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IN THE MATTER OF THE CANNABIS  
REGULATORY COMMISSION MEETING

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DATE: APRIL 11, 2022  
HELD VIA ZOOM TELECONFERENCE

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1 A P P E A R A N C E S :

2 MEMBERS :

3 DIANNA HOUENOU

4 JEFF BROWN

5 SAM DELGADO

6 TONI-ANNE BLAKE

7 KRISTA NASH

8 CHARLES A. BARKER

9 MARIA DEL CID-KOSSO

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1                   (Whereupon the executive session was  
2 concluded.)

3                   MS. HOUENOU: We can expect to resume  
4 the open public session at approximately 1:39  
5 P.M. Thank you for your patience everyone.  
6 The executive session has ended. It is now  
7 1:40 P.M. and we will resume the open public  
8 portion of this meeting. Ms. Blake, could you  
9 please announce the next agenda item.

10                  MS. BLAKE: The next item on today's  
11 agenda is the Chair's report.

12                  MS. HOUENOU: Thank you. I want to  
13 note the importance that this week has for the  
14 CRC. Tomorrow, marks be CRC's first birthday  
15 and in just one year the CRC has done  
16 tremendous work to expand the medicinal  
17 cannabis program, adopt initial regulations for  
18 the recreational cannabis industry, defying  
19 many people's expectations and even upsetting  
20 those who had bet money against us. We also  
21 accepted well over seven hundred applications  
22 for adult use cannabis businesses and issued  
23 nearly 70 awards for adult use cannabis  
24 licenses. All of this, all the while, still  
25 building a brand new state agency from the

1 ground up. One year ago, there were only six  
2 people on the CRC's payroll; the five  
3 commissioners and the executive director. Back  
4 then, it was Director Brown and I who were  
5 creating forms and policies as well as drafting  
6 everything from commission resolutions to  
7 meeting minutes.

8 I'm proud that the Commission now boasts a  
9 staff of 52 hard-working public servants who  
10 make each day and each milestone possible and  
11 we are still growing. In addition to these  
12 accomplishments, the commission has also been  
13 working with other state agencies and private  
14 partners to develop a one-stop shop for  
15 resources, explore cannabis workplace training  
16 programs and search for existing funds that may  
17 be used to support New Jersey's Cannabis  
18 entrepreneurs.

19 As we approach the official launch of the  
20 Garden State's cannabis industry, it is  
21 important to reiterate the shared  
22 responsibility that we all have for ensuring  
23 the industry is one that is safe, diverse and  
24 accessible to anyone who wishes to support or  
25 participate in it and that means, state

1 government, local government, private  
2 businesses and members of the public. We each  
3 have a role to play in preserving our  
4 accomplish accomplishments and in making New  
5 Jersey a leader in this new sector.

6 So, in closing, I want to acknowledge the  
7 blood, sweat and tears that were poured into  
8 this work. I thank my colleagues for their  
9 contributions and service to this state and I  
10 wish the New Jersey Cannabis Regulatory  
11 Commission a very, very happy birthday. Thank  
12 you.

13 MS. BLAKE: The next item up on the  
14 agenda is the executive director's report.

15 MR. BROWN: Madam Chair, may I have  
16 the floor.

17 MS. BLAKE: Yes, you may, Director  
18 Brown.

19 MR. BROWN: Thank you for those  
20 remarks. It is truly remarkable what we have  
21 accomplished in the last year, so thank you for  
22 that. Thank you to your hard work and to the  
23 rest of the commissioners as well that worked  
24 with us to get us here, thank you. So, given  
25 that this is a special meeting, I am not going

1 to have a full executive doctor's report, but I  
2 did want to provide a brief update on and you  
3 can go to next slide, please. A brief update  
4 on recreational license applications, talks  
5 specifically about next steps for conditional  
6 license applicants and holders, that is once  
7 approved or if approved by the Commission and  
8 then provide just a brief preview for the May  
9 executive director's report. Next slide,  
10 please. This is where we stand on application  
11 acceptance over time. You can see since we  
12 started accepting applications on December 15th  
13 2021, we you know received about 150 on day one  
14 and then have seen a steady but consistent  
15 submission of applications between then and  
16 March 15th when we opened up for class five  
17 retailers in which case we saw 204 applications  
18 on that first day and we have seen an increased  
19 volume since March 15th, but still a return to  
20 at least somewhat normal levels of application  
21 submission. Next slide, please.

22 So, as far as total applications received  
23 thus far, we have 732 and this is as of March  
24 30th, 732 applications submitted; 251 of those  
25 are for cultivators; 135 for manufacturer and

1           now 327 are for classified retailers. We do --  
2           we do continue to get some submissions, albeit  
3           small, for wholesalers, distributors and  
4           delivery, which we do not -- have not adopted  
5           regulations on, so we are not accepting  
6           applications for those license types and so  
7           those will be rejected back to the applicants  
8           but, thus far, tremendous interest in just, you  
9           know, we are taking in new applications every  
10          day and we have five applications for testing  
11          laboratories under review.

12                 At the May meeting, we will get more into  
13          details on the applicant pool, as we did at the  
14          last meeting. Next slide, please.

15                 So, I wanted to run through what happens  
16          for conditional license applicants after, if  
17          they are approved by the Board, after Board  
18          approval. There are some key steps that still  
19          need to happen before licenses are issued and  
20          so, the license applicants that were approved  
21          at the last meeting, many are still in this  
22          process. So, ostensibly they have to confirm  
23          acceptance of the award. There is an initial  
24          verification of application information and  
25          this is essentially a CRC staff member or staff

1 members calling the applicant just to run  
2 through some questions and briefly verify that  
3 the information on the application is truthful  
4 and accurate. Once that is completed, then the  
5 application is approved in our licensing system  
6 at which point, the applicant is notified that  
7 they can then submit payment and once payment  
8 is submitted, then the license is issued  
9 through that system.

10           Importantly, the approvals from last  
11 meeting and it is recommended for this meeting  
12 as well, conditional license awardees are given  
13 the additional time allowed to them by statute,  
14 an extra 45 days so ostensibly, a conditional  
15 license is the duration is about five and a  
16 half months from the time it is issued in the  
17 licensing system.

18           Many are in process here; I know our team  
19 is working with them to make sure they can  
20 submit payment and get license issued -- get  
21 that license issued so that that clock can  
22 start ticking and they can then also go and  
23 submit a conversion application, which is the  
24 next step in that process to submit to convert  
25 to an annual license and I would say I would

1 recommend that applicants just continue to  
2 check our website for new resources being  
3 posted, particularly for a conditional  
4 conversion because that is a new license  
5 application type that is available in the  
6 system, once that license is issued.

7           Lastly, for the executive director's  
8 report, I did want to know at the last meeting  
9 we provided a host of demographic information  
10 on both the applicant pool as well as those  
11 proposed for award and that is something we  
12 intend to continue. And I said at the last  
13 meeting, we wouldn't necessarily be doing it at  
14 every meeting, but one of the things we will  
15 outline at the next meeting is what our -- the  
16 CRCs initial date of reporting schedule on  
17 license applicants and holders, essentially the  
18 cannabis industry is, so that everybody is  
19 clear on when to expect that information and at  
20 what intervals.

21           With that, I would like to yield it back  
22 to Madam Chair.

23           MS. HOUENOU: Thank you, Director  
24 Brown. Can you bring up the next item on the  
25 agenda?

1 MS. BLAKE: Next on the agenda is  
2 consideration of applications for conditional  
3 licenses.

4 MS. HOUENOU: Director Brown, can you  
5 please provide us a summary of the applications  
6 for adult use cannabis licenses set up for  
7 consideration.

8 MR. BROWN: Please go to the next  
9 slide. So for consideration by the Commission  
10 today are 34 additional applications for  
11 conditional licensure. Of these 34, 14 are for  
12 Class Two manufacturers and 20 are for Class  
13 One cultivation conditional licenses,  
14 importantly all of these applications have gone  
15 through our review process, which starts with  
16 priority assignments and so when they submit,  
17 applications are assigned to their relevant  
18 priority level based on responses in the  
19 applications and so social equity businesses,  
20 receive highest overall priority, diversely  
21 owned business; those are businesses with  
22 either minority business enterprise  
23 certification, woman owned business enterprise  
24 certification or disabled veteran owned  
25 business certification; they get second overall

1 priority and then impact zone businesses and  
2 applications receiving bonus points and then  
3 finally just the general pool of applications.  
4 Within those categories, micro businesses  
5 receive preference over -- receive priority  
6 over standard business applications and  
7 additionally, conditional licenses overall are  
8 reviewed before annual licenses.

9           Importantly, we don't have any yet, but  
10 once we have conditional conversions, those  
11 also receive priority over annual licenses and  
12 so, these have been assigned priority, that  
13 priority has been verified by information  
14 submitted in the application. Application  
15 acceptance was present and responsive to the  
16 requirements of the application. These  
17 applications have been scored, because they are  
18 conditional applications, they were scored for  
19 their business plan, operational summary, as  
20 well as the regulatory compliance plan and  
21 finally their plan to obtain liability  
22 insurance. All 34 of these applications before  
23 the Commission, have received full points for  
24 those measures. Finally, there was an initial  
25 review done for qualification license holder

1           qualification, limitations and financial or  
2           management agreement review where the  
3           individuals and entities involved with these  
4           applications were reviewed to make sure they  
5           were in fact qualified to hold a conditional  
6           license and any proposed agreements were given  
7           an initial review against the restrictions on  
8           management services agreements, financial  
9           source agreements and additionally overall on  
10          the conditional license holder qualification  
11          and those of license holders owners and  
12          principals; all 34 of these passed through that  
13          initial review.

14                 Finally, there was a quality control  
15                 process by which they were reviewed a final  
16                 time prior to recommendation and now these 34  
17                 are recommended for approval by the Commission.

18                 These have been reviewed, vetted and are  
19                 recommended for approval to you all today. I  
20                 will just switch to the next slide, please. I  
21                 will leave this up here for one minute and you  
22                 can see this is the list of the first 24,  
23                 conditional license applicants that are  
24                 recommended for approval today and a  
25                 recommendation memo with the full list will

1 also be available on the website and every one  
2 of these applicants, if approved, would receive  
3 a final agency decision.

4 Then, you go to the next slide, please,  
5 for the remaining slide. These are the final  
6 ten applicants that are recommended for  
7 approval today for a total of 34. Thank you,  
8 Madam Chair.

9 MS. HOUENOU: Thank you, Director  
10 Brown. Do I have a motion from one of my  
11 commissioners to adopt the resolution  
12 concerning approval of conditional license  
13 applications for these 34 Class One cannabis  
14 cultivator and Class Two cannabis manufacturer  
15 licenses?

16 MR. DELGADO: Madam chairwoman, I move  
17 that we adopt the consideration for conditional  
18 licenses.

19 COMMISSIONER NASH: Madam Chair, I  
20 second.

21 MS. HOUENOU: Moved by Vice Chair  
22 Delgado and seconded by Commissioner Nash. Is  
23 there any discussion on this motion?

24 Hearing no discussion, Ms. Blake, can you  
25 please call the vote?

1 MS. BLAKE: Surely, Commissioner  
2 Barker.

3 MR. BARKER: I.

4 MS. BLAKE: Commissioner Del  
5 Cid-Kosso?

6 MS. DEL CID-KOSSO: Yes.

7 MS. BLAKE: Vice Chair Delgado?

8 MR. DELGADO: I.

9 MS. BLAKE: Commissioner Nash?

10 MS. NASH: Yes.

11 MS. BLAKE: Chairwoman Houenou?

12 MS. HOUENOU: Yes.

13 MS. BLAKE: The resolution passes.

14 Next up on the agenda is the consideration of  
15 certifications for expanded alternative  
16 treatment centers.

17 MS. HOUENOU: Director Brown, can you  
18 please walk us through the expanded alternative  
19 treatment centers, certification materials that  
20 were submitted to the commission and the  
21 Commission's recommendations.

22 MR. BROWN: Absolutely, and thank you  
23 Madam Chair. I would just like to take a brief  
24 moment to note that another milestone we have  
25 just hit with the approval of that resolution,

1 the Commission has now issued over 100  
2 conditional license approvals and we are not  
3 even a year old yet, so just one more milestone  
4 and I wanted to thank you all and I wanted to  
5 thank the staff who worked absolutely  
6 tirelessly on this, particularly our deputy  
7 executive director, Kelly Anderson-Thomas and  
8 our director of administration Megan Taglateri,  
9 so thank you.

10 Moving on to consideration of ATC  
11 expansion and I wanted to start off by noting  
12 and Madam Chair, you touched on this a bit in  
13 your Chair's remarks, but over the last year,  
14 we have hit several milestones and they have  
15 all been critical to getting us to this point.  
16 First, was really strengthening access to  
17 medicinal cannabis by issuing new medicinal  
18 cannabis permits. Second, was establishing a  
19 pathway to licensure for new businesses in the  
20 recreational cannabis market that puts social  
21 equity first. Now that we have 100 conditional  
22 licenses approved and in process to eventually  
23 expand to annual licenses, many of those social  
24 equity businesses and diversely owned business.  
25 We are well on our way to number two. The

1 third, is you know, in the statute and required  
2 by the statute and, you know, I think is a part  
3 of getting this market off the ground, as  
4 quickly as possible, but also as you mentioned,  
5 doing so in a manner that is equitable and  
6 safely and that is working with the current  
7 medicinal cannabis alternative treatment  
8 centers to assess the readiness under the law,  
9 under our regulations, to expand to  
10 recreational sales. If you can go to the next  
11 slide, please.

12 To date, we still only -- we have received  
13 eight certifications from eight alternative  
14 treatment centers. I will get into the  
15 recommendation here. The ones recommended  
16 today are those that have met -- have been  
17 deemed to meet the requirements that have been  
18 set forth in statute and regulation.

19 Those required conditions include  
20 municipal approval and so these alternative  
21 treatment centers need to have the authority at  
22 the local level to engage in both medical and  
23 recreational sales.

24 The municipalities have to have opted into  
25 recreational sales. They have to prove that

1           they have sufficient supply to continue to meet  
2           patient need after expansion. They have to  
3           have adequate plans to ensure patient access,  
4           particularly with the -- with what will be very  
5           high demand for recreational cannabis products.  
6           They need to have a plan to address social  
7           equity and safety, our two core values to the  
8           Commission here, they need to have a --  
9           pursuant with the statute and with our  
10          regulations, they need to have a labor piece  
11          agreement in place with a bonafide labor  
12          organization.

13                 Next slide, please. As far as our  
14                 consideration, it is, you know, particularly on  
15                 the patient side, it is focused on patients,  
16                 focused on protecting their access, protecting  
17                 their supply. The CRC has assessed the plans  
18                 of the ATCs against -- CRC staff have assessed  
19                 these plans against the number of patients  
20                 enrolled statewide. Patient enrollment at each  
21                 specific ATC, inventory, that's the actual  
22                 inventory at the point in time, both statewide  
23                 and at each specific ATC. Sales, both  
24                 statewide sales of medicinal cannabis products  
25                 and sales at each individual ATC, that has

1 submitted a certification. We took into  
2 account the current canopy, that is essentially  
3 the space that these facilities have to grow  
4 medicinal cannabis and grow cannabis period.

5 We have looked at what we estimate the  
6 canopy needed to serve enrolled patients and  
7 used those to you know also used those to  
8 assess but also looked at data submitted from  
9 the ATC to assess their production capacity  
10 against, again, the needs of patients, sales,  
11 the number of patients enrolled, those factors.

12 Next slide, please.

13 I want to highlight some positive changes  
14 in market conditions over the last six months.  
15 Overall canopy, that is the amount of growth  
16 space in the market has increased by over  
17 80,000 square feet. We have been monitoring  
18 supply and I can tell you that supply in the  
19 market is increasing every month. The amount  
20 of cannabis and cannabis products in the market  
21 is going up every month.

22 One thing we have seen particularly in the  
23 last four months is that we are actually seeing  
24 some movement on price. Now, it is not across  
25 the board and it seems to be based on sales,

1 sale prices and promotions in some cases, but  
2 we are seeing consistently more economically  
3 priced products in the market. This is true, I  
4 think, a cross the board. Additionally, since  
5 the Commission issued the 2019 RFA awards at  
6 the end of 2021, we have 30 additional  
7 dispensaries that are in process to get permits  
8 and then there is 300,000 square feet of canopy  
9 in the pipeline to get permitted and  
10 operational and I can tell you that each day,  
11 we are getting closer and closer to some of  
12 those facilities, from the 2019 RFA coming  
13 online and becoming operational, particularly  
14 the cultivators. Initially, that will be  
15 focused strictly on medicinal cannabis supply.

16 Next slide, please. So, the applicants  
17 under -- the ATCs under consideration today,  
18 that submitted certifications in the southern  
19 region are Acerage CCF, New Jersey, Curaleaf,  
20 Columbia Care; in the central region Verano, in  
21 the northern region, GTI New Jersey, Ascend New  
22 Jersey and TerrAscend.

23 I will cover our recommendation, but  
24 they have all submitted the necessary items  
25 required by statute and regulation and they

1 have been reviewed by staff and we are prepared  
2 to make a recommendation on these entities  
3 today.

4 Next slide, please.

5 Talking here a second about overall market  
6 supply and I think it's important to walk the  
7 public, walk stakeholders through some of the  
8 projections that we have been looking at here  
9 at the CRC and so when we think about  
10 recreational demand, we are essentially  
11 looking at a couple of things, we are looking  
12 at New Jersey based consumers, we are looking  
13 at consumers that may come to New Jersey,  
14 either from neighboring states or as tourists  
15 and stay and purchase. We are also looking at  
16 the number of patients and their buying habits  
17 and what potentially they need to meet their on  
18 going needs for medicinal cannabis. Finally,  
19 we are looking at production capacity. You  
20 know, how much ostensibly, how much  
21 alternative treatment centers can reasonably  
22 produce based on their current canopy and their  
23 current production. I want to present here two  
24 similar models here that look at this and you  
25 know what we did was we estimated based on a

1 patient population of 130,000, looking at  
2 potential recreational Consumers in New Jersey  
3 and this is I think a conservative estimate,  
4 but it is consistent with how this market could  
5 launch which is with limited dispensaries,  
6 which could limit demand somewhat. The way we  
7 got to the roughly 800,000 New Jersey consumers  
8 is that we took the total population of New  
9 Jersey, took the total population over the age  
10 of 21 and then looked at use rates in other  
11 states and estimated that of that total  
12 population, over the age of 21, likely about  
13 12 percent of New Jerseyans may be cannabis  
14 users. As far as those from neighboring  
15 states, we have looked at you know similar  
16 potential use rates there, tried to estimate  
17 you know a reasonable number that we anticipate  
18 could make the drive over to New Jersey,  
19 hopefully, stay in a hotel room, make a  
20 recreational purchase over the course of a  
21 year, and then we used that to essentially  
22 estimate what the overall recreational demand  
23 would be, we used the 130,000 patient mark,  
24 which we are close to, we are over 128,000 now  
25 and inching closer to 130,000 to estimate

1 medical demand. We also looked at data from  
2 the industry and also data from our patient  
3 registry to estimate that medical demand and  
4 with the medical demand, we are looking at  
5 130,000 patients purchasing roughly 1 ounce per  
6 month, I think the average in the market is  
7 just under that.

8 And that gets you to about 100,000 pounds  
9 of medical demand over the course of a year.  
10 On the recreational demand side, we estimated  
11 that that recreational consumers could purchase  
12 around, you know, those living in New Jersey  
13 who might go to dispensary repeated times,  
14 might go to a retailer repeated times to  
15 purchase roughly four ounces per year. Then  
16 finally for those who might be visiting New  
17 Jersey while on a trip, you know, they are  
18 going to purchase significantly less on average  
19 than somebody who lives in New Jersey and is a  
20 repeated consumer.

21 So, we also, using those numbers, got to  
22 potential recreational demand of roughly  
23 260,000 pounds per year.

24 Then, we looked at production. Here, we  
25 use two measures; one which was supplied by the

1 New Jersey Cannabis Trade Association which is  
2 essentially the association of alternative  
3 treatment centers. They said they are getting  
4 an average of 65-grams per square foot  
5 production. We also looked at 40 grams per  
6 square foot, which is a pretty consistently  
7 used measure. It is based on a botech analysis  
8 out of Washington State. We looked at both of  
9 those, ran both those models and looked at  
10 those scenarios. Importantly, both scenarios  
11 show deficits in both markets, or in overall  
12 deficits, but the deficit was only on the  
13 recreational side of things, ostensibly,  
14 current capacity, we have enough to cover  
15 medicinal consumers with what they are  
16 purchasing now. So this leads us to what he  
17 recommended at our last meeting and what the  
18 ATC's -- we have been working with the ATC's to  
19 get commitments on, which they have all  
20 committed to, which is to implement safeguards,  
21 to ensure there is a minimum supply set aside  
22 for patients, both, as far as packaged products  
23 and for bulk products. So, a minimum supply  
24 based on an estimation of past sales for actual  
25 packaged products, those are products that are

1 ready to sell and then a set-aside also for  
2 bulk products and products that are in the  
3 process of getting to the packaged stage and so  
4 this could be flower that is in the dry or  
5 curing stage or it could be bulk extracts that  
6 are essentially just awaiting that final stage  
7 to be assembled into a cannabis product and  
8 packaged and ready for sale. What I can tell  
9 you is all the ATCs that are -- that we are  
10 prepared to recommend today, have shown, have  
11 demonstrated both by their own data and by the  
12 analysis that we have conducted, that they can  
13 meet those safeguards, that they can ensure  
14 that medical patients have the supply they need  
15 with some left over for recreational cannabis.

16 That is why with these safeguards, the  
17 overall market supply really doesn't stop us  
18 from looking at individual ATC supply and  
19 judging that on those individual merits.

20 This should also be a call to action.  
21 Regardless of what happens today, there is  
22 unmet demand in this market and we intend to  
23 release further data on this as we go forward  
24 at the CRC, but, you know, we need new  
25 businesses to keep applying.

1           We have now approved, the Commission has  
2 now approved over 100 conditional licenses, you  
3 know, we need new entrepreneurs to continue  
4 coming to this market, help us meet this demand  
5 and get this market to where it needs to be.

6           Overall, there is no -- this market-wide  
7 situation really doesn't stop us with those  
8 safeguards from looking at the individual ATC's  
9 and looking at their individual supply and how  
10 they are meeting the needs of their specific  
11 patients. Next slide, please.

12           The second piece of analysis or patient  
13 access plans, and coming out of the last  
14 meeting, we put together some guidance for the  
15 ATCs to consider, these include 14 patient only  
16 hours per week, exclusive parking options at  
17 the ATCs exclusive point of sale systems for  
18 patients, so they don't have to wait in lines  
19 as long as recreational consumers. Express  
20 access to the ATC, ability to reserve products  
21 ahead of time, which I know many of the ATCs  
22 already offer with online ordering. Next  
23 slide, please.

24           A patient access hotline, so there is a  
25 live person that patients can call, if they are

1           having trouble accessing a dispensary, continue  
2           to have private counseling areas for patients  
3           and private counseling options, you know  
4           requiring ATCs to have virtual meetings or  
5           conference calls with their registered patient  
6           and caregiver base to provide info on a patient  
7           access plan before any launch of recreational  
8           sales, so that patients have the information  
9           that they need to continue to access their  
10          alternative treatment centers and then you know  
11          we will be asking the industry for weekly  
12          reports on patient access.

13                 So, we are going over what is in the ATC  
14          certification here and rather than ostensibly  
15          me running through all their patient access  
16          plans, we are going to invite the alternative  
17          treatment centers themselves to come up and  
18          just have a representative take three minutes  
19          and walk the Commission through, but also more  
20          importantly walk the public through and any  
21          patients that are watching, the patient access  
22          plans that have been submitted and have been  
23          under consideration by the Commission. So I am  
24          going to turn it over now to Ms. Blake, our  
25          communications director to call through our

1 invited speakers.

2 MS. BLAKE: Thank you, Mr. Brown. And  
3 our first speaker on behalf of Acerage Holdings  
4 is Brian Secerov. Brian, go ahead.

5 PERSON ON CALL: In regards to our  
6 retail hours, as Jeff said, 14 hours spread  
7 over multiple days, Monday, Wednesday, Friday,  
8 the first two hours in the morning, Tuesday  
9 Thursday, the last two hours in the evening and  
10 then four hours on Sunday. So obviously we  
11 will evaluate that as we continue, as we move  
12 forward. Parking, we have reserved parking in  
13 both of the locations that will have adult use  
14 here in Egg Harbor Township and also New  
15 Williamstown and in store, separate priority  
16 lines, so kind of think it is as a TSA precheck  
17 or you know elite members at a hotel will have  
18 stations with separate lines for medical and  
19 rec patients, we will dedicate POS systems,  
20 point of sale for the medical patients. We  
21 will adjust that as demand requires, but there  
22 will always be dedicated spots for those  
23 patients that are in the precheck line to get  
24 in quickly.

25 As far as inventory and menu, we will be

1 using separate menuing systems for both adult  
2 use and medical, which allows us to set  
3 thresholds for product availability, so think  
4 of it this way, we would have both the product  
5 on both menus, but if we dropped to a certain  
6 level, it disappears from the adult use menu.  
7 We can continue to offer it for our medical  
8 patients and we will set those thresholds based  
9 on historical buying patterns for those strains  
10 in our medical -- for our medical patients, so  
11 that we are sure that we have enough available.

12 Online, we currently do online ordering  
13 and we will continue to do online ordering for  
14 medical patients only, that way they can  
15 reserve their product in advance and pick it up  
16 any time the next day, when they choose to come  
17 in and pick it up. They don't have to come in  
18 just in the designated medical only time slots.  
19 We have a hotline now and we will make sure  
20 that is available for every hour that we are  
21 open, seven days a week. Consultation rooms  
22 are on site as they are today and we will  
23 continue to do so.

24 We currently offer curbside pick up and we  
25 will continue to do that just for medical

1 patients, so that gives them an opportunity to  
2 get their product more easily and also to  
3 reserve it through online ordering, so those  
4 kind of go hand in hand.

5 Finally, as far as communicating our plans  
6 to our potential customers in adult use and  
7 also to our medical patients, we will have a  
8 prerecorded webinar or message on our website  
9 explaining all of the strategies we are putting  
10 in place to make sure we are creating  
11 preferential treatment to our medical patients,  
12 from our parking, to our lines, to our  
13 designated POS, to online ordering and all that  
14 will be covered in that webinar. Thank you for  
15 the opportunity.

16 MS. BLAKE: Thank you. Next up will  
17 be Matt Darren on behalf of Curaleaf. Matt  
18 Darren, go ahead.

19 MATT DARREN: Good afternoon. My name  
20 is Matt Darren and I'm the U.S. president for  
21 Curaleaf. We appreciate the time to present  
22 our plans to you all today. We have made  
23 significant investments in facilities,  
24 technology and personnel to ensure  
25 availabilities of products and access for both

1 medical patients and adult use guests.

2 Curaleaf is an industry leader to successfully  
3 transition from medical to adult use markets in  
4 Illinois, Massachusetts and Arizona. We have  
5 navigated the complexities of adult use  
6 launches previously and have incorporated these  
7 lessons learned into our plans in New Jersey.

8 To be clear, the transition to adult use  
9 will not alter our commitment to our medical  
10 patients. We have been the heart of the  
11 medical cannabis program for the past six  
12 years.

13 Our first objective is proactive  
14 communication with our medical patients. We  
15 have a strong communication system with our  
16 existing patient community and we are able to  
17 quickly and efficiently communicate with them.

18 We will be hosting an educational town  
19 hall for the medical community on April 18th to  
20 help education them on our plans and answer  
21 additional questions they have.

22 We also operate a call center, it's open  
23 seven days a week from 8:00 AM 10 P.M. for them  
24 to contact us with any questions. We have made  
25 a number of operational changes and

1           enhancements, both inside and outside our  
2           dispensaries to ensure access for medical  
3           patients. We have expanded our service hours  
4           to include medical patient only hours. We are  
5           dedicated in the first and last hour of each  
6           day of our 8:00 A.M. to 8:00 P.M. schedule  
7           solely to serve medical patients. This amounts  
8           to an additional 14 hours per week at each of  
9           our Belmar, Edgewater Park, and Bordentown  
10          locations for medical patients only will be  
11          permitted in the stores.

12                 Additional, each dispensary will have  
13          dedicated lines of point of sale systems to  
14          ensure medical patients have expedited entry  
15          and service at each of our locations. We have  
16          increased our POS systems to ensure a swift  
17          service for medical patients. We have medical  
18          only point of sale stations including 8 at  
19          Belmar; seven in Bordentown; and five at  
20          Edgewater Park. We have expanded our staffing  
21          in store to accommodate the increased flow and  
22          ensure medical patients continue to receive the  
23          high quality care they are accustomed to.

24                 We have expanded our parking as well and  
25          are reserving priority spots for medical

1 patients. At our busiest dispensary in Belmar,  
2 we now have 212 parking spaces in our control.

3 We also been working closely with the  
4 local municipalities for security and traffic  
5 flow. We have implemented a number of  
6 technology solutions as well. We offer secure  
7 online ordering through our website which  
8 allows patients to order from the comfort of  
9 their homes and provides estimated pick up  
10 times. This is a popular options for patients.  
11 We have also purchased sixty-four additional  
12 Ipads for mobile ordering online for our staff  
13 to utilize at our three locations.

14 We are ready to serve the medical and  
15 adult use markets with product as well. We  
16 have been preparing for many months for this.  
17 We have tripled our cultivation capacity in the  
18 state. We have more than ample supply or  
19 available product to service both the medical  
20 market and the adult use market, including  
21 flour, vapes, edibles and medical products and  
22 we continue to introduce new products to the  
23 market as well. In the event of any shortage  
24 of products, we will prioritize our medical  
25 patients before serving the adult use market.

1 As we plan and forecast for reserving products  
2 for the medical program based on recent quotas,  
3 to ensure available supply. We are well  
4 prepared for the market, while also ensuring we  
5 protect our patients' access to their medicine.  
6 Thank you.

7 MS. BLAKE: Thank you. Next up is  
8 Volley Hayhurst.

9 MR. HAYHURST: Good afternoon  
10 everyone. My name is Volley Hayhurst, VP of  
11 operations for Columbia Care. We put together  
12 a comprehensive ten-point plan that I am  
13 excited to share with you guys today that will  
14 ensure superior patient access.

15 First off, patient only hours, we carved  
16 out 14 specific hours of the day, including  
17 morning, evening and Saturday hours to help  
18 meet the demand. We reserved parking for  
19 patients specifically in Deptford, we worked  
20 with the landlords to secure three medical only  
21 parking spaces. In Vineland, we are a  
22 stand-alone building and so we carved out three  
23 medical only parking spaces for that building  
24 as well. In addition, we wanted to be a good  
25 community partner and neighbor in Deptford and

1 so we asked the landlord to carve out some  
2 parking spaces for our surrounding neighbor as  
3 well.

4 Once we get the -- once the patients start  
5 to come into the building, we carved out some  
6 patient only queues at POS stations. Once the  
7 patient enters the front door, they will go  
8 into a queue, that will take them to the  
9 reception area, obviously prioritizing medical  
10 first. Once they are through the reception  
11 area onto the sales floor, they will be met by  
12 three medical only patient stations and that  
13 way, they can get their medicine and get out  
14 the door. We will continue to offer online  
15 ordering and curbside pick up.

16 At any time, if the medical need sees fit,  
17 we can implement express pickups as well. We  
18 do have -- we did implement express pickups in  
19 both locations in Vineland and Deptford.

20 We will have and we did implement a  
21 patient access hotline. The hotline will go  
22 directly to the medical POS stations area, that  
23 way the patients can have access directly to  
24 the people that are dealing with the medical  
25 patients in place.

1           We will continue to have online counseling  
2           sessions and also we have education bars at  
3           both sites as we speak. We will keep up with  
4           that. We are going to implement a wait list,  
5           so this is in an effort to help move a lot of  
6           the adult use, if there is congestion, they can  
7           get the adult use consumers out of the way. It  
8           is basically like an app like when you go into  
9           a restaurant, you put in your name, it will  
10          help them go out about throughout their day and  
11          they can come back and purchase, but what it  
12          does is, it creates a nice shopping experience  
13          for the medical use consumer, as they walk in.  
14          One thing we are proud of, we do have 14  
15          wholesale agreements and otherwise throughout  
16          the state that will continue to add superior  
17          patient access by bringing a lot of the State  
18          of New Jersey down to the south, giving  
19          superior patient access. With that, we will  
20          implement a pre-recorded meeting to share all  
21          of these plans with our patients and for total  
22          transparency, obviously weekly, we will submit  
23          a report to the CRC with our access, wait times  
24          and availabilities and all of those. Thank  
25          you.

1 MS. BLAKE: Thank you. James Leventis  
2 Verano.

3 MR. LEVENTIS: Thank you. This is  
4 James Leventis. I am executive vice president  
5 of Verano NJ. On behalf of everyone at our  
6 company, I want to thank the Commission, first  
7 for considering our certification to expand  
8 into the personal use program and also for  
9 giving us the opportunity to directly present  
10 our plan for patient access once the program  
11 does launch. Much like some of our colleagues,  
12 we are going to be designating medical patient  
13 only hours at our dispensaries, that is going  
14 to be the opening hour and the closing hour of  
15 every business day. It is going to be  
16 exclusive to patient access at all of our  
17 dispensaries. We are going to be designating  
18 exclusive parking for our patients and this is  
19 going to be 15 to 20 spaces, right at the front  
20 of our dispensaries, right by the entrance for  
21 easy access.

22 We have ample parking throughout our  
23 parking spaces at all of our locations and  
24 these are going to be designated exclusively  
25 for our medical patients that roll out of the

1 program. In addition, we are going to be  
2 providing exclusive point of sales stations for  
3 patients. Right now, we are going to be  
4 designating two at both of our dispensaries in  
5 the areas closest to the door. We are going to  
6 be monitoring traffic flow and patient access  
7 throughout that time and can easily expand if  
8 we are seeing an influx of patients. In  
9 addition to that, we are going to be providing  
10 express registration for our patients and so we  
11 will have a separate registration counter at  
12 our locations for express check in. For  
13 medical patients, if any lines do happen to  
14 form, although we are not expecting that to  
15 happen, medical patients are going to be  
16 brought in to the front of queue to check in  
17 and enter the sales floor past any personal use  
18 customers that may be there.

19 In addition, two things that we are doing  
20 to go a little above and beyond, we are going  
21 to be rolling out home delivery for our medical  
22 patients and we are expecting to launch that  
23 program on Wednesday of this week and continue  
24 rolling that out throughout the launch of the  
25 personal use program. This is going to be at

1 least initially exclusive to our medical  
2 patients. In addition, we are going to be  
3 designating five parking spots out in the front  
4 of our dispensaries for express curbside pick  
5 up to only our medical patients to try to  
6 preserve their access to medicine.

7 In addition, we are going to be providing  
8 separate menus for medical patients and  
9 personal use customers in order to preserve  
10 supply. We will be maintaining our patient  
11 access hotline and circulate information about  
12 that to our patients in the coming weeks. We  
13 are going to maintain our private consultation  
14 areas for one on one meetings with any patients  
15 who want to discuss their access to medicine.  
16 And we will be hopefully launching a virtual  
17 conference to go into a little more depth of  
18 this plan with our medical patients this week,  
19 thank you.

20 MS. BLAKE: Thank you. Next up is  
21 Dina Rollman for Green Thumb Industries. Dina  
22 Rollman?

23 MS. ROLLMAN: My name is Dina Rollman  
24 and I oversee government relations for Green  
25 Thumb Industries. Thank you for giving me this

1 opportunity to speak about our commitment to  
2 New Jersey's medical cannabis patients. Green  
3 Thumb fully supports the Commission's goal of  
4 prioritizing patient supply and access while  
5 New Jersey makes this historic transition to  
6 recreational sales. Patients have been the  
7 backbone of the New Jersey industry and will  
8 continue to be.

9 First, the CRC developed a formula for  
10 calculating and ensuring that each ATC  
11 maintains a minimum, adequate supply and  
12 reserve for patients. Green Thumb has at least  
13 6.4 times that minimum amount of supply and  
14 reserve which translates into approximately 25  
15 months of supply on hand. We will have  
16 adequate supply. Second, Green Thumb  
17 dispensary in Paramus will remain medical only.  
18 Patients can always go there and not confront a  
19 line of recreational customers. Our stores in  
20 Paterson and Bloomfield will service both  
21 patient and adult use customers.

22 Third, based on our experience  
23 transitioning from medical only to adult use  
24 sales in other states, we have developed best  
25 practices for prioritizing patients. Those

1 practices include dedicated hours daily which  
2 will be the first two hours of the day,  
3 dedicated point of sale registers and dedicated  
4 patient lines. We have also submitted detailed  
5 traffic plans that are in the Commission's  
6 packets that show how we will optimize the  
7 patient experience, both inside the store and  
8 outside in the parking lot.

9 We also will have product reservations,  
10 patients will be encouraged as they are now to  
11 preorder other products and we will continue to  
12 educate patients about how to use Ipads,  
13 personal phones and other devices to do the  
14 preordering, we will provide a patient access  
15 hotline, staffed by internal on site teams  
16 during all ATC business hours. We currently  
17 have and will continue to have private patient  
18 consultation bases at each of our facilities.

19 We will host multiple calls to educate  
20 patients on our patient access plan, we will  
21 schedule those calls for the week prior to the  
22 launch, the week of the launch and each week  
23 thereafter for the first month.

24 The calls will be scheduled at different  
25 times each week to accommodate various and

1 varying patient schedules. We will post  
2 details on these schedules and informational  
3 opportunities in emails and text messages so  
4 that patients are aware. We will provide the  
5 weekly reporting required by the CRC on our  
6 medical patient access including wait times at  
7 our stores to make sure that they are in line  
8 with what they should be.

9 We currently offer and will continue to  
10 offer curbside pick up for our medical patients  
11 and we will continue to do that and we will be  
12 expanding into home delivery for patients as  
13 well. We will have a dedicated patient menu  
14 that will prioritize patient access to products  
15 and we will also be making sure that medical  
16 only parking is reserved closest to the front  
17 of our ATC store, thank you very much for this  
18 opportunity.

19 MS. BLAKE: Thank you. Mike Conway  
20 for Ascend Wellness is next. Go ahead.

21 MR. CONWAY: Hi, thank you so much for  
22 allowing us the opportunity to share our access  
23 plan with you. I will start outside first, so  
24 you know with parking, we will have 130 spots  
25 on location, ten to 15 of those will be

1 dedicated to medical access only, with five  
2 closest to the facility being there for  
3 patients with limited mobility access, as well  
4 as curbside. The patients will also have  
5 access to the front door, without waiting in  
6 any lines that maybe present. We will also  
7 have team members that are monitoring any lines  
8 that are outside to ensure no medical patients  
9 accidentally jump on those lines to allow them  
10 in the facility. So one of our two medical  
11 check in podiums, the medical patient will be  
12 checked in as normal and they will be  
13 immediately allowed into the dispensary floor,  
14 where they will be able to go into one of three  
15 medical expressed lane registers. We do have  
16 the ability to increase the amount of registers  
17 based on the demand, but we do feel that three  
18 registers based on our current demand is more  
19 than enough to handle the access for current  
20 patients, but, we will have the ability to  
21 increase that access as needed. The patient  
22 will then be taken care of. If they do have a  
23 need for a private consultation, we do have two  
24 private consultation rooms that are available,  
25 to ensure that that patient does have the

1 privacy when the dispensary is busy with over  
2 adult use customers. No issues with any  
3 privacy for the patients and they will be able  
4 to be rung up as normal and exit the facility.  
5 We do have a couple of other access points.  
6 Patients can place orders up to two days in  
7 advance. This is something we already offer  
8 and we will transition that over. We do plan  
9 to hold multiple educational events to explain  
10 these access points and the elevated access and  
11 expressed access to our current patients and we  
12 will advertise that in our normal SMS email as  
13 well as website to ensure patients can have  
14 access to those meetings and as well you know  
15 what we are going to be doing for the updated  
16 access. Why also will have a dedicated phone  
17 line for our patients to ask questions. It  
18 will be, for example, press three for medical  
19 patients and that will be staffed at all times  
20 of business by one of our members. We will  
21 also have hours of operation as requested by  
22 the CRC, we will have 14 dedicated hours to  
23 patient access and those hours will be posted  
24 on our website and they will be subject to  
25 change based on you know the needs of the

1 patient, we will make sure that we have those  
2 scheduled when the patients do need that time  
3 and it is something we are going to be rolling  
4 out for the transition is home delivery. We  
5 will be delivering to patients in Bergen and  
6 Passaic Counties to ensure that we do have that  
7 access for patients that may not want to work  
8 with the increased crowds in the locations.  
9 With that, I do thank you for the opportunity.

10 MS. BLAKE: Thank you. Next up is  
11 Chantelle Elsner for TerrAscend. Chantelle, go  
12 ahead.

13 MS. ELSNER: Good afternoon CRC,  
14 industry leaders and community members. My  
15 name is Chantelle Elsner and I am the Senior  
16 Vice President of TerrAscend Retail Operations.  
17 I have the great pleasure today of providing an  
18 overview of our operational plans as we shift  
19 into an adult use consumer market.

20 The TerrAscend team has used a thoughtful  
21 and thorough approach to prepare our people,  
22 our product, our partnership, our process and  
23 our patients to ensure we are optimized for a  
24 successful launch.

25 We are founded on diversity inclusion. Of

1 our employees, 63 percent identify as Latin or  
2 African American; 25 percent (inaudible) and 43  
3 percent are women. Our team is highly trained  
4 and beyond excited to start serving adult use  
5 consumers in addition to the patient that they  
6 know and love. The apothecary suspensories  
7 will be offering a robust product assortment  
8 for medical patients and consumers, of those  
9 products, we will offering kind tree, and  
10 bahala, and a wide assortment of third-party  
11 brands.

12 Our operations team has a clear plan to  
13 maintain reliable supply of medical cannabis  
14 and products that are all tested by a certified  
15 third-party lab. We are working in partnership  
16 with the CRC and plan to provide recently  
17 awarded minority owned businesses with  
18 prioritized products, supply and pricing.

19 Our community engagement team supports the  
20 communities through education, volunteer  
21 events, sponsorship and charitable donations.  
22 We continually seek out community sponsorships  
23 and events that align with our outreach  
24 pillars, wellness, social equity, community and  
25 kindness. We are working hand in hand with

1 each of our municipalities to coordinate  
2 efforts and ensure a smooth adult use launch.  
3 We have a well-controlled and thoroughly  
4 monitored inventory plan that focuses on  
5 ensuring sufficient stock of product.

6 We have sophisticated inventory management  
7 systems that we will continuously monitor,  
8 analyze the supply chain and ensure medical  
9 cannabis availability. Our system also has the  
10 necessary safeguards in place to reserve  
11 appropriate quantities of cannabis for medical,  
12 and consumer purchases with strict adult use  
13 consumer purchases to ensure all consumers are  
14 over the age of 21.

15 Our stores have dedicated patient versus  
16 consumer lines, prioritizing patient, elderly  
17 and those with mobility issues; prioritizing  
18 customer service; patient only parking, in  
19 addition to ample consumer parking, wait list,  
20 express pick up and curbside and we also have  
21 all of the necessary safety and security  
22 protocols in place.

23 At the apothecarium, our patients always  
24 come first. We offer patient only shopping  
25 hours, exclusive online ordering, express

1 access, dedicated registers, loyalty programs  
2 and promotional pricing.

3 Was also offer support for patients and  
4 caregivers through consultation with education,  
5 and have a live operator customer service line  
6 which will be available to all of our patients  
7 during every operating hour.

8 We are also excited to announce that  
9 patient home delivery is coming soon. Download  
10 our apothecarium app and find out more. Thank  
11 you again for your time today. We are grateful  
12 for the continued partnership with the CRC,  
13 industry leaders and community members as we  
14 all work together to launch adult use consumer  
15 sales in New Jersey and we are proud to be  
16 grown in the Garden State.

17 MS. BLAKE: Thank you. Executive  
18 Director Brown, that was the last ATC speaker.

19 MR. BROWN: Thank you. And thanks to  
20 the ATC's that presented on those plans, you  
21 know, in the week about a little over seven o  
22 eight days following the last meeting, CRC  
23 staff went on a host of site visits at all of  
24 the ATCs that submitted certifications and two  
25 points of robust conversation about plans were

1           what you just heard, the patient access plans,  
2           both from an inventory and an access  
3           perspective and secondly, was related to some  
4           of the social equity and safety plans and so  
5           please go to the next slide. I did want to  
6           highlight some of the things we heard  
7           consistently across the board from the industry  
8           and the meetings when it comes to social equity  
9           and safety particularly on the equity front. I  
10          can tell you that my thoughts on these meetings  
11          was that they went incredibly well and I  
12          thought the medical industry, the ATCs rose to  
13          the task put before them, both by the statute,  
14          by our regulations and by this Board.

15                 As far as what some of the things that the  
16          ATCs have committed to do and some of the  
17          things that they are already doing are  
18          providing expungement assistance, job training  
19          and pathways to employment in the cannabis  
20          industry. I think the best example of this was  
21          one actually followed candidates from that  
22          point of getting a conviction expunged, all the  
23          way through, then you know providing them with  
24          assistance and job training and then actually  
25          job opportunities in the cannabis industry.

1           There are partnerships with nonprofits and  
2           community groups aimed at promoting diversity  
3           and equity in the cannabis industry. Some of  
4           these groups commented at a lot of our meetings  
5           and are being becoming a growing force within  
6           the cannabis industry here in New Jersey.

7           Training and technical assistance for social  
8           equity business applicants in our conditional  
9           licensing process, so several of the ATCs said  
10          they were actually running webinars and  
11          providing free support to potential social  
12          equity businesses on how to get through our  
13          application process. Commitment to hiring a  
14          diverse workforce with an emphasis on impact  
15          zones and economically disadvantaged areas. At  
16          the last meeting, I shared our regulation,  
17          which requires every licensed cannabis business  
18          to make a good faith effort to hire individuals  
19          who either have past cannabis convictions or  
20          have lived in an economically disadvantaged  
21          area for five of the last ten years.

22                 They have also committed to utilizing  
23          diverse vendors and contractors for ancillary  
24          services, providing direct funding to  
25          community-based non-profits that serve impact

1 zones, economically disadvantaged areas,  
2 funding commitments in a way that is compliant  
3 with our regs to social equity and diversely  
4 owned businesses. Additionally, wholesale  
5 terms for new businesses that could be coming  
6 online and then, finally, support services for  
7 and post-incarceration assistance for  
8 individuals who have been incarcerated for  
9 cannabis and marijuana and you know  
10 commissioners have all had an opportunity to  
11 read these certifications, read these plans,  
12 both for patient access for supply and social  
13 equity and safety plans and to see the  
14 evolution of those plans, as we have gone  
15 through this process and I can tell you  
16 speaking for the interdisciplinary team of  
17 staff that were at these meetings and have read  
18 these plans, I was certainly impressed by what  
19 has been brought to the table.

20 Next slide, please. The best laid plans  
21 are only plans if they come to fruition.  
22 Before I get to specific recommendations here,  
23 I want to propose some post-award conditions to  
24 the Board and these are based on both  
25 conversations with staff as well conversations

1 with individual commissioners. Really, the key  
2 issues for these post-award conditions are  
3 critically maintaining adequate supply for  
4 patients, ensuring access for patients is not  
5 reduced at any dispensaries that are approved  
6 by the Commission to transition to recreational  
7 sales. Accountability to those social equity  
8 commitments that I spoke about and those that  
9 you know I didn't speak about, but that are in  
10 these plans and then protection for cannabis  
11 workers rights. Next slide, please. What CRC  
12 staff proposed as conditions to any approvals  
13 that are issued by the Commission today are, if  
14 ATC is not able to meet the commitment to  
15 continue to prioritize access for patients and  
16 set aside supply, they would be subject to  
17 \$10,000 per day in fines and then if they  
18 routinely are fined because of a lack of supply  
19 or a lack of access, possible license  
20 suspension, if that patient access and supply  
21 is not preserved or protected.

22 Secondly, required reporting, periodic  
23 reporting on social equity commitments in  
24 accordance with standards that will be issued  
25 by our office of diversity and inclusion, and

1 our director, Wesley McWhite is on the meeting  
2 and this is so we can hold ATCs accountable, so  
3 the public can hold them accountable and us to  
4 what has been committed to in these plans.

5 Finally, provisions to ensure adherence  
6 both labor piece and collective bargaining  
7 requirements in the statute and regulations and  
8 what I proposed, and thank you to the  
9 commissioners who really pushed for this in  
10 some of our individual meetings, but workers  
11 choices must be protected and so what we  
12 proposed is ostensibly you know based on what  
13 is in the law that requires ATCs to sign a  
14 labor peace agreement and in some cases  
15 collective bargaining agreements, ensuring that  
16 those -- that the obligation to do is tied to  
17 what workers want and their choices.

18 Ostensively, if the majority of workers have  
19 shown support for a particular bonafide labor  
20 organization, then the ATC is obligated to  
21 enter into a labor piece agreement with that  
22 labor organization and, secondly, if they have  
23 and this is consistent with what is in our  
24 regulations, if a majority of those workers  
25 have -- and what is the statute have voiced

1 that support for a particular bonafide labor  
2 organization, then the ATC is responsible for  
3 making good faith effort to enter into a  
4 collective bargaining agreement with that  
5 bonafide labor organization.

6 Those are some of the conditions, the  
7 other conditions, to the extent they are there  
8 are in include reports on the patient access,  
9 it measures in progress there, those are all in  
10 the memo that the Board has before it. Now, I  
11 will get to the specific recommendation here  
12 and I will note that really it all goes back to  
13 what is in the law. The law says that we are  
14 to assess the readiness of these ATCs in  
15 accordance with really three primary issues;  
16 one is the certification they can have adequate  
17 supply; second, is the certification that they  
18 can uphold and keep patient access and not  
19 negatively impact patient access with the  
20 addition of recreational sales and then finally  
21 that they have all the necessary local  
22 approvals in place to move forward and to  
23 operate as a recreational cannabis business.  
24 So, all of the ATCs, all seven, are before you  
25 today. All seven we have heard from and they

1 have all been reviewed by staff, their  
2 certifications have been reviewed by staff. We  
3 looked at market wide conditions and we do not  
4 see any market wide concerns, given that we  
5 have recommended safeguards for protecting  
6 patient supply. We do not see any market wide  
7 concerns with moving these ATCs forward and  
8 then secondly all of the ATCs here, we believe,  
9 have proven and have shown that they have  
10 adequate supply for their medical patients,  
11 that they are willing to put in place the  
12 necessary mechanisms to protect that supply and  
13 ensure that medical patients are not impacted.  
14 You have heard, they have clearly thought out  
15 patient access plans from the hours, to the  
16 parking spots, to how patients will access  
17 their dispensaries, allowing for flexibility in  
18 how someone can order -- how someone can get  
19 their cannabis. Some have been approved now  
20 for home delivery and are moving forward with  
21 that, others are doing curbside pick up, some  
22 are doing both. They have -- all the ATCs, we  
23 believe have also met that certification of  
24 patient access and shown that they will  
25 consistently provide patient access. Then

1 finally, they have all shown that they have the  
2 necessary, local approvals in place to support  
3 this expansion. Next slide, please.

4 In the south, based on that -- based on  
5 the assessment of supply, patient access,  
6 municipal compliance and approval, as well as a  
7 thorough review against our regulations and the  
8 guidance issued to the ATCs, including the  
9 submission of that social equity plan, CRC  
10 staff recommend that the Commission approve for  
11 expansion, Acerage CCF, Curaleaf and Columbia  
12 Care. Next slide, please.

13 In the central region, CRC staff  
14 recommended the Commission approve Verano for  
15 expansion and next slide, please. In the  
16 northern region, CRC staff recommend that the  
17 Commission approve Ascend Wellness GTI and  
18 TerrAscend all for expansion as well. Again,  
19 this is based on a thorough review of what is  
20 in the statute, our authority, our regulatory  
21 authority and those regulatory requirements as  
22 well as the realization that what we are  
23 proposing, as far as post-award conditions put  
24 the necessary teeth in place to ensure  
25 compliance, on going compliance with patient

1 access and you know accountability with their  
2 social equity plans and accountability to  
3 ensure that workers have the rights and choices  
4 that they are afforded by law.

5 Those are the recommendations and so with  
6 that Madam Chair -- sorry, one more slide. In  
7 total, these recommendations represent, if  
8 approved, seven class one cultivation licenses,  
9 seven class two manufacturing licenses and 13  
10 classified retailer licenses and then one last  
11 slide. So for any that are approved by the  
12 Board, the next steps following approval would  
13 be an operational assessment for regulatory  
14 compliance, they would have to pay a full ATC  
15 expansion fee based on what they are approved  
16 to expand to. There would be an issuance of  
17 license and then commencement of operations  
18 under the new licenses. The path to get there  
19 doesn't have to be any specific length of time,  
20 it is based on when those ATCs meet the  
21 operational requirements and that license is  
22 issued. So, you know, I will just stop there  
23 and it doesn't have to be 30 days, it can be  
24 less, it can be more, depending on that  
25 operational assessment and when they can meet

1 those requirements. Again, of the seven, ATCs  
2 proposed of for expansion, CRC staff believe  
3 that all seven have met the certification of  
4 adequate supply, certification patient access  
5 and locked up the requisite municipal  
6 compliance and approval to be moved forward by  
7 this Board and we recommend the Board approve  
8 all seven. So, with that Madam Chair, I yield  
9 back to you.

10 MS. HOUENOU: Thank you Director Brown  
11 and thank you to all of the alternative  
12 treatment center representatives who were able  
13 to present their patient access plans for the  
14 commission and the board of public today.

15 For the commissioners, we will be  
16 proceeding with the votes for these  
17 certifications for expanded alternative  
18 treatment centers, one by one. I will ask for  
19 a motion to adopt the resolution concerning  
20 acceptance of certification for alternative  
21 treatment centers to expand operations to the  
22 adult personal use cannabis market with respect  
23 to Acerage CCF.

24 MS. NASH: Madam Chair, I move to  
25 adopt this resolution for Acerage Holdings.

1 MS. HOUENOU: Moved by Commissioner  
2 Nash; seconded by Commissioner Del Cid-Kosso.  
3 Is there any discussion on this motion with  
4 respect to Acerage CCF? Hearing none. Ms.  
5 Blake, could you please call the vote?

6 MS. BLAKE: Commissioner Barker?

7 MR. BARKER: I.

8 MS. BLAKE: Commissioner Del  
9 Cid-Kosso?

10 MS. DEL CID-KOSSO: Yes.

11 MS. BLAKE: Commissioner Delgado?

12 MR. DELGADO: I.

13 MS. BLAKE: Commissioner Nash?

14 MS. NASH: Yes.

15 MS. BLAKE: Chairwoman Houenou?

16 MS. HOUENOU: Abstained.

17 MS. BLAKE: The resolution passes.  
18 The next item for consideration, the expansion  
19 for Curaleaf.

20 MS. HOUENOU: I will ask for a motion  
21 for the resolution -- to adopt the resolution  
22 concerning Curaleaf?

23 MS. NASH: Madam Chair, I move to  
24 adopt the resolution for Curaleaf.

25 MR. BARKER: I second that Madam

1 Chair.

2 MS. HOUENOU: Moved by Commissioner  
3 Nash and Seconded by Commissioner Barker. Is  
4 there any discussion on this motion with  
5 respect to Curaleaf? (no response noted.)

6 Hearing none, Ms. Blake, please call the  
7 vote.

8 MS. BLAKE: Commissioner Barker?

9 MR. BARKER: I.

10 MS. BLAKE: Commissioner Del  
11 Cid-Kosso?

12 MS. DEL CID-KOSSO: Yes.

13 MS. BLAKE: Vice Chair Delgado?

14 MR. DELGADO: Stayed.

15 MS. BLAKE: Commissioner Nash?

16 MS. NASH: Yes.

17 MS. BLAKE: Chairwoman Houenou?

18 MS. HOUENOU: Abstained.

19 MS. BLAKE: The resolution passes.

20 MS. BLAKE: Next up, is the expansion  
21 certification for Columbia Care.

22 MS. HOUENOU: Motion to adopt the  
23 resolution with respect to Columbia Care?

24 MS. DEL CID-KOSSO: Madam Chair, I  
25 move to adopt this resolution concerning the

1 acceptance of certification for Columbia Care  
2 to expand operations to the adult personal use  
3 cannabis market.

4 MR. BARKER: I second that Madam  
5 Chair. I defer to Commissioner Nash.

6 MS. HOUENOU: We have a motion by  
7 Commissioner Del Cid Kosso and a second by  
8 Commissioner Nash with respect to Columbia  
9 Care. Ms. Blake, can you please call the vote?  
10 Apologies, before we go to that, is there any  
11 discussion on this motion with respect to  
12 Columbia Care? (no response noted.)

13 Hearing none, Ms. Blake, can you now  
14 please call the vote?

15 MS. BLAKE: Commissioner Barker?

16 MR. BARKER: I.

17 MS. BLAKE: Commissioner Del  
18 Cid-Kosso.

19 MS. DEL CID-KOSSO: Yes.

20 MS. BLAKE: Vice Chair Delgado?

21 MR. DELGADO: Yes.

22 MS. BLAKE: Commissioner Nash?

23 MS. NASH: Yes.

24 MS. BLAKE: Chairwoman Houenou?

25 MS. HOUENOU: Same.

1 MS. BLAKE: The resolution passes.

2 The next item up for consideration is the  
3 expansion certification for Verano.

4 MS. HOUENOU: I will ask for a motion  
5 to adopt the resolution with respect to Verano.

6 MS. NASH: Madam Chair, I move to  
7 adopt the resolution for expansion for Verano.

8 MS. HOUENOU: Moved by Commissioner  
9 Nash.

10 MR. BARKER: I second that, Madam  
11 Chair.

12 MS. HOUENOU: Seconded by Commissioner  
13 Barker, thank you. Is there any discussion on  
14 this motion with respect to Verano?

15 (no response.) hearing none, Ms. Blake,  
16 can you please call the vote?

17 MS. BLAKE: Commissioner Barker?

18 MR. BARKER: I.

19 MS. BLAKE: Commissioner Del  
20 Cid-Kosso?

21 MS. DEL CID-KOSSO: Yes.

22 MS. BLAKE: Vice Chair Delgado?

23 MR. DELGADO: Yes.

24 MS. BLAKE: Commissioner Nash?

25 MS. NASH: Yes.

1 MS. BLAKE: Chairwoman Houenou?

2 MS. HOUENOU: Abstained.

3 MS. BLAKE: The resolution passes.

4 The next item for consideration is the  
5 expansion certification for Green Thumb  
6 Industries.

7 MS. HOUENOU: I have a motion to adopt  
8 the resolution for expansion with respect to  
9 Green Thumb Industries? Do I hear a motion?

10 MR. BARKER: Madam Chair, I move to  
11 adopt the motion concerning Green Thumb  
12 Industries -- move to adopt the resolution.

13 MS. HOUENOU: Moved by Commissioner  
14 Barker. Commissioner Del Cid-Kosso, I believe  
15 that was you coming in for a second?

16 MS. DEL CID-KOSSO: Yes.

17 MS. HOUENOU: Is there any discussion  
18 on this motion with respect to Green Thumb  
19 Industries? (no response.)

20 Hearing none, Ms. Blake, can you please  
21 call the vote?

22 MS. BLAKE: Commissioner Barker?

23 MR. BARKER: I.

24 MS. BLAKE: Commissioner Del  
25 Cid-Kosso?

1 MS. DEL CID-KOSSO: Yes.

2 MS. BLAKE: Vice Chair Delgado?

3 MR. DELGADO: I.

4 MS. BLAKE: Commissioner Nash?

5 MS. NASH: Yes.

6 MS. BLAKE: Chairwoman Houenou?

7 MS. HOUENOU: Abstained.

8 MS. BLAKE: The resolution passes.

9 Next up for consideration is the expansion  
10 certification for Ascend Wellness.

11 MS. HOUENOU: Do I hear a motion to  
12 adopt the resolution with respect to Ascend  
13 Wellness?

14 MS. NASH: Madam Chair, I move to  
15 adopt the resolution for expansion of Ascend  
16 Wellness.

17 MS. DEL CID-KOSSO: I second that.

18 MS. BLAKE: Moved by Commissioner Nash  
19 and seconded by Commissioner Del Cid-Kosso. Is  
20 there any discussion on this motion with  
21 respect to Ascend Wellness.

22 MS. HOUENOU: Hearing no discussion,  
23 Ms. Blake, please call the vote.

24 MS. BLAKE: Commissioner Barker?

25 MR. BARKER: Yes.

1 MS. BLAKE: Commissioner Del  
2 Cid-Kosso.

3 MS. DEL CID-KOSSO: Yes.

4 MS. BLAKE: Vice Chair Delgado?

5 MR. DELGADO: I.

6 MS. BLAKE: Commissioner Nash?

7 MS. NASH: Yes.

8 MS. BLAKE: Chairwoman Houenou?

9 MS. HOUENOU: Abstained.

10 MS. BLAKE: The resolution passes.

11 Next for consideration is the expansion  
12 certification for TerrAscend.

13 MS. HOUENOU: Do I hear a motion from  
14 commissioners to adopt the resolution with  
15 respect to TerrAscend? Last call for a motion  
16 with respect to TerrAscend?

17 MS. DEL CID-KOSSO: I move to adopt  
18 the resolution concerning the acceptance of the  
19 certification for TerrAscend, Madam Chair.

20 MS. HOUENOU: Thank you. Moved by  
21 Commissioner Del Cid-Kosso. Is there a second?

22 MR. BARKER: I second that Madam  
23 Chair.

24 MS. HOUENOU: Seconded by Commissioner  
25 Barker, thank you. Is there any discussion on

1 this motion with respect to TerrAscend?

2 (no response noted.)

3 Hearing no discussion, Ms. Blake, please  
4 call the vote.

5 MS. BLAKE: Commissioner Barker?

6 MR. BARKER: I.

7 MS. BLAKE: Commissioner Del  
8 Cid-Kosso.

9 MS. DEL CID-KOSSO: Yes.

10 MS. BLAKE: Vice Chair Delgado?

11 MR. DELGADO: Yes.

12 MS. BLAKE: Commissioner Nash?

13 MS. NASH: No.

14 MS. BLAKE: Chairwoman Houenou?

15 MS. HOUENOU: Abstained.

16 MS. BLAKE: The resolution passes.

17 MS. NASH: Madam Chair, may I have the  
18 floor?

19 MS. HOUENOU: You may, Commissioner  
20 Nash.

21 MS. NASH: Thank you. Upon careful  
22 review of the individual ATC certifications, I  
23 was pleased that most of them recognized the  
24 legislative intent and submitted meaningful  
25 labor peace agreements, however, I did not find

1 the same with this applicant's certification  
2 and that is why I voted "no." Thank you, Madam  
3 Chair, I yield the floor back to you.

4 MS. HOUENOU: Thank you, Commissioner  
5 Nash. I'm happy to see that some of the ATC's  
6 have decided to take this seriously and button  
7 up their plans for expansion. Last week, it  
8 was -- I'm sorry, not last week, at the last  
9 public meeting it was noted that staff would  
10 have to do a little extra handholding where  
11 needed. Now, as the CRC takes training wheels  
12 off of this bicycle, it is up to the expanded  
13 alternative treatment centers to ensure  
14 compliance with their plans, the commission's  
15 regulations and the law.

16 Notwithstanding these approvals, which are  
17 based on demonstrated supply for patients,  
18 because of the demand expressed by members of  
19 the public and pointing to the information and  
20 data analysis provided by Director Brown today,  
21 I do expect to see some heavy lines, some heavy  
22 traffic in and around some of these facilities,  
23 but I do expect the ATCs to work with the CRC  
24 and the towns in which the businesses are  
25 located to ensure that local officials are

1 properly informed and ready for potential lines  
2 and traffic, that the facilities are ready for  
3 final on site inspection and that the CRC knows  
4 when the expanded ATC expects to start the  
5 adult use sales. As mentioned by Director  
6 Brown, expanded ATCs are not authorized to  
7 immediately begin retail recreational sales and  
8 I expect full compliance with this prohibition  
9 until the business receives its formal license  
10 from the CRC.

11 With that Ms. Blake, please take us on to  
12 the next agenda item.

13 MS. BLAKE: Next is our open public  
14 comment period.

15 MS. HOUENOU: Thank you. Members of  
16 the public, as always can submit public  
17 comments during and after this meeting in  
18 writing via our website at  
19 [nj.gov/cannabis/meetings](http://nj.gov/cannabis/meetings) and the deadline for  
20 submitting written comments is 5:00 P.M.,  
21 tomorrow Tuesday April 12. Written comments  
22 will be shared with the Commission members and  
23 will be made public, along with the meeting  
24 minutes.

25 We will hear from those individuals who

1 signed up to speak in the order in which they  
2 signed up. As usual, public speakers will be  
3 limited to three minutes. Please be mindful  
4 and concise during your comments. Please note  
5 that the public comment period is meant to give  
6 members of the public an opportunity to address  
7 the Commission about matters that the  
8 Commission should be aware of. It is not a  
9 place for people to simply mark or advise  
10 private businesses, please keep your remarks  
11 focused on matters that pertain to the  
12 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. When it is your turn to speak, she  
16 will ask you to unmute yourself. If you are  
17 dialing in on the phone and it looks like we  
18 have quite a few call in listeners, you will  
19 need to press star six to unmute yourself when  
20 told to do so. Importantly, in order for our  
21 staff to unmute individuals who have signed up  
22 to speak, their full name or phone number as it  
23 appears on zoom, must match the name or phone  
24 number you used to register to speak.

25 Please, please ensure that your name

1 matches the name you used to sign up. If you  
2 need to change your name on the zoom platform,  
3 exit the zoom meeting and immediately relaunch  
4 this zoom meeting, which should prompt you to  
5 enter your name. Unfortunately, we will not be  
6 able to correctly identify you as a speaker if  
7 your name or phone number does not match what  
8 you used to sign up. So with that, Ms. Blake,  
9 please take it away.

10 MS. BLAKE: Good afternoon, again  
11 everyone. As Chairwoman Houenou said, I will  
12 be calling the names five at a time. If you  
13 are here, please raise your hands, so that I  
14 know to call you. Everybody has three minutes  
15 to speak and you will follow the timer on the  
16 screen. The first five names, Michael Ruttero,  
17 Velda Font, Cesaria Stevens, Camika Roswell,  
18 Chase Vebolts; if any of those individuals are  
19 present, please raise your hand and you will be  
20 invited to speak. Not seeing any of those  
21 individuals present, I will go to the next  
22 five. Jeffrey Dorsee, Zack Catson, Christina  
23 Faragala, Bary Dall, Nicholas Ahern Scecacas.  
24 So Jeffrey Dorsee, Zack Catson, Christina  
25 Faragala, Bary Dall, Nicholas Ahern Scecacas.

1 Are any of those individuals present? Again,  
2 please ensure the name on your screen is the  
3 same as you registered. I don't see any of  
4 those five and so I will move to the next five.

5 Jima Akinagaba, Paul Josephson, Anthony  
6 Campbell, Assan Austin, Wally Aherst; are any  
7 of those individuals present? Assan Austin, go  
8 ahead.

9 MR. AUSTIN: Hello, I am Assan Austin,  
10 I am managing partner of MTN Development and we  
11 are a business development agency and we focus  
12 on social equity business solutions on a local  
13 level. We aid the public and private sector in  
14 achieving social equity goals and solutions in  
15 cannabis. So, I have heard several speakers on  
16 the call and it's good to hear that ATCs are  
17 taking some initiatives to fulfill the  
18 expectation of social equity. Social equity  
19 has different meanings to different people and  
20 organizations, so the best way what we see to  
21 guard against potential liabilities on the  
22 local level, you know, organizations like ATC  
23 should demonstrate an unambiguous commitment to  
24 fulfilling that expectation of social equity,  
25 it's a very sensitive matter in New Jersey

1 municipalities. Maybe I missed it, but I don't  
2 recall none of these ATCs discussing or even  
3 any participation in any medical cannabis  
4 educational initiative. Patient access is  
5 great but providing tools, resource and  
6 requisite education for the patient population,  
7 is how access can be best maximized by New  
8 Jersey municipalities. Social equity benefits  
9 like education shall you know best streamline  
10 those stigmas, these are real stigmas in New  
11 Jersey municipalities and it should start with  
12 medical cannabis educational workshops or the  
13 patient population in those ATC communities  
14 that they are already existing in and will  
15 continue to enter additional communities. It  
16 should include medical cannabis training for  
17 law enforcement, fire department, not just the  
18 patient population because that education  
19 really is a requisite to access and what access  
20 really is. So we learned that social equity is  
21 a very elusive definition and it has to be  
22 defined in a way on a local level that it is  
23 inclusive; we do not exclude parties and  
24 particularly the underserved communities.  
25 There is bill in the House that speaks to

1 providing insurance coverage for visits; they  
2 do it in New York; they should do it in New  
3 Jersey. The ATCs might be a good idea for you  
4 guys to get behind that, push that, because  
5 insurance coverage is also part of the medical  
6 cannabis access equation. I'm going to leave  
7 that right there and thanks again CRC for your  
8 time and keep up the great work you continue to  
9 do, thank you.

10 MS. BLAKE: Thank you. Mike Rudderow.  
11 Go ahead.

12 MR. RUDDEROW: My name is Mike  
13 Rudderow and I am the co-owner of Pure  
14 Cultivations, actually one of the conditional  
15 applicants that was just mentioned earlier in  
16 the meeting today, so exciting day for us. I  
17 actually was just asking for a moment to speak  
18 here today for kind of a specific issue related  
19 to micro businesses, particularly cultivation,  
20 and that is, we are just looking for some  
21 guidance on the 2,500 square foot restriction  
22 on micro businesses, you know, I have gotten  
23 some feedback from different sources that  
24 interpret the regulations differently where you  
25 know the 2,500 square foot restriction applies

1 to you know certain aspects of the operation,  
2 and some say, you know, interpret it as 2,500  
3 square foot is the restriction on your canopy  
4 space and now, you know, I am not an attorney,  
5 but you know just if you know trying to plan  
6 and design you know a lean and you know  
7 efficient you know micro grow, that is  
8 conducive to the economy and also the  
9 environment, I think just we are looking for  
10 some guidance on you know what it is that the  
11 CRC and the state specifically had envisioned  
12 for that restriction, but thank you very much  
13 for letting me speak. That was all I have and  
14 thanks again. Have a great day everybody.

15 MS. BLAKE: Thank you. Barry Doll, go  
16 ahead. Barry Doll, go ahead. Going once,  
17 going twice, okay. Paul Josephson, go ahead.

18 MR. JOSEPHSON: Good afternoon -- can  
19 you hear me now, Ms. Blake?

20 MS. BLAKE: I'm sorry about that, yes,  
21 I can, go ahead; that was my fault.

22 MR. JOSEPHSON: Thank you, Ms. Blake,  
23 Madam Chair, thank you Commissioners and I  
24 wanted to take the time today to wish the  
25 Commission a happy birthday. Thank you all for

1 your hard work. It has been quite a year since  
2 you have been up and I think while everybody is  
3 very anxious to get things rolling, I think you  
4 have far surpassed what anybody could have  
5 hoped a new agency could get done in a year and  
6 so thank you for your hard work and dedication  
7 to the patients and people of New Jersey.

8 Thank you.

9 MS. BLAKE: Thank you. Next five up  
10 are Steven Maynard, Tiffany Salas, George  
11 Deferdinando, Jr., Mike Kourtney and Mark Smoa.

12 That is Steven Maynard, Tiffany Salas,  
13 George Deferdinando, Jr., Mike Kourtney and  
14 Mark Smoa. If any of those individuals are  
15 present, please raise your hand and we will  
16 call on you. I see Dr. Deferdinando, go ahead.

17 DR. DEFERDINANDO: Thank you for the  
18 opportunity to speak, I am an internist and  
19 public health professional and a former deputy  
20 commissioner of the New Jersey Department of  
21 Health where I had among other things, a  
22 responsibility for the Division of Addiction  
23 Services. I am concerned that today on the  
24 imminent initiation of recreational sales, that  
25 our public, our healthcare and our public

1 health communities are not adequately prepared  
2 to minimize potential harms that will be  
3 associated with that initiation.

4 These potential harms could and should be  
5 minimized, recreational sale will lead to  
6 increased use of cannabis products among all  
7 age groups and yet when used as a recreational  
8 product, cannabis has no documented safe level  
9 of use. Thus preparations need to be made to  
10 mitigate potential harms from increased use.

11 Limiting these potential harms must first  
12 focus on young children, young adults, persons  
13 who are pregnant and our senior population.  
14 Our actions on merging can be summed up in six  
15 words, prevention first and never be  
16 cheerleading. Before initiating recreational  
17 sales, current local use and local prevention  
18 efforts should have been assessed in more  
19 detail. Education and outreach are urgently  
20 needed to ensure that the public is aware of  
21 lower risk cannabis usage guidelines to prevent  
22 as many negative effects as possible;  
23 prevention first. Unfortunately, there is  
24 currently an absence of detailed state issued  
25 information on guidance on prevention, either

1 at the CRC or department of health sites. We  
2 don't have to go out of state to see how to  
3 minimize harm in a new recreational business.  
4 The division of gaming enforcement within the  
5 Department of Law and Public Safety is  
6 responsible for oversight of all forms of  
7 gaming in New Jersey. It lists resources on  
8 responsible gambling just below the director's  
9 bio, including hotline numbers to call for aid,  
10 ways to opt out of gambling, if you have a  
11 problem and other resources to reduce harm. If  
12 the Division of Gaming Enforcement can do this,  
13 the CRC and DOH can and must do the same. We  
14 must never be seen as cheerleading for  
15 recreational use. Approval for sales prior to  
16 detailed discussion, planning and action on  
17 education and interventions, however, may be  
18 read by some as enthusiasm for use and  
19 consequently increased harm.

20 In contrast, there is no official  
21 enthusiasm for use of other intoxicants and  
22 prevent potential harmful activity, such as  
23 alcohol use, tobacco use, vaping or gaming.  
24 How our actions are to seemingly encourage  
25 cannabis sales consistent with such admonitions

1 on the use of other substances. We should  
2 never be cheerleading for use.

3 So, to sum up, I don't want to block  
4 retail sale of cannabis in New Jersey. I do  
5 believe it is important, however, to plan  
6 intervention and action first, to minimize  
7 harm, the same way we have done with years of  
8 tobacco and alcohol counter programming. Thank  
9 you very much for your time today and I will be  
10 submitting written comments with more detail.

11 MS. BLAKE: Thank you very much. Just  
12 to note, that the N.J. CRC website does in fact  
13 have a safe use page, which among other things  
14 talks about responsible usage and points to the  
15 center for poison control and also addiction  
16 resources. Mike Kourtney, go ahead.

17 MR. COURTNEY: Real quick, I want to  
18 thank Director Brown and the CRC. I pointed  
19 out an issue that occurred during the  
20 application process and everything was fixed  
21 diligently and so I would just like to again  
22 thank you, Director Brown and the CRC for  
23 quickly resolving the issue, thank you.

24 MS. BLAKE: Thank you. Before I call  
25 the next five, I want to remind everyone that

1 I'm looking for your name or a phone number  
2 that matches your application. And the next  
3 five up are Bill McKee, Jr., Chris Goldstein,  
4 Ryan McGee, James S. Miller and Precious Asagee  
5 Erasay. So that is, Bill McKee, Jr., Chris  
6 Goldstein, Ryan McGee, James S. Miller and  
7 Precious Asagee Erasay. Okay, Chris Goldstein.

8 MR. GOLDSTEIN: Thanks again today and  
9 like everyone else, I want to congratulate the  
10 NJ CRC on one year of operation. You are doing  
11 amazing work. A little bit surprised today at  
12 some of the approvals; the idea as a cannabis  
13 consumer that it is going to be a little tough  
14 for us find to our way through all of the  
15 people, perhaps coming from Pennsylvania and  
16 New York as well to just 13 locations for adult  
17 use sales. Patients will be utilizing these  
18 locations as well and I did hear a lot of good  
19 stuff from the dispensaries today, but they  
20 have permission to start curbside and home  
21 delivery for almost two years, under special  
22 rules and waivers by the CRC, related to Covid.  
23 I do hope to see home delivery start for  
24 patients soon and that is another promise that  
25 they say could happen this week or next week.

1 We heard that a lot during the pandemic as  
2 well. We are still waiting to see price relief  
3 in a lot of the dispensaries. I know executive  
4 director Brown noted some sales and promotions  
5 are happening for medical patients. Again,  
6 this is tough, medical patients are medical  
7 patients and they should be able to plan out  
8 their monthly costs of cannabis. They  
9 shouldn't have to come in when a moon is in a  
10 quarter phase wearing a t-shirt with a brand on  
11 it to ask for a discount. Finally today, we  
12 would like to see some form of task amnesty,  
13 maybe for consumers. There is a lot of talk  
14 about equity as it relates to businesses;  
15 equity as it relates to tax, but how will the  
16 consumers get into the equity game too? What  
17 do we deserve as part of the equity and impact?  
18 Now, a lot of cannabis consumers like me have  
19 an arrest, but I don't want to start a  
20 business. Many cannabis consumers are out here  
21 with an arrest and we don't want to get into  
22 the industry. What kind of equity could be  
23 created for us?

24 I might suggest tax amnesty. Maybe there  
25 is a way that those of us out here who are just

1 consumers, who have a marijuana arrest could  
2 get some amnesty on those adult use cannabis  
3 taxes. Maybe we could walk in and get no taxes  
4 on our purchases, that would be a nice  
5 extension of equity to consumers who have  
6 arrests and you know, finally, today, as far as  
7 the ATC expansion, a lot of these operated  
8 multiple states especially in Pennsylvania, the  
9 NJ CRC recently approved concentrates. There  
10 was a long recall of concentrates by the  
11 Pennsylvania Department of Health within that  
12 medical marijuana program. So, I hope that as  
13 NJCRC look forward at safety, it will take into  
14 account other programs are recalling products  
15 that may be available or produced in the same  
16 ways right here in New Jersey. I hope that  
17 regulators are aware of that. Thank you again  
18 for all your work and thank you for hearing me  
19 out today.

20  
21 MS. BLAKE: Thank you. Barry Doll on  
22 the phone, go ahead. Barry Doll?

23 MR. DOLL: Hi, first of all, I would  
24 like to know if anyone else is having  
25 difficulty hearing the presentation on the

1 computer? I can get the visuals, but the audio  
2 is all broken up and that is why I have my  
3 phone on while looking at the visuals. If it's  
4 on my side, I will look into it, but if there  
5 is something else on the technical side, maybe  
6 you have something to do with it.

7 Secondly, I would like to agree with the  
8 speaker that you had previous and I believe you  
9 introduced him as some doctor or former state  
10 official who warned about the labels and  
11 certain types of warnings that people need to  
12 look at and be aware of. I believe he -- you  
13 referred to the words cheerleading and I got  
14 the same impression listening to the panel, the  
15 commissioners, when everyone is saying, oh, we  
16 need more, come on and open up and start  
17 selling it. I don't think that is the way that  
18 this should be presented. There are some  
19 hazards with the use of marijuana and so it is  
20 not like we are selling popcorn here or ice  
21 cream, so anyone who has, as I said, cheerlead  
22 I think is the wrong way to package it and as a  
23 tax payer and voter, I do not feel that is  
24 appropriate and I'm against it. I have more  
25 comments which I will submit in writing. Thank

1           you for your time.

2                   MS. BLAKE: Thank you. Press Iyamu,  
3           Aziza Magil Ayunda, Monique Hamilton, Krystal  
4           Marte, Matt Rackow; are any of those  
5           individuals are present? I see Aziza Magil  
6           Ayunda.

7                   MS. AYUNDA: Hello everyone, I want to  
8           say happy birthday to the New Jersey CRC and I  
9           really appreciate all the information that you  
10          have been providing because I do understand  
11          that this is quite an exhausting process to go  
12          from something that was initially illegal to  
13          now legal. I am the chair of the East Orange  
14          cannabis Board and we have only just begun our  
15          process of you know possibly accepting  
16          applications, developing kind of a structure, I  
17          guess I have a question pertaining to something  
18          specific that came in one of our meetings,  
19          which was -- one of our informational meetings,  
20          before I get into that question, I am also -- I  
21          also run a nonprofit that helps in the  
22          prevention and recovery of -- the prevention of  
23          child molestation, domestic violence and sexual  
24          assault. So you know especially for the people  
25          that we work with, many of our clients do use

1 or have used or are looking to use cannabis as  
2 a form of therapy, but not only that, in  
3 addressing abusers and people that have been  
4 committed of some form of sex crime, I was  
5 looking through the New Jersey ordinance under  
6 the ability for a convicted felon to apply for  
7 a license but I didn't see anything that was  
8 specifically outlined pertaining to sexual  
9 crimes, Megan's Law and so on and so forth.  
10 There was a lot of information about cannabis,  
11 specifically or cannabis crimes or crimes  
12 related to marijuana. I wanted to know if the  
13 Commission plans on clarifying some of the  
14 things, I understand that some of the things --  
15 I understand that decisions are made on a case  
16 by case basis, if an applicant has been  
17 convicted of some kind of crime, but will there  
18 be any future exploration of looking to more  
19 specific crimes, like you know some form of  
20 sexual assault or child molestation and things  
21 like that.

22 MS. BLAKE: Thank you.

23 Press Iyamu, go ahead. Okay, you  
24 disappeared.

25 MS. BLAKE: Krystal Marte, go ahead.

1 MS. MARTE: Good afternoon, thank you  
2 for the opportunity to speak. I came and I was  
3 pleased to hear the response from the  
4 Commission on the ATC's expansion, I myself was  
5 worried as a consumer that the medical patients  
6 would be you know tossed to the side. I'm glad  
7 to hear that the ATC's have a good plan to  
8 prioritize those medical patients. I am here  
9 to say that I would push those ATC's to  
10 strengthen, as another commenter stated  
11 strengthen their relationships with the social  
12 equity businesses that are going to rise in New  
13 Jersey. They are blessed to have already been  
14 operational and gained the first profits from  
15 recreational sales and I think it is important  
16 to hold them to building productive  
17 partnerships with the smaller businesses that  
18 are going to win licenses, like we saw earlier  
19 with the conditional licenses that got  
20 approved.

21 So, those big companies like Verano, to  
22 really commit and not just to hiring people  
23 from impact zones, not just to hire people that  
24 are Latinx, because there is a difference in  
25 empowerment there. You are paying an employee;

1 that is awesome but for you to actually commit  
2 to getting product from a small cultivator or  
3 small manufacturer will go even further to  
4 strengthening their promise to social equity  
5 and we really put their money where their  
6 statements are. So, that is what I came to say  
7 and happy birthday to the CRC, you guys are  
8 doing a great job and I do appreciate the  
9 patients you took to vet the ATC's, to make  
10 sure they were ready so that it wasn't just a  
11 money grab from them and that you are holding  
12 them accountable to doing right for all of us,  
13 so thanks.

14 MS. BLAKE: Thank you. Monique  
15 Hamilton? Monique Hamilton?

16 MS. HAMILTON: Hello, I am Dr. Monique  
17 Hamilton and I am Board Certified in internal  
18 medicine. I am the co-founder and lead  
19 physician for the Dr. Monique Hamilton Medical  
20 Center, DMMC in South Orange, New Jersey. The  
21 use of prescription opioids for the management  
22 of pain has drastically contributed to  
23 America's opioid epidemic. Medical cannabis is  
24 a safer alternative when used for pain control.  
25 There is no fatal overdose associated with

1       cannabis use and there are not many negative  
2       side effects associated with it, however, many  
3       physicians may be reluctant to recommend  
4       cannabis to their patients for pain management  
5       because of this negative stigma. Increasing  
6       New Jersey patient access to this treatment can  
7       be achieved through educating healthcare  
8       practitioners on the benefits of cannabis for  
9       many common chronic conditions, including  
10      chronic pain and anxiety. There is a general  
11      lack of knowledge about the endocannabinoid  
12      system in the medical community, because it is  
13      not traditionally taught in U.S. medical  
14      schools or residency training programs. I'm  
15      sure there are medical practitioners who are  
16      seeking alternatives to addictive and  
17      potentially fatal prescription opioid and  
18      benzodiazepine medications, but simply do not  
19      have knowledge about how cannabis can  
20      effectively treat many common conditions. As a  
21      result, medical practitioners are less likely  
22      to offer cannabis as a treatment alternative.

23             It is important to not only educate  
24      patients about the benefits of medical  
25      cannabis, but physicians as well.

1           Not only will educating providers about  
2           medical cannabis enable them to provide this  
3           treatment to their patients, but it will also  
4           increase the number of physicians registered  
5           with the New Jersey Medical Cannabis Program.

6           Currently there are almost 130,000  
7           patients as executive director Jack Brown  
8           stated, registered in the New Jersey Medical  
9           Cannabis Program, but only 968 physicians  
10          registered.

11          The state of New Jersey can provide a  
12          solution to those problems by funding efforts  
13          to educate medical practitioners and patients  
14          about the benefits of medical cannabis. Thank  
15          you for the opportunity to speak and I yield  
16          the rest of my time.

17                 MS. BLAKE: Thank you. Press Iyamu,  
18                 go ahead.

19                 MR. IYAMU: Hi, good afternoon. My  
20                 name is Press Iyamu. I am a resident of the  
21                 great city of Hackensack, New Jersey. I want  
22                 to thank the Commission for committing  
23                 countless hours towards regulating the cannabis  
24                 industry in the Garden State and fostering an  
25                 environment where cannabis can benefit local

1 businesses and tax payers. I'm sure that all  
2 present are aware of the cannabis markets  
3 project the reach of sale of 200 billion by  
4 2028. As a resident of this industrious state,  
5 it is encouraging to see there are roughly 187  
6 applications actively under review by the CRC  
7 in March. I would like to thank the CRC for  
8 their commitment to awarding minorities and  
9 women owned businesses. There is tremendous  
10 opportunity for local enrichment and not only  
11 the communities of Bergen County, but elsewhere  
12 across the state where minority and woman-owned  
13 businesses are rooted, thank you. My name is  
14 Press Iyamu.

15 MS. BLAKE: That was our last public  
16 speaker. I will return the meeting to you.

17 MS. HOUENOU: Thank you, Ms. Blake and  
18 I would like to thank all of our members of the  
19 public who provided there thoughts this  
20 afternoon and this concludes the business  
21 before the Cannabis Regulatory Commission for  
22 today. Do I have a motion to adjourn?

23 MR. BARKER: Madam Chair, may I make a  
24 brief comment before we adjourn?

25 MS. HOUENOU: Is it about the motion

1 to adjourn?

2 MR. BARKER: Not specifically, it will  
3 get us closer to adjourning but I just want to  
4 make a brief comment, Madam Chair.

5 MS. HOUENOU: Commissioner Barker, you  
6 have the floor.

7 MR. BARKER: Thank you very much. I  
8 would like to say good afternoon and I want to  
9 thank everybody for joining. I am not going to  
10 keep you long. I want to very sincerely  
11 congratulate all of the awardees as Director  
12 Brown alluded to, we now have 100 conditional  
13 license awardees in the pipeline under review  
14 hopefully moving through our industry.  
15 Specifically, to the ATC's, you represented  
16 your commitment to equitable and safe  
17 priorities and we look forward to partnering  
18 with you on accountability measures so that we  
19 realize these commitments here in New Jersey.  
20 Thank you very much and have a great day.

21 MS. HOUENOU: Thank you Commissioner  
22 Barker. I will go back to seeing if there is a  
23 motion to adjourn today's public meeting?

24 MR. DELGADO: I move to adjourn Madam  
25 Chair.

1 MS. DEL CID-KOSSO: I second that.

2 MS. HOUENOU: Moved by Vice Chair  
3 Delgado, seconded by Commissioner Del  
4 Cid-Kosso. Is there any discussion on this  
5 motion to adjourn?

6 (No response.)

7 Hearing no discussion, all those in favor  
8 say I.

9 MR. BARKER: I.

10 MS. HOUENOU: Are there any  
11 abstentions?

12 Hearing none, the motion passes. Thank  
13 you all again for joining today's meeting.  
14 Please visit our website to view the approved  
15 2022 calendar of regular meetings. Our  
16 meetings will continue to be conducted  
17 virtually until further notice. Our next  
18 regular meeting is scheduled for Tuesday,  
19 May 4th at 1:00 P.M. The time is now 3:30  
20 P.M. and we are adjourned. Have a great rest  
21 of the day.

22 (Whereupon the proceedings were  
23 concluded.)

24 (Continued on next page for  
25 certification.)

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C E R T I F I C A T I O N

I, Luann Galarza, a Certified Court Reporter of the State of New Jersey, License No. 30X100234600, do hereby certify that the foregoing is a true and accurate transcript of my stenographic notes of the within proceedings, to the best of my ability.

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Luann M. Galarza, CCR, RPR  
License No.: 30X100234600

Dated: April 15, 2022

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