the lens of equity and  
8 inclusion regarding adult use cannabis to yield the  
9 intended benefit of social equity to recompensed  
10 communities that were most harmed historically. As  
11 authors of the establishment of the CRC, we were  
12 intentional with creating new opportunities for  
13 businesses and partnerships for individuals from  
14 economically disadvantaged areas of our state impact  
15 zones. We are imploring you to establish a transparent  
16 application process that accounts for MWBEs and  
17 disabled veteran status, as well as a process that  
18 affords the opportunity to cure any questions on the  
19 application within a reasonable timeframe, explicit  
20 instructions on how to move from conditional license  
21 holder to a permanent license holder, and, lastly,  
22 limit the barriers to market entry for micro businesses  
23 that include an overuse of mandatory technical  
24 workshops for new entries.

25 As we know, time is of the essence and

1 much work lies ahead of us. However, we must establish  
2 confidence in the regulations, in equity in the awards  
3 and quality. There must be intentional steps taken as  
4 we move forward with the integration of medical license  
5 holders which is less than a year away. The  
6 marketplace for adult use cannabis needs a chance to  
7 succeed and live up to its written mission.

8 As a New Legislative United Caucuses, we  
9 will continue to monitor your work and amplify concerns  
10 as received for timely responses to remediate. We  
11 don't want time to pass with us not having a  
12 conversation on those concerns raised by the public.  
13 We are committed to working with the Commission to  
14 ensure that all communities are getting a fair fighting  
15 chance. I want to thank you for this opportunity. And  
16 you have a copy of my written testimony.

17 CHAIRWOMAN HOUENOU: Thank you so much,  
18 Chairwoman Sumter, for your time and for your remarks  
19 this afternoon. Very happy to have you join us today  
20 at the public meeting. Thank you.

21 ASSEMBLYWOMAN SHAVONDA SUMTER: Thank  
22 you.

23 CHAIRWOMAN HOUENOU: Ms. Blake, please  
24 go to the next speakers.

25 MS. BLAKE: Again, I want to remind

1 everyone that your name on this list on the attendees  
2 list has to match the name that you have registered  
3 with. I see there's Hasan. There is no last name.  
4 Hasan, could you please say your full name for the  
5 record?

6 HASAN AUSTIN: Hasan Austin.

7 MS. BLAKE: Go ahead.

8 HASAN AUSTIN: Yes. Good afternoon.  
9 I'm Hasan Austin, managing partner of MTN Biz  
10 Development. We're a business development company.  
11 And we work with New Jersey cannabis attorneys,  
12 cannabis doctors, real estate and insurance  
13 professionals, programmers and more to aid the public  
14 and private sector in their pathway to cannabis  
15 licensing in New Jersey. So we advocate for small  
16 businesses while providing pool services commensurate  
17 to their capacity, really, to balance the competition.  
18 So we see a little bit, you know, happenings on our  
19 end.

20 I just wanted to share some of the  
21 sentiments and hopes of inducing New Jersey  
22 municipalities to opt in the cannabis marketplace.  
23 Your reluctance is noted, but your involvement is  
24 needed. There are inherent challenges with entering  
25 any marketplace. However, if we work together as a

1 public and private sector cooperative state, we can  
2 solve some of these problems on the local level.  
3 Multi-state operators, they pull up to New Jersey with  
4 balance sheets for scale and often infringe on small  
5 businesses. However, the guidelines crafted by the CRC  
6 are intended to guard against these occurrences. The  
7 CRC shifted the power to grow and develop the cannabis  
8 marketplace onto New Jersey municipalities.

9                   So, with great power comes great  
10 responsibility. Municipalities should exercise their  
11 power and responsibility to ensure social equity is  
12 properly administered within their community. Unless  
13 those can be very averse to small businesses without  
14 proper enforcement, please consider enforcement within  
15 your ordinances that will promise fairness and safety.  
16 Again, with great power comes great responsibility.  
17 Article coming out in Cannabis Insider next week.  
18 Check for it. Thanks again, CRC, for your time. And  
19 keep up the great work. Thanks again.

20                   MS. BLAKE: Thank you. Again, I'll  
21 repeat the names from that first tranche of names:  
22 David Rosano, Donte Bronagh, Noah Fouad, Hala Alomar.  
23 If none of those individuals are present, I will move  
24 to the next set. Chirali Patel, Paul Josephson,  
25 Vladimir Castillo, David Feder and Daniel Kessel.

1 Chirali Patel, I see you. Go ahead.

2 CHIRALI PATEL: Hey, everybody. Can you  
3 here me okay?

4 MS. BLAKE: We hear you.

5 CHIRALI PATEL: Thank you. Thank you,  
6 commissioners, for putting consumption lounges on the  
7 public agenda because I know it really is a important  
8 and equity matter. And I really do appreciate the  
9 mayors for chiming in and giving their feedback, as  
10 well as the doctor who gave the presentation. I'm sure  
11 we all know being in New Jersey with the casinos in  
12 Atlantic City that we, even in bars and restaurants,  
13 we're exposed to secondhand smoke that is a lot worse.  
14 And I think there is technology with -- specifically  
15 with clean room technology that's utilized when -- for  
16 micro processors or semiconductor chips which has the  
17 ability to get rid of a large amount of particles  
18 including what the doctor was talking about. And so,  
19 looking into those. The clean room technology HEPA  
20 filters that are approved by the EPA, that can be used  
21 in addition to ventilation because it is known that  
22 ventilation alone is not enough to help with the side  
23 effects of secondhand smoke. So, just mentioning the  
24 clean room technology.

25 And a lot of what I wanted to say was

1 already said earlier, but I will say that in the  
2 current regulations, which I know are still not final,  
3 there's a sentence about prohibiting food and beverage  
4 sales with respect to the consumption spaces. And I  
5 think there should be a strong consideration to at a  
6 minimum allowing access to non-alcoholic beverages  
7 because dry mouth or cotton mouth is a common effect  
8 post consumption or inhalation of cannabis products.  
9 So, the need to have just access to water really is  
10 crucial. I believe there are studies done about when  
11 there isn't access to food and beverages at consumption  
12 sites it can lead to individuals fainting. So I'm  
13 happy to share that study with you as well. And then  
14 the other thing for just safety in general as far as,  
15 like, other businesses because I know that's something,  
16 you know, people don't want consumption lounges, but I  
17 think figuring out how the businesses can really  
18 interact and let them know that, listen, this is a --  
19 this is an equity matter. Like the mayor previously  
20 talked about, a whole population of people who do  
21 consume cannabis live in public housing, Section 8  
22 housing, and they risk eviction losing, you know, their  
23 livelihoods, really, just for consuming on-site. And  
24 so, educating the community through public health  
25 campaigns about the need for consumption spaces, why

1 it's a equity issue and how we can safely do this  
2 together. And I think there is a good amount of  
3 information from states that have gone on to allow  
4 festivals or on-site consumptions like Nevada and  
5 Michigan where we can look to and pull statistics and  
6 data to really help us shape this to be the right thing  
7 to do. Thank you.

8 MS. BLAKE: Thank you. I'll repeat the  
9 names again: Paul Josephson, Vladimir Castillo, David  
10 Feder and Daniel Kessel. Seeing none of those people  
11 present, I will move on to the next set. Ashley  
12 Kessel, Jim Rice, Lincoln Gratton, Nate Reed and David  
13 Nathan. Ashley Kessel, Jim Rice, Lincoln Gratton, Nate  
14 Reed and Dr. David Nathan. I see Jim Rice. Go ahead.  
15 Jim Rice, go ahead. Jim Rice, going once.

16 JIM RICE: Yes. Can you hear me?

17 MS. BLAKE: I can hear you. Go ahead.

18 JIM RICE: Yes, ma'am. Thank you.  
19 Thank you, commissioners and Chairwoman. My name is  
20 Jim Rice. And I've spent most of 25 years in the  
21 alcoholic beverage industry. Eight as a C-suite  
22 executive in an alcoholic beverage wholesaler. And I  
23 currently own and operate a cannabis transport business  
24 in Ohio.

25 I would respectfully request the

1 commissioners consider, again, increasing the number of  
2 wholesale permits an entity may be issued from one to  
3 three. The primary fundamentally unique business  
4 proposition that wholesale distributors could offer is  
5 an efficient and effective warehousing and logistics  
6 solution which requires strategically located  
7 facilities throughout the state. In both my  
8 professional and personal opinion, allowing a single  
9 permitted entity in Northern New Jersey, one in  
10 Southern New Jersey and one against the Jersey Shore  
11 will not only help the program achieve its social  
12 equity goals, but create a safer, more diverse and more  
13 successful adult use cannabis market now and in the  
14 future. It's important to note that when states that  
15 currently permit wholesale distributors, which are  
16 California, Oregon, Washington, Colorado and soon to be  
17 New York and New Jersey, non-cap the permit holder --  
18 permit number for warehouse distributors. For  
19 wholesale distributors. The reason these states allow  
20 multiple facilities is just to create a sufficient  
21 supply chain. And in this day and age of inflationary  
22 costs on fuel and transportation, it's imperative to  
23 make the supply chain of the New Jersey cannabis  
24 industry as efficient as humanly possible. Also, makes  
25 it a much safer business environment as delivery routes

1 will require shorter transports for drivers and less  
2 cash accumulated as they make deliveries. Again,  
3 please consider increasing the number of wholesale  
4 permits from one to three.

5 And I certainly thank you for all your  
6 hard work and dedication to furthering the cannabis  
7 industry in the State of New Jersey.

8 MS. BLAKE: Thank you. I see Dr.  
9 Nathan. Go ahead, Dr. Nathan.

10 DR. DAVID NATHAN: Thank you very much.  
11 Good afternoon, Madam Chair and honorable members of  
12 the New Jersey Cannabis Regulatory Commission. I'm a  
13 Board certified psychiatrist and educator. And for the  
14 past 24 years have maintained a private practice here  
15 in Princeton, New Jersey where I live with my wife and  
16 our two children. I'm a clinical associate professor  
17 at Rutgers Robert Wood Johnson Medical School and a  
18 Distinguished Fellow of the American Psychiatric  
19 Association. And as many of you know, I'm also the  
20 founder of Doctors for Cannabis Regulation or DFCR.

21 Regarding the CREAM Act, DFCR's expert  
22 physicians and scientists would be delighted to assist  
23 the CRC in ensuring the preservation of public health  
24 and in dealing with this issue as we have in other  
25 jurisdictions where cannabis has been legalized. I'm

1 unfamiliar with Dr. Schick's work so I can't speak to  
2 the research she presented, nor to her characterization  
3 of dissipated outdoor secondhand smoke as being very  
4 dangerous. I would encourage the CRC always to look to  
5 multiple perspectives on public health issues as  
6 important as this.

7                   As the principle designer of the  
8 International Intoxicating Cannabis Product Symbol,  
9 IICPS, I wanted to thank the CRC for its hard work in  
10 adopting the universal symbol for cannabis products  
11 made and sold here in New Jersey. While this is the  
12 first time I'm seeing the CRC's proposal, I'm delighted  
13 with the general choices you have made. Clear markings  
14 of cannabis products such as this are critical for  
15 preventing inadvertent consumption by children and  
16 adults alike; and also sends a message of caution to  
17 consumers and non-consumers. And that brings me to one  
18 serious issue I'd like to address with the CRC, and  
19 that is the need for standardization of labeling  
20 generally and universal symbol, specifically. I would  
21 urge, I would implore the CRC to ensure that New  
22 Jersey's universal symbol follows existing standards  
23 especially consensus standards in the details of the  
24 design. The warning triangle used should be the actual  
25 IICPS that has been adopted by ASTM and other states.

1 Previously legalized states adopted a hodge-podge of  
2 different symbols that have created confusion and use  
3 leaves of all different design. The CRC should not  
4 perpetuate this confusion by using the non-compliant  
5 cannabis leaf you presented today. Having studied  
6 botany, I can tell you that the leaf that you presented  
7 today is not a cannabis leaf. The fused leaflets with  
8 a short central leaflet is completely inconsistent with  
9 a cannabis leaf and characterizes other species of  
10 plants including commonly occurring local weeds. So  
11 your decision to incorporate the IICPS into the New  
12 Jersey universal symbol and imprinted upon cannabis  
13 products is well-supported by recent developments.  
14 Montana has adopted it. ASTM is publishing the  
15 standard very shortly. Vermont and Alaska have also  
16 both proposed use of the IICPS.

17 MS. BLAKE: Dr. Nathan, I'm afraid  
18 that's your time.

19 DR. DAVID NATHAN: And only through  
20 adoption of this original design can the CRC sit at the  
21 forefront of the gold standard for cannabis products  
22 not just in the United States but around the world.  
23 Thank you so much for your work, your time and  
24 attention. And I'm happy to answer any questions.

25 MS. BLAKE: The next five: Ashley

1 Kessel. No. I'm sorry. That was my last five. Russ  
2 Hudson, Mollie Hartman Lustig, Joe Hernandez, Jessica  
3 Gonzalez, Christine Mbana. If any of those people are  
4 present. I see Molly Hartman. Go ahead, Molly.

5 MOLLY HARTMAN LUSTIG: Good afternoon.  
6 Can you hear me? Can you hear me okay?

7 VICE CHAIRMAN DELGADO: Yes. Go ahead.

8 MOLLY HARTMAN LUSTIG: Okay. Thank you  
9 for providing me this time to speak. As it relates to  
10 consumption areas, the statute specifically  
11 24:6I-21(g) (2) along with 24:6I-35A(14) (b) provides,  
12 that "Entities holding cannabis consumption area  
13 endorsements shall not sell any alcohol, tobacco or  
14 food", as some of the prior speakers have mentioned.  
15 In addition, N.J.A.C. 2C:35-10(a) I believe it's 46(c),  
16 discusses personal use of cannabis items. And in  
17 addition to the language regarding personal use in  
18 consumption areas, there's language concerning smoking,  
19 vaping or aerosolizing of cannabis items by a person or  
20 entity that owns or controls a hotel, motel or other  
21 lodging establishment in up to 20 percent of its guest  
22 rooms. And while a hotel owner would not, obviously,  
23 be the owner of a retail license because of the  
24 restrictions contained in those sections I mentioned  
25 and other restrictions, I would like to see some

1 additional language concerning guidance for  
2 designations of those rooms that are permitted for  
3 personal consumption of cannabis products. Or,  
4 alternatively, if such a designation is not required,  
5 how a hotel owner stays in compliance with that  
6 20 percent rule. I would also like to see some clarity  
7 as to whether those rooms designated for cannabis  
8 consumption will be the same rooms that hotel may  
9 designate for tobacco use by guests. And I think it's  
10 really important to permit not only hotel operators to  
11 be able to distinguish these types of rooms but for  
12 customers to be able to choose a cannabis room as  
13 opposed to a tobacco room.

14                   With that being said, from a policy  
15 perspective as Mr. McKinley and others, Ms. Patel  
16 stated earlier, Atlantic City is a prime example of a  
17 municipality that needs the ability for elastic and  
18 truly municipal-based regulations related to  
19 consumption areas and the areas in which patrons are  
20 permitted to consume cannabis. A specific issue that I  
21 would urge is consideration -- for consideration when  
22 the regulations are reviewed is whether hotel operators  
23 and owners may provide consumption areas for use of  
24 cannabis products other than guest rooms with explicit  
25 language as to indoor and outdoor consumption that

1 would not be linked to a class five retailer license.

2 As some of the other speakers have  
3 mentioned, the smell associated with smoking cannabis  
4 in flower form could create issues for guests in  
5 neighboring rooms, require extraordinary costs for  
6 hotel operators to retrofit their facilities to  
7 mitigate those odors. And, also, a consideration of  
8 families who are occupying rooms together and adults  
9 who are permitted to consume not being able to actually  
10 use in those guest rooms --

11 MS. BLAKE: Ms. Lustig, that is your  
12 time.

13 MOLLY HARTMAN LUSTIG: Thank you.

14 MS. BLAKE: Thank you. Jessica  
15 Gonzalez? Jessica Gonzalez?

16 JESSICA GONZALEZ: Hi. Hello?

17 MS. BLAKE: Go ahead. We can hear you.

18 JESSICA GONZALEZ: Hi. Good afternoon,  
19 everyone. Thank you for efforts and all your hard  
20 work. My name is Jessica Gonzalez, attorney at Hiller,  
21 PC, an outside general counsel for Minorities For  
22 Medical Marijuana. I ask that everybody on this call  
23 keep an open mind when it comes to consumption lounges  
24 as consumption lounges are a matter of health, public  
25 safety and social equity. Given the restrictions on

1 where adults can consume in New Jersey, consumption  
2 lounges provide adults with a safe and private area to  
3 consume. It's important for patients and non-patients  
4 alike who may be lacking a safe place to consume their  
5 medicine especially for those who live in federally  
6 subsidized housing and could be subject to discipline.  
7 In addition to health and public safety, consumption  
8 lounges will also alleviate concerns surrounding law  
9 enforcement as well especially for communities that  
10 have disproportionately been targeted for cannabis  
11 arrest. Consumption lounges cut off the proximity  
12 between communities of color and law enforcement and  
13 provides for a supervised, secure and safe environment.  
14 If there are those who are concerned with children  
15 inhaling cannabis smoke, wouldn't it make sense for  
16 towns to designate specific areas for consumers to  
17 consume to prevent public street consumption? By  
18 advocating against consumption lounges, municipalities  
19 are forcing its consumers to consume on public streets  
20 especially for the non-homeowners who may be at the  
21 mercy of their landlord with regards to their  
22 consumption.

23                   Additionally, for those who are  
24 concerned about how those will get home after consuming  
25 in consumption areas, may I remind those that many bars

1 and clubs spanning across New Jersey all have parking  
2 lots for their patrons and have little to no oversight  
3 on how their patrons get home. To place additional  
4 obligations on consumption lounge operators to  
5 supervise adults leaving these lounges perpetuates the  
6 stigma on cannabis that we are seeking to extinguish.  
7 And in terms of consumption lounges, which I'm in full  
8 support, clearly, my only question is whether the  
9 Commission is counting consumption lounges towards the  
10 square footage for class five micro licenses. I've  
11 submitted this question a few times; so, please let me  
12 know as this plays into an applicant's architectural  
13 plans.

14                   And further, slightly off topic, while I  
15 commend the CRC for its attempts to lower barriers of  
16 entry, we are seeing heightened barriers of entry on  
17 the municipal level. And while I understand that the  
18 statute provides municipalities with broad discretion  
19 which falls outside of your authority, there is a lack  
20 of transparency, the lack of transparency which I  
21 understand is also important to the CRC. I recommend  
22 the following to combat this: Establish a portal on  
23 the CRC website for municipalities to upload their most  
24 current ordinances to have a centralized location and  
25 mandate municipalities to upload and keep current their

1 ordinances. We are seeing such a mandated procedure in  
2 New York. And if possible, it be helpful for the  
3 Commission to establish a similar practice to make it  
4 easier to navigate for applicants and, also, to ensure  
5 that ordinances are being applied equally to all  
6 residents within their respective towns. That is all  
7 that I have. Thank you so much.

8 MS. BLAKE: Thank you. And we see -- I  
9 Russ Hudson. Russ Hudson, go ahead.

10 RUSS HUDSON: Yes. Thank you. Good  
11 afternoon and thank you for your consideration. Again,  
12 my name is Russ Hudson. I'm a consultant with Canna  
13 Advisors, a cannabis consulting firm based in Boulder,  
14 Colorado. And I'm also the author of The Big Book of  
15 Terps which is the world's largest scientific textbook  
16 about terpenes and flavonoids and cannabis.

17 I have three points today that I'd like  
18 to address with the Commission regarding our consulting  
19 work with New Jersey cannabis license applicants.  
20 First, there appears to be no requirement to submit  
21 financial information for conversion applications. The  
22 conditional application asks for an overview of the  
23 proposed financing, but the Commission has been clear  
24 that financing does not have to be locked down for the  
25 conditional application. However, there may be an

1 oversight here because the conversion application does  
2 not ask for any financial details. Second, does the  
3 CRC have or will it develop a pounds conversion rate?  
4 For instance, for micro retail licenses you can only  
5 sell 1,000 pounds per month; but how are edibles,  
6 tinctures, lozenges and other products measured in this  
7 regard? Finally, the regulations at 17:30-8.1(b)(2)  
8 list the requirements for the completion of a training  
9 course by all individuals who apply for a cannabis  
10 business identification card. Item (b)(2) in this  
11 passage states the requirement that, "All applicants  
12 have completed a training course whether from a  
13 licensed applicant, a license holder or a third-party  
14 that has been approved by the Commission and provides  
15 education on, at a minimum, the following topics."  
16 Then the regulation goes on to list several training  
17 requirements. The question here is this: Does the  
18 Commission have or will it develop a list of these  
19 approved training courses and providers? Must the  
20 training conducted in-house by the applicant be  
21 approved by the Commission? And if so, where is this  
22 process described?

23                   On behalf of New Jersey clients and  
24 applicants, we ask that this information be updated on  
25 the CRC's FAQ page or somewhere else prior to the

1 opening day for retail applications on March 15th as  
2 these points are fairly important for all of these  
3 applicants. Thank you for your time.

4 MS. BLAKE: Thank you. The next group  
5 of names, Charles Gormally, Dr. Monique Hamilton, Ariel  
6 Mizrahi, Jo Anne Zito, Jimmy Farrell, Cheryl Murray  
7 Powell. That's Charles Gormally, Dr. Monique Hamilton,  
8 Ariel Mizrahi, Jo Ann Zito, Jimmy Farrell, Cheryl  
9 Murray Powell. I see Dr. Monique Hamilton. Go ahead.

10 MS. HAMILTON: Hi. I am Dr. Monique  
11 Hamilton. And I'm Board certified in internal  
12 medicine. I'm the co-founder and lead physician for  
13 the Dr. Monihami Medical Center, DMMC, in South Orange,  
14 New Jersey.

15 The type of cannabis product a patient  
16 uses is dependent upon the patient's response to the  
17 cannabis product and what condition the cannabis is  
18 being used for. A bona fide patient/doctor  
19 relationship is essential to determine which products  
20 work best for that patient. Currently, the bona fide  
21 relationship is defined, as among other things, the  
22 physician has seen and/or assessed the patient for the  
23 debilitating medical condition on at least four visits.  
24 The patient should consult with a New Jersey Medical  
25 Cannabis Program physician to determine what is the

1 treatment goal so a plan of care can be developed. As  
2 with conventional therapies, the patient may have to  
3 try different forms of cannabis to see which one is  
4 best at helping the patient reach the treatment goal.  
5 The patient should be able to choose from a variety of  
6 cannabis products including concentrates so the doctor  
7 and patient can determine what is right for that  
8 individual.

9 I applaud the CRC and its efforts to  
10 make cannabis concentrates available to medical  
11 cannabis patients. I'm confident the CRC will continue  
12 to ensure New Jersey patients are receiving the best  
13 cannabis treatments available. Thank you.

14 MS. BLAKE: Thank you. Jo Ann Zito. Jo  
15 Ann Zito, go ahead.

16 JO ANN ZITO: Hello?

17 MS. BLAKE: Jo Ann, yes. Go ahead. We  
18 can hear you.

19 JO ANN ZITO: Thank you. My name is Jo  
20 Ann Zito. And I've been serving as a board member for  
21 the Coalition for Medical Marijuana of New Jersey for  
22 five years now. I would like to -- these comments are  
23 off topic of the consumption lounges, but I would like  
24 -- things that I would like to make the Commission  
25 aware of. Jake Honig's Compassionate Use Medical

1 Cannabis Act provides that prices that alternative  
2 treatment centers charge for medical cannabis shall be  
3 reasonable and consistent with the actual costs  
4 incurred by the medical cannabis dispensary. And that  
5 they may supply medical cannabis at a reasonable or  
6 reduced price and even at no charge to those who've  
7 demonstrated financial hardship, and that the term --  
8 the term shall be defined by the Commission by  
9 regulation. I would like to know if this definition  
10 has been made. And if so, where it can be found, and  
11 if patients and alternative treatment centers have made  
12 use of this provision or have been encouraged to do so.  
13 That some alternative treatment centers are proposing  
14 to destroy cannabis they've grown for the adult use  
15 market while still charging some of the highest prices  
16 for medical cannabis in the country is a slap in the  
17 face to patients especially for those who find it hard  
18 to affordably access medical cannabis in the state.

19 On that note, as someone who has been  
20 advocating for home cultivation for some years now in  
21 New Jersey, I am happy that the Commission has stated  
22 that they want to work with the legislature on making  
23 such provisions legal. And given that, I wanted to  
24 make the Commission aware that the Senate President,  
25 Nicholas Scutari's, Legislative Director, Harris

1 Laufer, told me in May of last year that in regards to  
2 passing legislation on the matter, that they are  
3 waiting on the Cannabis Regulatory Commission to set up  
4 regulations. And then in November when I asked about  
5 this legislation, Harris told me that they cannot  
6 support legislation yet due to the Commission's  
7 capacity to handle such regulation. While I know the  
8 Commission is working as diligently as possible to  
9 achieve all the goals and provisions set forth by the  
10 Compassionate Use and CREAM Acts, I don't think this  
11 is a good reason for leaders to continue to keep  
12 personal cannabis gardening an indictable offense or to  
13 not to take any legislative action on the matter at  
14 all. The punishment does not fit the proposed crime;  
15 and I think a hearing where medical cannabis patients  
16 can be heard on the matter especially is long overdue.  
17 I hope the CRC will help remedy that in some way.

18 I would like to ask the Commission for  
19 myself and others who may have the same issue about  
20 clarification on qualifying for priority status due to  
21 cannabis convictions. I have a number of cannabis  
22 arrests for misdemeanors and felonies in various states  
23 over various decades. And although these arrests alone  
24 have been detrimental to myself and my family, I  
25 believe ultimately I only have one misdemeanor

1 conviction. I understand --

2 MS. BLAKE: I'm sorry, Ms. Zito, but  
3 that is your time.

4 JO ANN ZITO: Okay.

5 MS. BLAKE: Please utilize the submit  
6 comments in writing.

7 JO ANN ZITO: I will. Thank you.

8 MS. BLAKE: Thank you. Next up, Jimmy  
9 Farrell. Go ahead.

10 JIMMY FARRELL: Hi. Thank you very  
11 much. Can you hear me?

12 MS. BLAKE: We can hear you.

13 JIMMY FARRELL: All right. Thank you.

14 So, my name is Jimmy Farrell. I'm the staff manager  
15 for ASTM's Committee D37 On Cannabis. And there's been  
16 mention of the IICPS today and its adoption by the CRC.  
17 And I just want to provide some perspective on what  
18 exactly goes into an ASTM standard being created and  
19 approved through our consensus process. So, ASTM is an  
20 organization. We're an International Standards  
21 Developing Organization. We've been around since 1898.  
22 And we develop standards from everything from  
23 children's toys to airplanes and the fuel that go into  
24 them as well as standards in the cannabis space.

25 It was brought to the Committee on

1 Cannabis the idea for an international symbol by Dr.  
2 David Nathan and his son. And basically, how that  
3 worked was they had an idea that they presented to the  
4 Committee. The Committee is made up of experts who  
5 participate from across the globe in ASTM's consensus  
6 process. And so, they worked with a task group of  
7 members to develop this document which has a  
8 designation for ASTM. It is D8411. I'm hoping that  
9 it's going to be published on our website either in the  
10 next day or very early next week. It's very close to  
11 publication. And anyway, this task group worked to  
12 develop the content of this standard that was then put  
13 through ASTM's consensus balloting procedure which is  
14 all members of the Committee had the ability to vote  
15 and comment on this topic. And members of the  
16 Committee represent people who grow cannabis, who test  
17 cannabis. There's security people, regulators,  
18 advocates within industry, patients, consumers; all  
19 people that want to be involved in any part of  
20 standards development are welcome. And in the case of  
21 D37, do participate. So Committee D37 has 1,100  
22 members. And they all received a copy of this ballot.  
23 And there were no negatives that stayed in terms of  
24 holding the ballot up from being published. There was  
25 unanimous agreement across the Committee. And it is

1 now entered into this publication space where you will  
2 then have the ability to specify exactly how this  
3 symbol can and should be used in relation to  
4 identifying intoxicating cannabinoids.

5 MS. BLAKE: Thank you, Mr. Farrell.

6 Next up, Sherry Murray Powell.

7 SHERRY MURRAY POWELL: Hello. Good  
8 afternoon, everyone. My name is Cheryl Murray Powell,  
9 Esquire. I'm a cannabis agricultural, dietary,  
10 supplement and trade attorney. I've been in the  
11 cannabis base for six years. I'm also the Business  
12 Development Manager for CSI, a professional background  
13 screening association, accredited company, that's been  
14 around for 46 years.

15 My first comments are with regards to  
16 the adoption of the international symbol for cannabis.  
17 I am on -- I sit on the ASTM International D37  
18 Committee Executive Committee. I'm the Chair of the  
19 Diversity Equity and Inclusion Subcommittee. And I'm  
20 also on a task force that met for the first time today  
21 to determine a subcommittee on cannabis funding,  
22 lending and payment processing.

23 Congratulations. It's a good decision  
24 to adopt the universal symbol. I want to support Dr.  
25 Nathan in his comments as well as Jimmy Farrell

1 representing ASTM staff and his comments. With regards  
2 to the consumption lounge discussion, I just want to  
3 echo the sentiments of Attorney Jessica Gonzalez who is  
4 the General Counsel for Minorities For Medical  
5 Marijuana. And I was the original General Counsel for  
6 Minorities for Medical Marijuana. And we're completely  
7 aligned on this issue. It's very important that you  
8 provide safe spaces for people to consume cannabis.

9           With regards to the inequity when it  
10 comes to economic standing in our country and in the  
11 State of New Jersey, it's really important that people  
12 have the opportunity to consume cannabis as is their  
13 right away from children. Children are more likely to  
14 be impacted by cannabis consumption in a home rather  
15 than in a safe space. So I think we should really take  
16 that into account and provide these safe spaces for  
17 people who may not have the luxury of multiple rooms in  
18 their homes or home ownership.

19           In addition, I just want to remind  
20 everyone that in Amsterdam they've had consumption  
21 lounges for decades and decades. And they haven't seen  
22 the issues that were asserted in the presentations  
23 earlier today. So they have been able to safely  
24 consume in a social environment in safe spaces. And  
25 those environments were created and provided to

1 residents of the community.

2 Also, you know, when we're looking to  
3 distinguish cannabis from other methods of consumption  
4 of other products, I want to call attention to the fact  
5 that no (sic) cigar lounges exist and have existed for  
6 a long time and we don't hear these types of concerns.  
7 So it's really important that discriminatory language  
8 is not used with regards to cannabis patients and  
9 cannabis consumers.

10 And I thank you for your time today.

11 MS. BLAKE: Thank you.

12 Madam Chair, that is our last registered  
13 speaker.

14 CHAIRWOMAN HOUENOU: Thank you, Ms.  
15 Blake. And thank you to everyone who spoke and shared  
16 their comments and thoughts with us today. This  
17 concludes the business before the Cannabis Regulatory  
18 Commission today. Do I have a motion to adjourn?

19 COMMISSIONER DEL CID-KOSSA: Motion,  
20 Madam Chair.

21 COMMISSIONER NASH: Seconded.

22 CHAIRWOMAN HOUENOU: Motion made by  
23 Commissioner Del Cid-Kossa. Seconded by Commissioner  
24 Nash. Is there any discussion on the motion to  
25 adjourn? Hearing none, all those in favor of

1 adjourning please say aye.

2 (All responded "aye".)

3 CHAIRWOMAN HOUENOU: All those opposed  
4 say nay. Are there any abstentions? Hearing none, the  
5 motion passes.

6 Thank you, all, for your joining today's  
7 meeting. Please visit our website to view information  
8 about our upcoming meetings as well as information  
9 about the public hearings that the Public Engagement  
10 Education Committee is hosting starting March 2nd.  
11 Please come out and make your voice heard. We are very  
12 excited to hear from the public; and so we really want  
13 to encourage folks to participate in that. Our  
14 meetings will continue to be conducted virtually until  
15 further notice. And our next scheduled public meeting  
16 is on March 24th.

17 The time is now 3:35 P.M. And we are  
18 now adjourned. Have a good afternoon and great  
19 evening, everyone. Take care.

20 (The matter is adjourned at 3:35 P.M.)

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CERTIFICATE

CARMEN WOLFE, a Certified Shorthand Reporter and Notary Public of the State of New Jersey hereby certify the foregoing to be a true and accurate transcript of the proceedings as taken stenographically by me on the date hereinbefore set forth.

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