

CANNABIS REGULATORY COMMISSION

- - -

March 24, 2022

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Public hearing was taken via Zoom before  
Cindy Pineiro, RPR, CSR #30XI00181500, and Notary  
Public of the State of New Jersey, on the above date,  
commencing at 1:00 p.m., there being present:

DIANNA HOUEYOU - Chair

SAMUEL DELGADO - Vice Chair

JEFF BROWN - Executive Director

KELLY ANDERSON-THOMAS - Deputy Executive Director

CHARLES BARKER - Commissioner

MARIA DEL CID-KOSSO - Commissioner

KRISTA G. NASH - Commissioner

TONI-ANNE BLAKE - Director of Communications

WESLEY MCWHITE - Director of Diversity and Inclusion

1 CHAIRWOMAN HOUENOU: All right. Good  
2 afternoon, everyone. It is my pleasure to welcome you  
3 to the public meeting of the New Jersey Cannabis  
4 Regulatory Commission. The time is now 1:09 by my  
5 watch, and I call this meeting to order.

6 As we begin, I want to remind everyone  
7 that public comments can be submitted to the Cannabis  
8 Regulatory Commission both during and after this  
9 meeting in writing via our website,  
10 [www.nj.gov/cannabis/meetings](http://www.nj.gov/cannabis/meetings). The deadline to submit  
11 written comments for this meeting is Friday, March  
12 25th, at 5:00 p.m.

13 Ms. Blake, can you please review notice  
14 of the public meeting?

15 MS. BLAKE: Madam Chairwoman, this is a  
16 meeting of the New Jersey Cannabis Regulatory  
17 Commission. Adequate notice of this meeting has been  
18 provided in accordance with the Senator Byron M. Baer  
19 Open Public Meetings Act. The meeting was noticed in  
20 the Asbury Park Press, Atlantic City Express, Bergen  
21 Record, Courier Post, and the Trenton Times in  
22 December 2021.

23 Information regarding the virtual nature  
24 of the meeting, due to the Covid-19 pandemic, was  
25 posted in publications and on the CRC website. The

1 meeting time and location has also been posted on the  
2 website of the New Jersey Cannabis Regulatory  
3 Commission and with the office of the Secretary of  
4 State.

5 CHAIRWOMAN HOUENOU: Thank you, Ms.  
6 Blake. Can you please take roll call?

7 MS. BLAKE: Commissioner Barker?

8 COMMISSIONER BARKER: Present.

9 MS. BLAKE: Commissioner Del Cid-Kosso?

10 COMMISSIONER DEL CID-KOSSO: Present.

11 MS. BLAKE: Vice Chair Delgado?

12 VICE CHAIR DELGADO: Present.

13 MS. BLAKE: Commissioner Nash?

14 COMMISSIONER NASH: Present.

15 MS. BLAKE: Chairwoman Houenou?

16 CHAIRWOMAN HOUENOU: Present.

17 MS. BLAKE: All members of the Commission  
18 are present, and we now have a quorum.

19 The first order of business is for the  
20 Commission to go into executive session to discuss  
21 legal matters and litigation updates. These  
22 discussions that are not shared -- are not shared with  
23 the public. We believe executive session should take  
24 about 30 minutes today.

25 CHAIRWOMAN HOUENOU: Thank you.

1 Do I have a Motion to go to executive  
2 session?

3 VICE CHAIR DELGADO: I move that we go  
4 into executive session, Madam Chairwoman.

5 COMMISSIONER DEL CID-KOSSO: Second.

6 CHAIRWOMAN HOUENOU: Moved by Vice Chair  
7 Delgado, seconded by Commissioner Del Cid-Kosso.

8 Is there any discussion on this Motion?

9 Hearing none, all those in favor of going  
10 into executive session say aye.

11 COMMISSIONER BARKER: Aye.

12 COMMISSIONER DEL CID-KOSSO: Aye.

13 COMMISSIONER NASH: Aye.

14 VICE CHAIR DELGADO: Aye.

15 CHAIRWOMAN HOUENOU: All those opposed  
16 say nay.

17 Are there any abstentions?

18 All right. The Motion passes. The  
19 Commission will now go into executive session. Again,  
20 we expect the executive session to last approximately  
21 30 minutes. We will leave the live stream running  
22 during that time, and we'll return once the executive  
23 session is done. We can expect to resume the open  
24 public session at approximately 1:42 p.m. Thank you  
25 all for your patience.

1 (Executive session was held.)

2 CHAIRWOMAN HOUENOU: All right. Back,  
3 everyone. Thank you for your patience. We are ready  
4 to resume. So the time is now -- our executive  
5 session has ended. The time is now 1:46, and we will  
6 resume the open public portion of this meeting.

7 Ms. Blake, can you please announce the  
8 next agenda item? Ms. Blake, you're still on mute.

9 MS. BLAKE: Sorry about that.

10 The next item on today's agenda is  
11 approving the minutes of both the Commission's open  
12 session and executive session held on February 24,  
13 2022. The minutes have been shared and reviewed by  
14 the members of the Commission prior to this meeting.

15 CHAIRWOMAN HOUENOU: Thank you.

16 If there are no questions or requests for  
17 changes to the meeting minutes, I'll ask for a Motion  
18 to adopt the meeting minutes for February 24th.

19 MR. BARKER: Madam Chair, I move to adopt  
20 the meeting minutes from February 24th.

21 CHAIRWOMAN HOUENOU: Moved by  
22 Commissioner Barker.

23 Do I have a second?

24 COMMISSIONER NASH: I second.

25 CHAIRWOMAN HOUENOU: I heard Commissioner

1 Nash jumping in there first.

2 Is there any discussion?

3 All right. Hearing none, all those in  
4 favor of approving the February 24th meeting minutes  
5 say aye.

6 COMMISSIONER BARKER: Aye.

7 COMMISSIONER DEL CID-KOSSO: Aye.

8 COMMISSIONER NASH: Aye.

9 VICE CHAIR DELGADO: Aye.

10 CHAIRWOMAN HOUENOU: All those opposed to  
11 approving the minutes say nay.

12 Are there any abstentions?

13 All right. The ayes have it, and the  
14 minutes are adopted.

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

17 CHAIRWOMAN HOUENOU: Thank you, Ms.  
18 Blake.

19 So I wanted to share with the public a  
20 couple of updates related to the Cannabis Regulatory  
21 Commission's efforts as it pertains to equity, and  
22 share how we envision moving forward with equity in  
23 the future.

24 So in March the CRC held three virtual  
25 hearings to solicit public input on social equity

1 recommendations for tax revenue generated by cannabis  
2 businesses. Those public hearings were, I think, a  
3 success in getting some great input from members of  
4 the public. Some of the recommendations for  
5 allocations, for appropriations, for revenues included  
6 were post-training initiatives, affordable housing  
7 funds, youth services, and after school programs,  
8 substance abuse treatment programs, funding for  
9 community improvements, such as libraries and parks,  
10 financial assistance for prospective cannabis business  
11 applicants, and educational programs.

12 The CRC values the public's input, and we  
13 are reviewing the data and information gathered at the  
14 public hearings to direct a recommendational court  
15 that will subsequently be issued -- be delivered to  
16 the Governor and the legislature, and will be shared  
17 with the public.

18 So I want to thank our public engagement  
19 and education committee members for conducting and --  
20 organizing and conducting those hearings. And I want  
21 to thank every member of the public who chose to  
22 participate and have their voice heard as to where  
23 cannabis revenue dollars should be reinvested for  
24 communities.

25 The CRC has also been working in working

1 groups with other state agencies and private partners  
2 to address many equity needs, including some that were  
3 raised during the public hearings throughout the month  
4 of March. So the -- we've had a work group dedicated  
5 to workforce development that has engaged with the  
6 Department of Labor and community colleges to develop  
7 a cannabis workplace training program, and see what  
8 opportunities there might be to fund educational  
9 programs for people who are interested in entering the  
10 cannabis workplace so that we have a workforce ready  
11 to go and ready to help us build New Jersey's cannabis  
12 industry.

13 We also had a work group dedicated to  
14 business assistance and providing general business  
15 development support. So I'm pleased to share that,  
16 through partnership with the Office of Innovation and  
17 the State's Business Action Center, there is now a  
18 brand new cannabis business navigator tool that is  
19 available on-line.

20 So any prospective business owner can go  
21 to [www.business.nj.gov](http://www.business.nj.gov) and get more information about  
22 what it takes to operate and set up a cannabis  
23 business.

24 So I'd like to thank our partners for  
25 getting this business navigator resource tool up and

1 running. And I think it's a great tool that folks  
2 should really look to.

3 And, finally, I want to share that access  
4 to capital. That has been an underlying theme that we  
5 heard at the Cannabis Regulatory Commission  
6 repeatedly, and so we have been engaged in some  
7 collaborative work with the Economic Development  
8 Authority and other private partners to explore  
9 potential financial assistance programs.

10 We have been examining the possibility of  
11 grants or loans to see what might be most feasible and  
12 most ready to launch quickly to help support our New  
13 Jersey's prospective cannabis business entrepreneurs.

14 So I'm very pleased with the work that  
15 our Commission members and our Commission staff have  
16 been doing to realize and effectuate efforts to  
17 advance equity as we move closer to launching this new  
18 industry in our Garden State.

19 Now, as a state agency, the Cannabis  
20 Regulatory Commission is doing a lot of work to  
21 advance equity, and to do so in a way that promotes  
22 safety as well. And we look to our partners at the  
23 local level and the general public to help us  
24 effectuate and realize equity goals across the State  
25 of New Jersey. Because I do believe we have a shared

1 responsibility for working towards these equity goals  
2 and ensuring that we are careful to not repeat the  
3 mistakes of the past or the practices of the past that  
4 have excluded -- disproportionately excluded swaths of  
5 communities from economic opportunities and from being  
6 able to realize their potential.

7           So I'm pleased that some municipal  
8 officials have set policies in place that echo this  
9 need for a safe and accessible cannabis industry. And  
10 I do think that all of us, the public, the existing  
11 industry, the prospective cannabis industry members,  
12 and state and local government officials have worked  
13 together to make New Jersey's regulated cannabis  
14 framework to be the nation's most comprehensive and  
15 one that can meaningfully advance equity in this  
16 space.

17           Together we've created fertile ground for  
18 having a medical and recreational cannabis industry  
19 with responsible operators and safer products. And as  
20 we continue to prepare for the opening of the  
21 recreational market, I hope we can all remain vigilant  
22 and conserving of our accomplishments.

23           Not only should government agencies, like  
24 the CRC, be making deliberate steps to be inclusive,  
25 but we also want to -- we also hope to see private

1 individuals, private banks, landlords, suppliers,  
2 employers also take care to afford people equal  
3 opportunity to participate in this industry without  
4 prejudice.

5 So we need all of you to make this work  
6 and for New Jersey's recreational cannabis market to  
7 be a success. We look forward to continuing to work  
8 with you all to make this happen, and I'm very pleased  
9 with the work that we've all been able to accomplish  
10 together, and I look forward to helping others  
11 participate in the Garden State's green economy.

12 So with that, I will turn it back over to  
13 Ms. Blake. Thank you.

14 MS. BLAKE: Next up on the agenda is the  
15 Executive Director's report.

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

18 CHAIRWOMAN HOUENOU: Yes, Director Brown,  
19 please.

20 MR. BROWN: Thank you.

21 Good afternoon, everyone. Thank you,  
22 Commission members, members of the public who are  
23 joining us today. I'm going to cover one thing here,  
24 and then I'm going to pass it over to our Deputy  
25 Executive Director to cover another.

1                   So go to the next slide, please.

2                   So in this Executive Director's update  
3 I'm going to cover two topics; 2019 RFA update and  
4 then an update on recreational licensed applications.  
5 Importantly, we started accepting applications for  
6 retailers nine days ago.

7                   So I'm going to first start with the 2019  
8 RFA update. And there really -- we haven't -- we  
9 progressed, but of all the 43 awardees who are still  
10 in process, they are all in the investigation and  
11 implementation stage.

12                   So what that means is that they have had  
13 to submit criminal history background checks, they've  
14 had to submit corporate documents, they've had to  
15 submit other documents that verify the information  
16 that was in the application to ensure that what they  
17 submitted was truthful and complete.

18                   And then, additionally, their teams,  
19 independently from the CRC, are working to build out  
20 their facilities and get operational. As a reminder,  
21 I've heard from the final agency decisions, they have  
22 to comply with a number of post award conditions.  
23 Some of those include time lines, so, you know, we  
24 expect them, cultivators, vertically integrated, to be  
25 operational within 18 months, for example.

1           If they had a certification for -- as  
2   being minority owned, women owned, or veteran owned,  
3   then we expect them to maintain that certification,  
4   and we expect ownership to -- to remain as outlined on  
5   the application for a certain time period post award.  
6   So that is ongoing.

7           I can say that, you know, in  
8   communications with applicants we may be getting  
9   closer to actually getting some of those, particularly  
10  cultivators, permitted and on line and actively  
11  serving medical patients.

12           I did -- with the next slide -- and  
13  before we go, I just want to tee this up. You know,  
14  we have received, you know, some requests from the  
15  public. And certainly we've covered in past meetings  
16  data on this industry, on this nascent industry, these  
17  awardees. As they move through our process, as our  
18  Chairwoman has mentioned, as I've mentioned, you know,  
19  as data becomes available we are going to share it  
20  out.

21           And today we were at a point where we can  
22  share out another round of data on these awardees. It  
23  is not final, it is not complete, but because of  
24  interest in the public, because of interest in the  
25  stakeholders -- from stakeholders, we are sharing this

1 out at this point.

2 So if you could go to the next slide.

3 There's been questions, you know, about  
4 the demographics of the awardees, the ownership of the  
5 awardees. And what we -- we're presenting here today  
6 to the public are the -- is the demographic --  
7 demographic data of the majority ownership of 2019 RFA  
8 awardees. This is subject to verification. I  
9 mentioned these -- the entities are in the  
10 investigation stage, the implementation stage, and we  
11 will present this again, once permitting is completed.

12 We want to make sure that the public is  
13 aware of what this industry looks like, and make sure  
14 that we're held accountable to the policy decisions  
15 that we make.

16 So you can see here, of the awardees,  
17 eight are majority owned by Asian-American --  
18 Asian-Americans, four black or African-American, three  
19 Hispanic or Latino of all races, seven nonminority,  
20 and then 19 are either other, which, generally, is a  
21 combination of different races and ethnicities or not  
22 disclosed, and then two have no certification.

23 So, again, this is subject to  
24 verification.

25 Additional information will be available

1 when permitting is complete, and we are committed to  
2 continuing to release data like this as we move  
3 forward.

4 I'll also note, you know, as we get into  
5 some more data today, you'll see how we're progressing  
6 under our new rules. This is, again, an RFA that was  
7 issued over, you know, almost three years ago at this  
8 point, based on old rules, old statutes that, really,  
9 aren't on the books anymore. And that's some  
10 important context here. It's really the floor for  
11 where we can go.

12 And so with that, that's our update on  
13 the 2019 RFA.

14 I am now going to introduce our Deputy  
15 Executive Director, and I'll just be brief. But I was  
16 thinking it was like an opportune date to introduce  
17 Ms. Anderson-Thomas to the public at one of our  
18 meetings, because I think it was about two years ago  
19 that we got to work together for the very first time.  
20 We were both at the Department of Health, Commissioner  
21 Del Cid-Kosso as well, and -- you know.

22 But Kelly and I worked in different  
23 branches of the Department of Health. And it was  
24 really -- you know, we both stepped up to help with  
25 implementing field medical stations around the state.

1       Essentially, three field hospitals.

2                   And I worked with Kelly. She worked on  
3       logistics and staffing and staffed hundreds of nurses  
4       and physicians, volunteers, paid former military,  
5       across three field hospitals across the state in a  
6       matter of weeks.

7                   Later that summer we worked together on  
8       expanding testing access.

9                   And this is the last thing I'll say. At  
10      one point I remember there was a team of, like, three  
11      people who was coordinating all of -- kind of the  
12      testing work that was going on. And we had a whole  
13      strike team working on expanding testing.

14                  And one day, at one of our morning  
15      meetings they say, well, you know, the team is being  
16      redeployed elsewhere and Kelly is taking over. And  
17      Kelly did better than that team of three people when  
18      she took so over.

19                  So I'm happy to introduce Deputy  
20      Executive Director Kelly Anderson-Thomas to give an  
21      application update.

22                  MS. ANDERSON-THOMAS: Thank you, Director  
23      Brown.

24                  Well, let's start off by saying on  
25      December 15th the Commission began to accept

1 applications for our Class I cultivation, Class II  
2 manufacturing and testing laboratories. Subsequently  
3 on this past March 15th we then began to accept  
4 applications for retail cannabis businesses, also  
5 described by some as dispensaries.

6 You can go to the next. Thank you.

7 During this very short 90-day period the  
8 Commission has now received over 675 total  
9 applications with 265 of those just in the past week.  
10 This does not include the number -- this does not  
11 include the number of phone calls and other  
12 correspondence with stakeholders, both local and  
13 state, to ensure that potential applicants have the  
14 information needed to successfully submit an  
15 application, and to ensure that they also understand  
16 the plethora of resources provided by the Commission  
17 on its website.

18 I would like to take this time to thank  
19 the Commission staff for their dedication and  
20 continued hard work, not only as the Commission  
21 reviews applications, but also with the day-to-day  
22 operations of the medicinal cannabis program and the  
23 office in general as we continue to build the  
24 Commission from the ground up. Because, literally,  
25 that is what we have been doing for almost a year now.

1           It is because of all of you that I can  
2 report that of the 626 applications received, roughly  
3 87 percent were conditional licenses.

4           As the Commission continues to express,  
5 conditional licenses are the first step for those  
6 businesses that may not, you know, already have all of  
7 their ducks in a row.

8           The conditional licenses allow  
9 individuals to provide the required entity forms,  
10 along with three core documents, which would be their  
11 business plan, their management profile, our  
12 regulatory compliance plan, and a simple description  
13 of how the entity plans on obtaining liability  
14 insurance.

15           Award of a conditional license allows the  
16 awardee to move forward in the process of finalizing  
17 its cannabis business by securing a physical location  
18 and obtaining municipality approval and support,  
19 submitting the required standard operating procedures  
20 and other requirements, as listed under the  
21 Commission's Notice of Application Acceptance, which  
22 is located on our website.

23           Of those 626 applications, 234, or  
24 roughly about 37 percent, were micro businesses or  
25 businesses with proposed structure of 10 or less

1 employees.

2 The remaining 392 were standard  
3 businesses.

4 Now, as you can see, a majority of the  
5 applications submitted to date have been for Class I  
6 cultivation, and at about 39 percent. However, given  
7 our most recent opening for retail licenses, retailers  
8 are coming in at a close second with 232 applications  
9 submitted as of March 17th.

10 Of the applications submitted to date, 28  
11 percent have self identified as a social equity  
12 business.

13 Now, please be mindful of, when  
14 submitting applications as social equity business,  
15 you're including all of the required forms. The  
16 Notice of Application provides a checklist, so we do  
17 -- we recommend using it -- reviewing it before you  
18 submit your actual application.

19 However, there's also a Certification of  
20 Social Equity Business form, which is also located on  
21 our website, and that form provides all of the  
22 requirements in one place. It's really a one-stop  
23 shop for anything that potential applicant may need.

24 It's also important to note that it needs  
25 to be signed, that Certification, and notarized and

1 submitted with the proof for the designated social  
2 equity category in which the applicant has chosen.

3 If I can offer any advice to any of you,  
4 it would be, if an applicant is submitting proof of a  
5 prior marijuana or related conviction, please remember  
6 that the requirements for at least two marijuana or  
7 hashish-related -- excuse me. Disorderly persons  
8 offenses or at least one marijuana or hashish-related  
9 indictable offense.

10 Individuals are confusing these and not  
11 submitting the proper proof. And when it happens, we  
12 have to pause the review process and kind of retract  
13 and get back out to the applicant, and it delays the  
14 process.

15 So we ask that you take a look at the  
16 Certification. Be mindful of the documentation that  
17 you are submitting so that we can ensure that we are  
18 reviewing the proper material and getting back to you.

19 So of the total applicant pool, 70  
20 percent have been self identified as a diversely-owned  
21 business. It is noted that an entity may self  
22 identify as diversely-owned. However, they may not  
23 all qualify.

24 So as Director Brown mentioned  
25 previously, there is an investigative process after

1 the award, and the Commission will review submitted  
2 Certifications for confirmation.

3 Additionally, of the total applicant  
4 pools identified persons of interest. Now, this could  
5 be an owner, investor, key stakeholder, or individual  
6 with decision-making authority, to just name a few.

7 We have provided our data by race of the  
8 total make-up of individuals who have submitted an  
9 application. And as you can see here as -- excuse  
10 me -- as Jeff will provide an overview of the  
11 potential 68 conditional licenses under consideration  
12 for a license award.

13 Can you move to the next slide, please?  
14 Thank you.

15 Of those 68 candidates, there are 200 and  
16 -- excuse me -- 230 persons of interest. It is noted  
17 that they are more diverse than those that were,  
18 excuse me, presented in our previous medicinal  
19 cannabis awards.

20 And of the applications received, over  
21 371 have begun the review process. Of those that have  
22 begun the review process, at least 184 applications  
23 have been found incomplete, and have been returned to  
24 applicants to cure and resubmit.

25 I think it's important to note that when

1 we say that they have been determined to be  
2 incomplete, we are not denying them. We are just  
3 rejecting them back to the applicant so that they may  
4 cure any deficiency that was noted.

5 With that being said, some commonly seen  
6 issues that resulted in the need for curing are: The  
7 applicant did not include an entity disclosure form.

8 It's important to remember that, not only  
9 do you have to provide an entity disclosure form for  
10 any other additional entity that you name in your  
11 application, you actually need one for the entity that  
12 is applying for the actual business.

13 Another thing we're seeing is expired  
14 government IDs, or the identification card is  
15 provided; however, it does not provide a copy of both  
16 sides of a license, per se.

17 Financial source agreements or management  
18 service agreements are not being submitted. Most  
19 recent tax returns are not being submitted. We are  
20 currently in 2022, so we would need a 2021 tax return.  
21 We are seeing 2018, in some cases 2019. We do require  
22 the tax return for the prior year.

23 Also incomplete or missing forms. The  
24 forms are missing signatures or they're not notarized.  
25 In that instance they are not a complete form, and we

1 would have to reach back out.

2 Also, if there are incomplete or no  
3 personal history disclosure forms. If you are  
4 submitting a business plan and your business plan and  
5 management overview list individuals who have, you  
6 know, ownership or are managing or decision-making, we  
7 will need a personal history disclosure form. So  
8 please ensure that you are including one.

9 Additionally, the Commission requests  
10 that -- excuse me -- that applicants upload the  
11 required documents into the proper section of the  
12 application portal to ensure timely review. In the  
13 event that you have provided the information in two  
14 separate locations, that is okay. We'd rather have it  
15 twice than not have it, or have it in the wrong spot.  
16 Just please remember to submit all the documents under  
17 the proper names in system section.

18 As we continue to accept applications, I  
19 ask that all potential applicants, and even those that  
20 may just have questions regarding the cannabis  
21 industry in general, to visit the Commission's  
22 website. There's a plethora of information ranging  
23 from webinars that will walk you through the  
24 application process, along with guides for submission  
25 of an actual application.

1           The Commission continues to keep a robust  
2     FAQ library. They answer commonly asked questions,  
3     along with application-specific inquiries. They have  
4     come about over the last 90 days. There's a document  
5     library that houses all of the required agency  
6     template forms needed for application submission.

7           However, if you see there is a required  
8     document that -- or a template is not there, that's  
9     because it's -- that particular document is the  
10    responsibility of the applicant. I can say that,  
11    additionally.

12           We can move to the next slide.

13           The Commission is happy to announce that  
14    our director of -- I apologize. This is actually  
15    going back to one of the options that Dianna  
16    mentioned. We have partnered with the New Jersey  
17    Office of Innovation to develop a business application  
18    to assist potential applicants in starting a business.  
19    Just want to know that the application is free and  
20    easy to use.

21           The Commission and the Office of  
22    Innovation have customized the app to assist potential  
23    businesses in understanding the process to start an  
24    actual business in the State of New Jersey. This  
25    includes the process of registering your business,

1 assessing its legal structure, and all of the common  
2 business tools to start your own business within the  
3 state.

4 Additionally, the Commission is happy to  
5 announce that our Director of Diversity and Inclusion,  
6 Mr. Wesley McWhite, will record a social equity and  
7 safety tutorial that will be posted to our website,  
8 and provide potential applicants with an overview of  
9 the Certification and the requirements needed to  
10 complete it.

11 Thank you, Director Brown.

12 MR. BROWN: Thank you, Director  
13 Anderson-Thomas.

14 Madam Chair, I'll yield back to you.

15 CHAIRWOMAN HOUENOU: Thank you, Director  
16 Brown. Thank you, Ms. Anderson-Thomas, for the  
17 insight, the wonderfully detailed data that the CRC  
18 staff have been able to put together.

19 And, yes, I also want to echo the work of  
20 Ms. Toni-Anne Blake that she has done to make our CRC  
21 website as robust and helpful as it is to the public.

22 So we are hearing the questions and  
23 concerns from the public. We are actively integrating  
24 that into the work that we do and into the information  
25 that we share back out to the public.

1                   So with that, I will turn it back over to  
2 Ms. Blake to announce the next agenda item.

3                   MS. BLAKE: Next on the agenda is  
4 consideration of delegated authority concerning  
5 processing submissions of qualifying patients and  
6 caregivers, Certifications of healthcare  
7 practitioners, and facility modifications.

8                   CHAIRWOMAN HOUENOU: Thank you.  
9                   Director Brown, can you please provide a  
10 summary of the delegated authority that is needed  
11 here?

12                   MR. BROWN: Absolutely. Thank you, Madam  
13 Chair.

14                   So for members of the public, you're  
15 going to see more of these at meetings. And part of  
16 it is following our -- the adoption of our bylaws, the  
17 Commission's bylaws. They establish -- you know,  
18 codify the method by which the Commission can delegate  
19 certain authorities to the executive director, to  
20 staff to undertake certain core functions of the  
21 Commission -- of the Commission's statutory charge,  
22 regulatory charge.

23                   What we're talking about here are,  
24 really, two functions that were adopted in the plan of  
25 organization as one set under the Office of Patient

1 and Customer Services. That's the processing of the  
2 submissions of qualifying patients, caregivers, and  
3 healthcare practitioners.

4 And then the other under the Office of  
5 Compliance and Licensing, which are facility  
6 modifications.

7 So the Commission receives a very high  
8 volume of submissions by new patients. We're still  
9 actually averaging between 4,500 and 5,000 patients  
10 every month, even where we are with -- you know, with  
11 all other initiatives.

12 And, you know, processing these patients  
13 expediently is important. Processing their caregivers  
14 expediently is important. Ensuring that when  
15 healthcare practitioners sign up, and that includes  
16 now both physicians, as well as nurse practitioners  
17 and physician assistants, ensuring that after they  
18 register they can, you know, almost immediately begin  
19 authorizing patients for the use of medical cannabis.

20 This requires that the patient -- our  
21 office and patient customer service can continue to  
22 handle that on behalf of the Commission.

23 And so the recommendation is to codify  
24 this delegation to the -- to the Executive Director or  
25 the Executive Director's designee.

1                   Secondly, for facility modifications,  
2           this is a routine function that is conducted by  
3           members of our Office of Compliance and Licensing. If  
4           an alternative treatment center or a cannabis business  
5           wants to, say, change the function of a room, expand  
6           their inventory cage, maybe, you know, add new Point  
7           of Sale systems, expand their dispensary, they have to  
8           file an application for a facility modification  
9           pursuant to our rules. That is reviewed by staff.  
10          It's an -- it's an established process, you know. Our  
11          staff is well-versed in it. They've been handling it  
12          for years, and so they can move on those expediently.

13                   Also ask and recommend the Commission to  
14          approve this delegation of authority to codify the  
15          fact that our Office of Patient and Customer Services  
16          can continue to process qualifying patients,  
17          caregivers, and healthcare practitioners.

18                   And, finally, that the Office of  
19          Compliance and Licensing, through me, through the  
20          Executive Director, can continue to process and -- and  
21          adjudicate facility modifications.

22                   So I recommend that the Commission  
23          approve this delegation authority. Thank you.

24                   CHAI RWOMAN HOUENOU: Thank you, Director  
25          Brown.

1 Do I hear a Motion from the Commissioners  
2 on the delegated authority to the Executive Director  
3 concerning processing patient and caregiver  
4 registration and facility modifications?

5 COMMISSIONER DEL CID-KOSSO: Madam Chair,  
6 I move to adopt the resolution concerning the  
7 designation of authority to the Executive Director to  
8 approve, deny, or renew applications for qualified  
9 patients, caregivers, healthcare practitioners, and  
10 certain facility modifications.

11 COMMISSIONER BARKER: I second that,  
12 Madam Chair.

13 CHAIRWOMAN HOUENOU: Moved by  
14 Commissioner Del Cid-Kosso, seconded by Commissioner  
15 Barker.

16 Is there any discussion on this Motion  
17 for delegated authority?

18 Hearing none, Ms. Blake, can you please  
19 call the roll?

20 MS. BLAKE: Commissioner Barker?

21 COMMISSIONER BARKER: Nay.

22 MS. BLAKE: Commissioner Del Cid-Kosso?

23 COMMISSIONER DEL CID-KOSSO: Yes.

24 MS. BLAKE: Vice Chair Delgado?

25 VICE CHAIR DELGADO: Yes.

1 MS. BLAKE: Commissioner Nash?

2 COMMISSIONER NASH: Yes.

3 MS. BLAKE: Chairman Houenou?

4 CHAIRWOMAN HOUENOU: Yes.

5 MS. BLAKE: The resolution passes.

6 Next on the agenda is consideration of  
7 delegated authority for product recall and destruction  
8 processes.

9 CHAIRWOMAN HOUENOU: Thank you.

10 Director Brown, can you please provide a  
11 summary for the need for this delegated authority?

12 MR. BROWN: Absolutely.

13 And also notifying how this one different  
14 -- is different from the previous one in that this is  
15 not -- the recommendation here is not a delegation of  
16 authority simply to the Executive Director, but  
17 jointly the Executive Director and the Chair to act on  
18 issues of product recall and product destruction.

19 In the cases of contamination, in the  
20 cases where there's issues of product safety issues  
21 that -- you know, that affect the public health,  
22 safety, and welfare, particularly of patients, and so,  
23 you know, in the course of business, and especially  
24 now that we've implemented our interim third-party  
25 testing standards, our products are tested. They're

1 tested to make sure they have -- for potency. They're  
2 tested to make sure they're not contaminated. They  
3 don't have heavy metals. They don't have mold. A  
4 whole realm of factors.

5 And when they fail those tests, they  
6 cannot be sold to -- to patients or caregivers. We  
7 have a regulation that states that municipal cannabis  
8 shall be processed in a manner that's free from mold,  
9 rot, and other bacterial diseases, and, in addition,  
10 it has to be tested and pass those tests in order to  
11 make it to market.

12 So when products fail those tests, either  
13 because they're found to be contaminated or they have  
14 incorrect potencies or, you know, have ingredients in  
15 them that are not supposed to be there, it's important  
16 that we act quickly on these things.

17 Our staff is great at identifying and  
18 ensuring that alternative treatment centers quarantine  
19 products so that it doesn't get to patients.

20 Since we implemented interim third-party  
21 testing, those ATCs that are using it, they have to  
22 test before they can release a batch to dispense to  
23 the public.

24 And -- but, nonetheless, when you have a  
25 batch that's designated as, you know, contaminated,

1 not fit for sale, it's important, particularly when  
2 it's -- you know, has mold, bacteria, rot, or other  
3 factors, that, you know, we can actively dispose of it  
4 quickly.

5 And so rather than waiting for the next  
6 Commission meeting to come, the recommendation is  
7 simply to delegate authority to allow the Executive  
8 Director jointly to act with the Chair on behalf of  
9 the Commission to issue orders of product destruction  
10 and recall.

11 So in order to make that process more  
12 efficient, ensure that the Commission can respond  
13 expediently and safely to issues of contamination with  
14 products, the recommendation is to approve this  
15 delegation of authority to jointly the Executive  
16 Director and the Chair.

17 CHAIRWOMAN HOUENOU: Thank you, Director  
18 Brown.

19 Do I hear a Motion on this delegated  
20 authority to the Executive Director and the Chair  
21 concerning orders to recall or destroy cannabis items?

22 COMMISSIONER NASH: Madam Chair, I move  
23 to adopt the resolution for designation of authority  
24 to the Executive Director and Chair of the Cannabis  
25 Regulatory Commission to request or issue recall

1 orders.

2 CHAIRWOMAN HOUENOU: Moved by

3 Commissioner Nash.

4 Do I have a second?

5 COMMISSIONER DEL CID-KOSSO: Second.

6 CHAIRWOMAN HOUENOU: Seconded by

7 Commissioner Del Cid-Kosso.

8 Is there any discussion on this Motion?

9 Hearing none, Ms. Blake, please call the

10 vote.

11 MS. BLAKE: Commissioner Barker?

12 COMMISSIONER BARKER: Nay.

13 MS. BLAKE: Commissioner Del Cid-Kosso?

14 COMMISSIONER DEL CID-KOSSO: Yes.

15 MS. BLAKE: Vice Chair Delgado?

16 VICE CHAIR DELGADO: Yes.

17 MS. BLAKE: Commissioner Nash?

18 COMMISSIONER NASH: Yes.

19 MS. BLAKE: Chairwoman Houenou?

20 CHAIRWOMAN HOUENOU: Yes.

21 MS. BLAKE: The resolution passes.

22 Next on the agenda is the consideration

23 of applications for conditional license.

24 CHAIRWOMAN HOUENOU: Thank you.

25 Director Brown, can you please provide a

1 summary of the applications received and the Board's  
2 action on this?

3 MR. BROWN: Absolutely. Thank you, Madam  
4 Chair. And stay on this live while I give a summary,  
5 and then we'll move through some of the following  
6 slides.

7 So on August 19th of 2021 the Commission  
8 adopted rules. Those included rules for the  
9 acceptance of applications. Importantly, we've been  
10 -- and that application acceptance began for  
11 cultivators, manufacturers, and testing laboratories  
12 on December 15th. That was done pursuant to a notice  
13 of application acceptance which outlined exactly how  
14 applications would be reviewed, the requirements for  
15 applications, the scoring process. It also outlined  
16 the priority by which we would review those  
17 applications.

18 And I bring this up because the reason  
19 we're considering a slate of conditional applications  
20 is because conditional applications receive priority  
21 review in our process.

22 Deputy Executive Director Anderson-Thomas  
23 gave an overview of where we are today with  
24 applications.

25 When we put together this recommendation

1 and began to finalize these for Commission  
2 consideration, it was right before we began accepting  
3 for retailers.

4 So at that time we had received 389 total  
5 applications. And of those 389, 371 had begun the  
6 review process.

7 And previously I've shared that our goal  
8 is to get to under a 90-day review process for  
9 conditional applications.

10 And I'm pleased to share, just reiterate  
11 what our Deputy Executive Director said, up for  
12 consideration today are 68 conditional applications  
13 for approval. But that is not the extent of our work.  
14 I mentioned as of the date of us kind of running  
15 numbers for this recommendation, 371 applications had  
16 begun the review process in some form or fashion.  
17 And, in fact, we had already issued initial  
18 determinations on 184 others who were deficient and  
19 needed to cure their applications.

20 So if the Commission acts to approve  
21 these applications, they will -- we will have then  
22 acted on over 250 applications that began submitting  
23 in December 15th. And I can tell you that we've  
24 actually beat 90 days on some of these applications.  
25 Some of them might be more, but we've actually beat 90

1 days on some of them.

2 I'm just going to briefly go over the  
3 review process for conditional licensed applicants.  
4 Importantly, first applicants are assigned a priority.  
5 So whether they're social equity business, a  
6 diversely-owned business, an impact zone business,  
7 they get bonus points for having a collective  
8 bargaining agreement or for residency, or they're just  
9 in the general pool, they're assigned a priority.  
10 This can also include whether they're a micro business  
11 or not.

12 Secondly, that priority is verified. So  
13 staff go in. Our Deputy Executive Director shared  
14 about the social equity certifications. And ensuring  
15 those are filled out and underlying documentation is  
16 submitted with the application. That's so that we can  
17 verify the application is being reviewed in the  
18 priority that it's designated.

19 The application is then reviewed for  
20 completeness. We make sure that everything that's  
21 supposed to be submitted, pursuant to regulations in  
22 that notice of application acceptance, is there.

23 Those that are complete are then scored.  
24 For conditional applicants the scoring is on three  
25 measures: Their business plan, their regulatory

1 compliance plan, and their plan to obtain liability  
2 insurance. This is pass/fail scoring. So either they  
3 meet their requirements or they don't.

4 And so those that are -- that do pass  
5 scoring, they're then given an initial review for  
6 qualification limitations, financial management,  
7 financial source or management services agreement  
8 review.

9 Now, what this -- this review is it's a  
10 look to make sure the owners don't, you know, own a  
11 number of other businesses in the state that would  
12 potentially disqualify them from consideration.

13 Perhaps it's an initial review of terms of financial  
14 service agreements and management services agreements  
15 to make sure that they're not, you know, overtly out  
16 of line with what's in our regulations.

17 It's a look at the -- that the applicant  
18 is qualified to hold a conditional license.

19 Conditional applicants -- any owner with -- any owner  
20 that has control over the business has to have made  
21 less than \$200,000 in the preceding tax year, or under  
22 \$400,000, if filing jointly.

23 And so if -- after that then we conduct  
24 quality control, and then there's a recommendation to  
25 the Cannabis Regulatory Commission Board.

1 I can tell you that all 68 of the  
2 applications before you for consideration have gone  
3 through all those stages and have met the requirements  
4 of each stage.

5 And if you go to the next slide here,  
6 please.

7 So our WBE Executive Director shared this  
8 previously. But, you know, to be transparent -- and  
9 I'm not going to say we're going to do this every  
10 round, but I know there's been some -- you know, some  
11 stakeholders that have questioned, you know, some  
12 things regarding equity in our licensing process.

13 And it's important to disclose this first  
14 round, because this -- this is a historic action that  
15 this Commission is prepared to take. These are the  
16 first -- the very first recreational licenses that  
17 this Commission is going to issue, and so we want to  
18 be transparent with stakeholders. We want to be  
19 transparent with the community about what we're doing.

20 And so of the 68 applications recommended  
21 for approval, overall that represents 230 persons of  
22 interest. Twenty-eight percent of those persons of  
23 interest identify as black or African-American, 39  
24 percent white, 17 percent did not report, and eight  
25 percent Asian. I can tell you just under 10 percent

1 identified as Hispanic or Latino.

2 So as Kelly shared earlier, this is a  
3 more diverse cohort than the overall applicant pool  
4 that's in this 68 -- these 68 applications recommended  
5 for approval.

6 So please go to the next slide.

7 When it comes to diversely-owned  
8 businesses in this cohort, 17 are minority --  
9 certified minority business enterprises, eight  
10 certified minority woman business enterprises, and 12  
11 are woman business enterprises.

12 Next slide, please.

13 When we look at the majority ownership of  
14 these awardees, it's an even more diverse picture. In  
15 fact, nearly 50 percent of the majority owners of this  
16 cohort have identified on their application as being  
17 African-American or black.

18 And so the other slide was the total  
19 persons of interest. Here it's based on majority  
20 ownership. Essentially, demographics based on 51  
21 percent or more of the ownership of these entities.

22 Next slide, please.

23 So I'm just going to -- I'm not going to  
24 read all these. There's 68. The recommendation memo  
25 will be posted on-line after this -- after this

1 meeting so that you can see. But this is the first  
2 24, and I'm just going to ask to pause here for a  
3 couple of seconds so that folks watching can read this  
4 list.

5 Next slide. Thank you.

6 So this is the next 25. If you don't  
7 mind going back one slide. I just want to pause to  
8 make sure folks can read this -- this list. And this  
9 is the list that is before -- before the Commission.  
10 Again, all these applications have made it through all  
11 those rounds of review.

12 And before -- before I make the final  
13 recommendation, and you can go to the next slide for  
14 the last cohort here of the applicants that are  
15 recommended for approval, we do see a number -- you  
16 know, we do see financial source agreements as part of  
17 these applications.

18 And one of the things that I wanted to  
19 emphasize is, number one, the importance that  
20 applicants and potential applicants read our  
21 regulations when it comes to financial source  
22 agreements and management services agreements.

23 You know, one of the things we're really  
24 concerned about is unfair provisions, unreasonable  
25 provisions in these agreements; things that might be

1 one-sided to the -- the investor or the lender. And  
2 we want to make sure that applicants are well  
3 protected.

4 So we, the Commission, adopted  
5 comprehensive regulations to do that. But, you know,  
6 we need help from applicants.

7 You can read our regulations. You can  
8 read them on our website. Educate yourself. And, you  
9 know, when you're looking at these agreements, have  
10 our regulations there, look at the provisions, look at  
11 our regulations. You know, if you can have an  
12 attorney look at it too, make sure they comply with  
13 what's in the regulations. Those are there to prevent  
14 predatory lending, to prevent predatory business  
15 practices. And it's really important to us that  
16 entities comply with those.

17 Secondly, I do want to note next steps  
18 here before -- before moving on. So conditional  
19 applicants, if issued a license, that's the first step  
20 in the process. Anyone approved by the Commission  
21 today will be contacted by the Commission staff in the  
22 next week. What we'll do is walk you through next  
23 steps. That includes submitting payment for the  
24 conditional license, as well as expectations on how to  
25 submit a conditional conversion application.

1                   Because the next step in the licensure  
2 process for conditional applicants is to convert to an  
3 annual license. That's a more substantial  
4 application.

5                   So please go back and look at our notice  
6 of application, look at the resources on our website  
7 to understand what that entails and what those  
8 requirements are.

9                   You know, two big things are having your  
10 site and having municipal approval. We will look for  
11 that, as well as having all the standard operating  
12 procedures in place to operate your business.

13                   There's also an even more in-depth look  
14 at the financing and the operations of the business to  
15 ensure it complies with the qualification requirements  
16 in our rules, the limitations. And, again, those  
17 financial service provisions and management service  
18 provisions that I mentioned earlier.

19                   The conditional conversion application  
20 will be available in the portal starting on March  
21 31st. So our goal is to try and get everybody through  
22 this process and paid. And if approved by the  
23 Commission, licenses issued so that they can start  
24 working on those conditional conversion applications.

25                   So I wanted to thank all the staff who

1 worked on this. We've had -- it's been all hands on  
2 deck. It's a team effort. And this is the first  
3 slate of many.

4 And, again, I can't stress this enough:  
5 These are the first recreational licenses that the  
6 Commission is going to issue.

7 So with that, it is my humble pleasure to  
8 recommend this slate of conditional applicants for  
9 approval to the Cannabis Regulatory Commission.

10 CHAIRWOMAN HOUENOU: Thank you, Director  
11 Brown.

12 I also want to thank all the staff that  
13 have been working tirelessly to review all the  
14 applications have been submitted, working with the  
15 applicants to make sure that -- make sure that proper  
16 documentation and all the application materials are  
17 provided so that folks know what they need to do to  
18 resubmit an application for complete review.

19 And I will happily ask for a Motion from  
20 our Commissioners to adopt a resolution to approve  
21 this slate of 68 conditional license applicants.

22 VICE CHAIR DELGADO: Chairwoman Houenou,  
23 I move that we approve the consideration of  
24 conditional licenses.

25 CHAIRWOMAN HOUENOU: So moved by Vice

1 Chair Delgado.

2 Do I have a second?

3 COMMISSIONER BARKER: Madam Chair, can I  
4 just -- may I have the floor for a brief minute before  
5 we second this Motion?

6 CHAIRWOMAN HOUENOU: Commissioner Barker,  
7 if you're hoping to discuss the actual matter, that it  
8 will be open for discussion once the Motion for  
9 adoption is seconded.

10 COMMISSIONER BARKER: Okay. I will wait.

11 COMMISSIONER DEL CID-KOSSO: I second the  
12 Motion, Madam Chair.

13 CHAIRWOMAN HOUENOU: Seconded by  
14 Commissioner Del Cid-Kosso.

15 Is there any discussion on this Motion?

16 COMMISSIONER BARKER: Madam Chair, may I  
17 have the floor now?

18 CHAIRWOMAN HOUENOU: You may.

19 COMMISSIONER BARKER: Thank you very  
20 much.

21 So at the top and at the outset I  
22 definitely want to repeat two comments: One made by  
23 Executive Director Brown and one by our Chairwoman.

24 This is the first action that this CRC is  
25 taking to move licenses forward. And that cannot be

1 stressed enough.

2           Secondly, thank you -- major thank you,  
3 as Madam Chairwoman said, to all of our staff that  
4 have been working tirelessly to get us where we are  
5 today. Cannot thank you enough.

6           I just want to briefly reiterate that we  
7 want you to apply. You. Yes, we want you to apply.  
8 And when you have a minute, take a look at the slides  
9 that our Deputy Executive Director Anderson-Thomas  
10 laid out, and review the data breakdowns.

11           If you're not sure how to apply, please  
12 go to our website or reach out to our office for  
13 assistance. We have our Office of Minority, Disabled  
14 Veteran, and Women Cannabis Business Development up  
15 and running. And our Director, Wesley McWhite, he can  
16 connect you with resources to inform you about the  
17 process.

18           If you know about the process, please  
19 share it with others and encourage them to join,  
20 whether you're an individual or a leader of a member  
21 organization.

22           We are actively working to set a fair and  
23 equitable table, and we are trying to provide the  
24 plates and the cutlery and the food and the drinks and  
25 the desserts for you to be well fed and nourished.

1 But we need you to come hungry and ready to eat.  
2 Ready to step up and take your rightful seat at the  
3 table.

4 So, please. I cannot stress this enough.  
5 Be encouraged to apply here in New Jersey. Our  
6 applications are accepted on a rolling basis based on  
7 market demands. And as of now it will remain open for  
8 the foreseeable future.

9 So we hope to see you in our industry  
10 soon, especially the brothers and sisters and  
11 communities that have been impacted and devastated by  
12 the War on Drugs. The time is now. Thank you.

13 And with that, I yield my time, Madam  
14 Chair.

15 CHAIRWOMAN HOUENOU: Thank you,  
16 Commissioner Barker.

17 Is there any other discussion on this  
18 Motion to adopt this slate of 68 applicants for  
19 conditional licenses?

20 All right. Hearing no other -- no  
21 further discussion, Ms. Blake, can you please call the  
22 vote?

23 MS. BLAKE: Commissioner Barker?

24 COMMISSIONER BARKER: Aye.

25 MS. BLAKE: Commissioner Del Cid-Kosso?

1 COMMISSIONER DEL CID-KOSSO: Yes.

2 MS. BLAKE: Vice Chair Delgado?

3 VICE CHAIR DELGADO: Yes.

4 MS. BLAKE: Commissioner Nash?

5 COMMISSIONER NASH: Yes.

6 MS. BLAKE: Chairwoman Houenou?

7 CHAIRWOMAN HOUENOU: Yes.

8 MS. BLAKE: The resolution passes

9 overwhelmingly.

10 Next on the agenda is consideration of  
11 re-issuance of 2019 RFA award for medical dispensary  
12 applications.

13 CHAIRWOMAN HOUENOU: Thank you, Ms.  
14 Blake.

15 Director Brown, can you please provide a  
16 summary of the need for re-issuance of this particular  
17 award from the 2019 RFA?

18 MR. BROWN: Absolutely, Madam Chair. And  
19 thank you, and thank you, Commissioners, for approving  
20 that slate of conditional licenses. Again, can't  
21 stress how important that is. And those are the first  
22 businesses to get a foot forward here in New Jersey.  
23 So thank you.

24 So back in December the Commission acted  
25 on the 2019 RFA dispensaries, of which there were 30

1       awardees. I shared at the last meeting that one of  
2       those awardees had rescinded, not accepted their  
3       award, and so as since that award was returned to the  
4       Commi ssi on.

5                        So here we are recommending to re-issue  
6       that award in accordance with the original  
7       recommendation memo, the original methodology. And so  
8       the awardee that -- that did not accept their award  
9       was NJ Kindness, which was issued in the 2019 RFA in  
10      the Southern region, and that was -- and because they  
11      did not accept, the next highest-scoring applicant in  
12      the Southern region that has not received an award --  
13      next slide, please -- is PEMMA, LLC, and PEMMA scores,  
14      I believe, just over 200 points in that -- in that  
15      RFA.

16                      So it is our recommendation that, in  
17      accordance with the original recommendation memo, in  
18      accordance with that methodology, the Commi ssi on  
19      issued this award to the next highest-scoring  
20      applicant in the Southern region, which is PEMMA, LLC,  
21      control number 19-0052. That will ensure even  
22      distribution of awards in the 2019 RFA between North,  
23      Central, and South.

24                      And, additionally, this award should  
25      contain all the conditions in the final agency

1 decision that other awards contained that included  
2 maintaining, verification, and maintenance of, you  
3 know, any certifications, whether it be  
4 minority-owned, women-owned or veteran-owned.

5 You know, restrictions on changes in  
6 ownership, ensuring they operate in accordance with  
7 what's in the application.

8 So our recommendation is to approve this  
9 with the conditions that are in the original  
10 recommendation memo and in accordance with that  
11 methodology.

12 Thank you.

13 CHAIRWOMAN HOUENOU: Thank you, Director  
14 Brown.

15 Do I have a Motion to adopt the  
16 resolution concerning the re-issuance of this 2019 RFA  
17 award for medicinal dispensary permit?

18 COMMISSIONER NASH: Madam Chair, I move  
19 to adopt this resolution.

20 CHAIRWOMAN HOUENOU: Moved by  
21 Commissioner Nash.

22 Is there a second?

23 VICE CHAIR DELGADO: I second, Madam  
24 Chair.

25 CHAIRWOMAN HOUENOU: Seconded by Vice

1 Chair Delgado.

2 Is there any discussion on this Motion to  
3 re-issue the 2019 RFA award?

4 Hearing none, Ms. Blake, can you please  
5 call the vote?

6 MS. BLAKE: Vice Chair Delgado?

7 VICE CHAIR DELGADO: Yes.

8 MS. BLAKE: Commissioner Del Cid-Kosso?

9 COMMISSIONER DEL CID-KOSSO: Yes.

10 MS. BLAKE: Commissioner Nash?

11 COMMISSIONER NASH: Yes.

12 MS. BLAKE: Commissioner Barker?

13 COMMISSIONER BARKER: Nay.

14 MS. BLAKE: Chairwoman Houenou?

15 CHAIRWOMAN HOUENOU: Yes.

16 MS. BLAKE: The resolution passes.

17 The next item on the agenda is a  
18 discussion on expanded alternative treatment center  
19 certifications.

20 CHAIRWOMAN HOUENOU: Thank you, Ms.

21 Blake.

22 Director Brown, can you please provide a  
23 summary of the expanded alternative treatment  
24 certification -- alternative treatment center  
25 certifications that have been submitted to the CRC?

1 MR. BROWN: Absolutely. Thank you, Madam  
2 Chair.

3 And you can go to the next slide, please.

4 So we've covered this before in the  
5 Executive Director's update, you know. And I'll just  
6 start off by saying this: You know, getting this  
7 market launched is of the highest priority to the  
8 Commission. And, you know, it's important to get it  
9 launched expediently. It's important to get it  
10 launched equitably and safely. And it's really those  
11 three things that we're really striving for in getting  
12 this done. And we want to make sure that it's done in  
13 accordance with the law and regulations.

14 We've received eight certifications from  
15 alternative treatment centers. This is by law. They  
16 can certify to the Commission that they have enough  
17 supply. They have operations in place to make sure  
18 that patient access is not impacted by recreational  
19 cannabis sales, have municipal approval, and, pursuant  
20 to guidance that we issued in the fall, also have  
21 submitted plans to address social equity and safety as  
22 part of the conversion.

23 Next slide, please.

24 So I'll just start off by saying this:  
25 Two years and three days ago I was talking about, you

1 know, when Kelly and I, our Deputy Executive Director,  
2 first worked together. But, you know, around that  
3 time, March, I think it was, 21, 2022 -- or 2020, New  
4 Jersey began that 80-day Covid-19 stay-at-home order.  
5 And in the weeks leading up to that order people were  
6 frantic. Schools switched to virtual. So people --  
7 many people began working remotely, and many sought to  
8 stock up on household supplies, necessities. There  
9 were lines at stores.

10 Medicinal cannabis was no different. New  
11 Jersey had 10 dispensaries at the time, and many saw  
12 lines hours long in that lead up to that stay-at-home  
13 order.

14 Additionally, ATCs, alternative treatment  
15 centers, like all employers, had to contend with  
16 managing the workforce amidst unprecedented  
17 uncertainty and fear.

18 During March 2020 the Department of  
19 Health and the alternative treatment centers  
20 collaborated to respond to the pandemic to keep doors  
21 of ATCs open and to keep patients safe and able to  
22 access their medicine.

23 We held frequent calls with the industry.  
24 We listened to their concerns. We issued waivers to  
25 help the industry adapt, and we gave guidance on what

1 to do when a staff member was exposed, and how to  
2 implement Covid-19 protocols at cannabis facilities.

3 You may be asking what this has to do  
4 with ATC certifications, but I'll get to that.

5 Because of these efforts and that  
6 collaboration, while there were, of course, stressors  
7 on the market, there were no long-term closures of  
8 facilities. There were no market-wide shortages of  
9 product, and patients could continue to access their  
10 medicine.

11 I bring this up because we are, once  
12 again, at the precipice of an event that will bring  
13 stressors on the market; albeit for a much more  
14 positive reason: The launching of recreational  
15 cannabis sales. But, nonetheless, an event that needs  
16 to be planned for to ensure that patients can continue  
17 to access their medicine.

18 Staff have reviewed the eight  
19 certifications submitted from the alternative  
20 treatment centers to expand to allow adult use sales.  
21 They're required to show they have municipal approval,  
22 prove they have adequate supply, and show they have  
23 adequate plans to ensure patient access. And then  
24 also submit a plan addressing social equity and  
25 safety.

1                   They also have to pass an inspection  
2 showing that they can operate in compliance with all  
3 our regulations, including packaging and labeling,  
4 product testing, and have the right protocols in place  
5 to prevent anyone under the age of 21, who isn't a  
6 patient, from purchasing cannabis items.

7                   So all eight have submitted the requisite  
8 municipal approvals. I'm happy to report that a few  
9 are definitely there on supply, with another cohort  
10 very close to being there.

11                   Canopy in the municipal cannabis market  
12 has increased 80,000 square feet in the last six  
13 months, and that's not including what's coming on the  
14 2019 RFA.

15                   We expect some of the 2019 RFA winners to  
16 be completing the permitting process to backstop  
17 medicinal cannabis production soon.

18                   That said, some work still needs to be  
19 done, and some important work. The overall canopy in  
20 the market is still far undersupplied for where New  
21 Jersey needs to be to support a vibrant medicinal  
22 cannabis and recreational market.

23                   And just to put a number on that context,  
24 if you look at, you know, what we would consider the  
25 best case scenario, and I think what the best case

1 scenario submitted by, I think, industry numbers, you  
2 know, our projections show the market is still  
3 undersupplied by about 100,000 pounds for  
4 recreational. I'm not talking about medicinal. For  
5 potential recreational demand. And that's assuming a  
6 low number of recreational demand initially.

7           Essentially, four ounces per year per  
8 consumer in New Jersey. And, you know, one ounce per  
9 year of consumers coming across state lines from the  
10 overall media markets, in which New Jersey is a part.  
11 So that's one.

12           Another big issue that remains to be  
13 addressed is patient access. And we had a group  
14 huddle with our office compliance and licensing  
15 earlier this week, and not one individual had full  
16 confidence in the plans that have been submitted. And  
17 I'm not saying they're bad, but they need work.

18           And it's important to note that we have  
19 to solve for the most vulnerable patients here. Those  
20 with terminal cancer, with ALS, MS, and other  
21 debilitating diseases.

22           Patients who have trouble getting to the  
23 dispensary on a good day. How do we ensure that they  
24 have no disruption in their care?

25           The other issue pertains to equity. And

1 I know that this is one that's critical to this  
2 Commission, and probably critical to getting approval  
3 by this Commission. Many of the equity plans are  
4 lacking in specifics and measurable goals. And that's  
5 something that we want to address.

6 Finally, and this is -- was a relatively  
7 new one this week based on some feedback from external  
8 parties, but we are in the process of verifying that  
9 all the labor peace agreements that are submitted as  
10 part of these ATC certifications, indeed, meet the  
11 requirements of the law as being submitted by bona  
12 fide labor organizations.

13 I'll say this: You know, the CRC is not  
14 in the business of picking unions. That's up to the  
15 workers to do. But we want to make sure that the ATCs  
16 are, in fact, in compliance with the standards of the  
17 law and have, indeed, as the law requires, labor peace  
18 agreements with bona fide labor organizations.

19 So those concerns being what they are,  
20 I'm extremely confident in our ability  
21 collaboratively, the CRC and the industry, to fix  
22 these issues and work together to get this market off  
23 the ground quickly. We've done it before. We did it  
24 in March 2020 when, in a matter of weeks, we put into  
25 place a number of policies and a number of protocol

1 changes at the dispensaries to protect patients and to  
2 keep places open.

3           We can do this together here. And so  
4 here's what we need from ATCs: Immediately following  
5 this meeting we're going to release some suggestions  
6 on patient access and minimum inventory levels for  
7 medicinal patients. This includes things like  
8 exclusive patient hours, exclusive point of sale  
9 systems, and patient access lines, telephone lines,  
10 for patients to call if they have trouble accessing  
11 the dispensary. Other factors as well.

12           We'll be asking ATCs to commit to these  
13 minimum measures to ensure smooth transition for  
14 patients. This will also help us recommend ATCs that  
15 are in the process of building canopy for expansion  
16 earlier. Because on that minimum supply we will know  
17 there's a minimum inventory in place for patients.

18           On social equity, this is something that  
19 we haven't really highlighted much at a meeting, and I  
20 want to, because it's important.

21           Our regulations state that, as a  
22 condition of being licensed as any cannabis business,  
23 including an expanded alternative treatment center,  
24 licensees must make a good faith effort to hire people  
25 with past marijuana convictions and people from

1       economically disadvantaged areas.

2                       So we want a commitment from alternative  
3       treatment centers to comply -- they will have to  
4       comply with that regulation. But we want a  
5       commitment, as part of this process, to meet that  
6       requirement in our regulations, and a commitment to  
7       periodic reporting on progress to meet those goals.

8                       Here's what we're going to do at the CRC  
9       and what staff is going to work on: Starting next  
10      week we're going to extend an interdisciplinary team  
11      to each ATC that has submitted a certification. This  
12      will include representatives from the Office of the  
13      Executive Director, Council's Office, Office of  
14      Compliance and Licensing, and Office of Diversity and  
15      Inclusion.

16                      Our goal will be to address any issues  
17      with the certifications on the spot, answer any  
18      questions the ATCs have about transition, and do an  
19      on-site assessment to ensure regulatory compliance  
20      with our recreational rules.

21                      We will do assessments at all eight ATCs  
22      that have submitted certifications over the next two  
23      weeks, and we'll be prepared to make a recommendation  
24      to the Commission on any that meet the full  
25      requirements of the law and regulations immediately

1 following those visits.

2 If things are not there yet, we will  
3 schedule additional visits, calls, issue, you know,  
4 additional guidance; whatever we need to do get this  
5 across the finish line. And we need the industry to  
6 work with us on those factors that still need -- need  
7 attention and still need work on get there.

8 Secondly, we're going to be prioritizing  
9 recommendations for the permitting of facility  
10 expansions to help expand supply as quickly as  
11 possible.

12 I've talked to all the ATCs. I know  
13 there's been stuff in the works. And we've just  
14 introduced a whole bunch of competition to the market,  
15 so we want to help get what's in the works across the  
16 finish line, and are committed to do so. And we're  
17 going to continue working to get this market going.

18 Finally, we'll be -- one of the things we  
19 shared on an ATC call was the fact that we wanted ATCs  
20 to explore exclusive home delivery options for  
21 patients. And so we had some delivery plans pending.  
22 We are going to be approving those so that those ATCs  
23 can start delivery exclusively for patients. Because  
24 when we get to recreational sales, this will present  
25 another option for getting medicinal cannabis to

1 patients in what is, undoubtedly, going to be crowded  
2 dispensaries, and we already do have some crowded  
3 dispensaries, which is why patient access is so  
4 critical to this.

5 Our goal is to work with the industry and  
6 we need the industry to work with us here. And I'm  
7 confident that they will.

8 So that at the very next CRC meeting we  
9 have a cohort of ATCs that are turnkey ready to launch  
10 this market here, simply pending a vote by this  
11 Commission.

12 And for any that are still not there, you  
13 know, hopefully a conditional -- ready for conditional  
14 approval pending certain time lines and regulatory  
15 milestones that we can work to get done.

16 The CRC hasn't been in existence for even  
17 a year, and we've done cutting edge rules for the  
18 recreational market. We've issued awards for 44  
19 medicinal cannabis permits. Today we've given 68 new  
20 businesses a huge step forward to competing in what  
21 will be the premier cannabis market in the country.

22 While we may not be 100 percent there  
23 today, we can get there. And I assure you that, you  
24 know, staff is committed to doing this, but, you know,  
25 we need the industry to work with us. We're almost

1 there. We have a few things to address. And when we  
2 address them, I'm happy to return to this body with a  
3 further update.

4 CHAIRWOMAN HOUENOU: Thank you, Director  
5 Brown.

6 I will ask for a Motion on the  
7 consideration of these ATC expansion of operations  
8 certifications.

9 COMMISSIONER DEL CID-KOSSO: Madam Chair,  
10 I move to table the consideration of the ATC expansion  
11 of operations for adult use today. After hearing the  
12 Executive Director's report just now, it is clear that  
13 we are not quite ready to open up the adult use market  
14 in New Jersey.

15 Our medical patients are our priority.  
16 And we would like to prevent, to the extent possible,  
17 any supply shortages, long wait times, and other  
18 safety concerns that may impact the municipalities in  
19 which these dispensaries are located in.

20 So I move to table this consideration of  
21 expanded ATC certifications until CRC, our staff, is  
22 able to work with the ATCs to ensure that we are ready  
23 to move forward and successfully serve both the  
24 medicinal patients and adult use consumers.

25 Thank you.

1 CHAIRWOMAN HOUENOU: Thank you,  
2 Commissioner Del Cid-Kosso.

3 We have a Motion to table consideration  
4 of these Certifications for ATCs.

5 Do I have a second on this Motion to  
6 table?

7 COMMISSIONER NASH: I second.

8 CHAIRWOMAN HOUENOU: Seconded by  
9 Commissioner Nash.

10 Is there any discussion on this Motion to  
11 table consideration of the expanded ATC  
12 Certifications?

13 COMMISSIONER NASH: Madam Chair, may I  
14 have permission to take the floor?

15 CHAIRWOMAN HOUENOU: Yes, Commissioner  
16 Nash. Go right ahead.

17 COMMISSIONER NASH: Good afternoon,  
18 everyone. I just wanted to say, while the Commission  
19 recognizes the desire of the public to get the  
20 personal use market up and running, it is a shared  
21 responsibility to do so. The requirements that are  
22 set forth in the rules, they must be adhered to by all  
23 applicants and not just some.

24 So with that said, our hope is that the  
25 guidance that the Commission provides here today will

1 move the process along so that we can get these ATCs  
2 open in a responsible manner to meet the needs of the  
3 patients and the personal use market.

4 Thank you.

5 Madam Chair, I yield the floor back to  
6 you.

7 CHAIRWOMAN HOUENOU: Thank you,  
8 Commissioner Nash.

9 Yeah. I'll just take a moment to echo  
10 that some of the items and issues raised here by  
11 Director Brown do seem to be pretty consistent with  
12 some of the comments that have been received by -- you  
13 know, by the Commission from members of the public  
14 during our CRC public meetings.

15 I am happy to hear that some of the ATCs  
16 have undertaken efforts to get ready for the launch of  
17 this historic industry in New Jersey.

18 Given the concerns and considerations  
19 raised by Director Brown and the staff, as well as the  
20 requirement for the CRC to consider not just a given  
21 ATC's readiness, but also statewide readiness and  
22 patient access protections, I do sincerely hope that  
23 our ATCs will work with the CRC staff to understand  
24 the steps that they need to take to become ready.

25 I'm encouraged that the staff are ready

1 to do a little extra hand holding where it is needed.

2 I would look forward to hearing updates  
3 from the industry and staff so that the CRC can  
4 quickly launch the adult use marketplace once any  
5 deficiencies are rectified, ATC readiness is secured,  
6 and statewide readiness is secured.

7 I believe Commissioner Del Cid-Kosso is  
8 spot-on in wanting to make sure that we have a  
9 successful rollout of the adult use industry here, one  
10 that mitigates any disruptions to patient access to  
11 their medicine. One that provides some, you know,  
12 distributed access to adult use cannabis across the  
13 state, and one that can help protect us against some  
14 of the initial rollout obstacles and troubles that  
15 other jurisdictions have encountered across the  
16 country.

17 I think New Jersey has done a fantastic  
18 job in establishing a strong foundation for the adult  
19 use cannabis industry, and I look forward to getting  
20 it off the ground, once we have updates from our  
21 Commission staff who feel confident and ready that  
22 moving forward on the ATC expansion Certifications is  
23 an appropriate step.

24 And so I'm looking forward to having our  
25 ATCs help us help them get across that finish line.

1                   Is there any other discussion on this  
2 Motion to table?

3                   COMMISSIONER BARKER: Madam Chair, may I  
4 have the floor briefly?

5                   CHAIRWOMAN HOUENOU: Yes, Commissioner  
6 Barker.

7                   COMMISSIONER BARKER: Thank you,  
8 Executive Director Brown and the Office of Compliance  
9 and Licensing for your due diligence here.

10                  Based on the discussions and  
11 deliberations with the CRC staff, it does seem like we  
12 are, you know, still in the process of determining if  
13 the ATCs are ready for adult use sales.

14                  And the CRC repeatedly expressed our  
15 desire to advance a safe and equitable industry here  
16 in New Jersey, both from medicinal and personal use.

17                  And as Executive Director Brown alluded  
18 to earlier during his remarks, we are right on the  
19 cusp of transitioning. And as we do, we must remain  
20 focused on the big picture, right? That part of the  
21 reason cannabis was legalized was to right the wrongs  
22 of the failed drug war for people and communities most  
23 harmed, to provide accessible, tested cannabis  
24 products that patients and consumers can rely on for  
25 safety and overall well-being.

1                   And we don't want to rush this and get it  
2 wrong. We are working appropriately -- not slowly,  
3 but appropriately to advance a marketplace that is  
4 developed as right as possible so that we, as  
5 Chairwoman Houenou alluded to earlier, set a new  
6 regulatory standard for the cannabis industry.

7                   You know, we are really looking to make  
8 equity very real and tangible. And so as potential  
9 first movers in this space, we are looking for ATCs to  
10 make equity -- to evidence and specifically  
11 demonstrate their plans for equity. And we must be  
12 honest and attentional about who is benefiting and who  
13 we hope to see benefit from the legal cannabis  
14 industry.

15                   I look forward to seeing more specific  
16 initiative detailing how ATCs plan to help the most  
17 harmed people in communities. As much as this is a  
18 new business opportunity, we cannot and must not treat  
19 this like business as usual.

20                   ATCs are also required to have sufficient  
21 supply for patients based on the CRC's estimates  
22 required to show that patients will not be disturbed  
23 in their ability to access their medicine. And that  
24 legal agreements will be maintained so that our  
25 workforce develops in a fair and beneficial manner.

1                   Again, as Director Brown alluded to, CRC  
2 staff is willing, ready, and able to meet with ATCs to  
3 offer more recommendations and suggestions.

4                   My hope is that all ATCs, that all  
5 potential license holders, for that matter, are  
6 looking to work with us to advance the industry here  
7 in New Jersey in an equitable and safe manner. We  
8 plan to continue engaging with ATCs on this process as  
9 staff continues their investigation and review of the  
10 Certifications.

11                   We are partners. I repeat. We are  
12 partners in this, and I look forward to revisiting  
13 this discussion at the appropriate time.

14                   Thank you. And with that, Madam Chair, I  
15 yield my time.

16                   CHAI RWOMAN HOUENOU: Thank you,  
17 Commissioner Barker.

18                   Is there any further discussion?

19                   VICE CHAIR DELGADO: Madam Chair, can I  
20 have the floor?

21                   CHAI RWOMAN HOUENOU: Yes, Vice Chair  
22 Delgado, go ahead.

23                   VICE CHAIR DELGADO: Yeah. I see -- my  
24 recommendation would be this: I see that April  
25 there's no meeting for us. There's no Commission

1 meeting in April. I would recommend that if the ATCs  
2 and -- Commissioner Brown and the ATCs are able to  
3 cure their shortfalls, then we highly consider meeting  
4 in April in order to move this market forward.

5 Because at the end of the day, the  
6 personal use cannabis market is not open here in New  
7 Jersey. That's my recommendation.

8 CHAIRWOMAN HOUENOU: Thank you, Vice  
9 Chair Delgado.

10 Any further discussion on this Motion to  
11 table consideration?

12 Hearing no further discussion, Ms. Blake,  
13 can you please call the vote on this Motion to table  
14 consideration of the ATC extensions of applications?

15 Ms. Blake, I believe you are on mute.

16 MS. BLAKE: Commissioner Barker?

17 COMMISSIONER BARKER: Aye.

18 MS. BLAKE: Commissioner Del CID-Kosso?

19 COMMISSIONER DEL CID-KOSSO: Yes.

20 MS. BLAKE: Vice Chair Delgado?

21 VICE CHAIR DELGADO: Yes.

22 MS. BLAKE: Commissioner Nash?

23 COMMISSIONER NASH: Yes.

24 MS. BLAKE: Chairwoman Houenou?

25 CHAIRWOMAN HOUENOU: Yes.

1 MS. BLAKE: The move to table this Motion  
2 is passed.

3 Next we have the open public comment  
4 period. The specific topic open for comment is  
5 consideration of medicinal cannabis needs, which can  
6 include medical conditions that should be considered  
7 for participation in the medicinal cannabis program,  
8 patient education, or counseling needs, and medicinal  
9 product expiration dates.

10 Our first speaker today will be Mary  
11 Bridgeman, clinical professor at Rutgers Ernest Mario  
12 School of Pharmacy.

13 If Ms. Bridgeman is present, would you  
14 raise your hand so we can see you? Okay. I see you.  
15 Hold on one second.

16 MR. BROWN: Madam Chair, may I have one  
17 minute while Toni-Anne is promoting Dr. Bridgeman?

18 CHAIRWOMAN HOUENOU: Yes, Director Brown.

19 MR. BROWN: I just wanted to make sure  
20 that the public was aware that Dr. Bridgeman and Dr.  
21 Bekker were both on the Medicinal Marijuana Review  
22 Panel, which was established under the Department of  
23 Health, to look at new conditions, and have  
24 collaborated with the program over many years.

25 That was the extent of my comments.

1 Thank you, Madam Chair, and thank you, Dr. Bridgeman  
2 and Dr. Bekker, for taking time out today.

3 CHAIRWOMAN HOUENOU: Thank you.

4 Ms. Blake, are we ready to proceed?

5 MS. BLAKE: Yes.

6 Ms. Bridgeman, you can go ahead.

7 DR. BRIDGEMAN: Excellent. Great. Well,  
8 thank you so much, Executive Director Brown, Madam  
9 Chair, and members of the Cannabis Regulatory  
10 Commission. Thank you for this invitation to speak  
11 today, and for the opportunity to share my  
12 perspectives on this critically important issue at a  
13 particularly historic and relevant time.

14 My name is Mary Bridgeman. I'm a  
15 clinical professor at the School of Pharmacy at  
16 Rutgers University. I'm an adult internal medicine  
17 clinical pharmacist at Robert Wood Johnson University  
18 Hospital in New Brunswick. I am a researcher with an  
19 interest in observing patterns and behaviors of use of  
20 patients utilizing cannabis for therapeutic reasons.

21 And I have, as Executive Director Brown  
22 pointed out, served as a member of the New Jersey  
23 Department of Health's Medicinal Marijuana Review  
24 Panel.

25 I was invited to speak on the subject of

1 protecting and expanding access for medicinal cannabis  
2 patients. And in my remarks today I'll speak briefly  
3 about the potential opportunities and influences of  
4 clinician education, research, and addressing  
5 disparities in access as I see them.

6 We can go to the next slide, please.

7 First and foremost, in considering the  
8 protection and expansion of access to medical cannabis  
9 in New Jersey amid an emerging adult use marketplace,  
10 I need to point out the limited formal training most  
11 clinicians have related to cannabis as medicine.

12 Back in 2019 we saw the publication of  
13 the first systematic review of healthcare  
14 professionals' beliefs, knowledge, and concerns  
15 surrounding medical cannabis use. This was an  
16 analysis of 20 studies that were intended to evaluate  
17 these perspectives.

18 And the findings of this analysis suggest  
19 that, while healthcare providers may be generally  
20 supportive of medical cannabis use in clinical  
21 practice, there's a near unanimous lack of  
22 self-perceived knowledge regarding clinical effects  
23 and concerns about direct harm to patients, as well as  
24 indirect societal harms attributed to cannabis use.

25 Just to draw an analogy to my world as a

1 pharmacist, when a new medication becomes available,  
2 clinicians receive education and guidance about use of  
3 that medication delineated in the medications  
4 prescribing information.

5 Of course, medical cannabis doesn't come  
6 with a prescribing guideline or standardized guidance  
7 on clinical use. And this is one factor that's  
8 resulted in healthcare provider reluctance to  
9 incorporate medical cannabis into clinical practice.

10 And if we can go to the next slide.

11 I just wanted to spend a moment  
12 mentioning that healthcare providers need guardrails  
13 and guidance in how to navigate therapeutic use of  
14 cannabis.

15 And in this discussion surrounding  
16 expanding access for medical cannabis patients, I  
17 would implore the CRC, consider how we can support  
18 healthcare providers in incorporating cannabis into  
19 their practices, given a dearth of scientific  
20 evidence, safety, and best practice guidelines on just  
21 how to do that.

22 Providers additionally require training  
23 on how to create a safe space for patients to disclose  
24 recreational or adult use of cannabis. And even for  
25 our medical patients to disclose that they are, in

1 fact, medical users without a fear of stigmatization.

2 And I also believe that the CRC plays a  
3 crucial role in the adoption of product and consumer  
4 safety protocols.

5 I'm thrilled to hear the discussion here  
6 today. And, again, additional protocols that can help  
7 to avoid inadvertent harm, as we've already seen in  
8 discussions related to poison prevention packaging.

9 If we can go to the next slide?

10 I just want to underscore that there's a  
11 need to support clinician and dispensary staff  
12 education, as cannabis is far more likely to be  
13 considered in a clinical care plan if medical  
14 professionals who authorize it are well trained and  
15 confident regarding its clinical effects.

16 I believe education interventions and  
17 tools to ensure clinicians are providing certain  
18 essential counseling points to all medical cannabis  
19 users are imperative in addressing these needs.

20 I would encourage the CRC to consider  
21 establishing evidence-based education standards for  
22 dispensary staff and members of the healthcare team  
23 alike, and to explore strategies to help clinicians  
24 navigate the complexities of this therapy.

25 Clinical education might include offering

1 a standardized consent form or consistent language so  
2 that clinicians are all on board and conveying the  
3 same, or at least a consistent, messaging to potential  
4 patients with regards to known risks and limitations  
5 of our current evidence.

6 Finally, related to the topic of  
7 education, I would challenge the CRC to consider how  
8 to reach those clinicians who might be considering  
9 incorporating cannabis into clinical care for their  
10 patients, but who are unsure of the nuances of  
11 ensuring safe and effective use. Promoting clinician  
12 education through the creation of safe educational  
13 spaces where providers can work through cases and  
14 share practice-based learning, as with the health  
15 education model established through the project ECHO,  
16 or extension for community healthcare outcomes should  
17 be evaluated.

18 A point I just wanted to make, if we can  
19 go to the next slide.

20 In the context of protecting and  
21 expanding therapeutic use of cannabis, it's undeniable  
22 that research is imperative to advancing our science,  
23 and for informing policy decisions.

24 It's clear that federal prohibitions have  
25 hindered bench and clinical research, which lag far

1 behind current public policy.

2 I ask that the CRC, in the absence of a  
3 clinical registration license, which itself may hold  
4 institutional and structural barriers to execution, to  
5 consider a platform or a mechanism for connecting  
6 researchers interested in advancing science and in  
7 forming policies through a culmination of medical  
8 cannabis use behaviors, connect those individuals with  
9 dispensaries and patients who are eager to help.

10 And we know that, from our own appearance  
11 in navigating care review and in attempts to public  
12 research findings, science demands a generalizability  
13 of results. And observations of a population's  
14 behavior are just much more robust when the true  
15 representative sampling of that population is made.

16 For my final point here, I would ask the  
17 CRC to consider the ability to promote outcomes  
18 research from de-identified sales data, as it has been  
19 demonstrated to be possible in New York and Florida.  
20 There's a wealth of information that can be learned from  
21 this real world dataset from demographics of users,  
22 patient use behaviors, average dose and amount of  
23 cannabinoid consumed, and a myriad of other key data  
24 indicators to potentially inform health policy and  
25 practice alike.

1                   With my final slide I'll just conclude by  
2 saying that former U.S. Surgeon General C. Everett  
3 Koop once said, drugs don't work in patients who don't  
4 take them.

5                   And that's a painful truth in healthcare  
6 worldwide. And it's often the reality that patients  
7 don't take prescribed medications because they can't  
8 afford them.

9                   Medical cannabis is certainly not exempt  
10 from this consideration in reality, and we know the  
11 cost and lack of coverage by health insurers renders  
12 medical cannabis an inaccessible therapeutic option  
13 for a segment of individuals who may be eligible,  
14 according to their medical histories.

15                  It's apparent that protecting an  
16 increasing medical cannabis access necessitates  
17 incorporation of evidence-based policies and programs  
18 that are intended to address and to help minimize the  
19 structural barriers that result in a disparity of  
20 access among qualified individuals.

21                  I conclude by just asking for your  
22 consideration in addressing these three essential  
23 areas that are necessary for protecting and expanding  
24 access to cannabis for those with medical eligibility,  
25 and I certainly appreciate and thank you for your time

1 here today.

2 MS. BLAKE: Thank you.

3 Our next speaker is Alex Bekker. Alex

4 Bekker, if you are present please raise your hand.

5 Alex Bekker? I don't see -- there we go. I thought I

6 just saw him.

7 MR. BROWN: Toni-Anne, he's in the

8 attendee list.

9 MS. BLAKE: I'm looking at the attendee

10 -- I just -- I missed him for a second. Okay.

11 Go ahead, Mr. Bekker. Mr. Bekker, go

12 ahead.

13 MR. BROWN: Mr. Bekker, I think you just

14 need to unmute yourself.

15 DR. BEKKER: Unmute myself. Okay. Can

16 you hear me now? Okay. Okay. You should be -- all

17 right. I prefer to concentrate on my slides. So do

18 we have my slides?

19 MR. BROWN: Yes, your slides are up, so

20 we're on.

21 MR. BEKKER: My name is Alex Bekker. I'm

22 Chair of the Medicinal Cannabis Review Panel. And

23 Panel's objective is -- was to vigorously evaluate the

24 request from the public for the use of cannabis for

25 reeducation and approve or deny applications.

1           The aim of my short presentation today is  
2   to describe the priorities for medical cannabis  
3   research in the coming years. Cannabis is  
4   increasingly used as an alternative treatment for a  
5   variety of condition. There's approximately 3.6 --  
6   next slide, please.

7           There are approximately 3.6 million  
8   American in 34 states who use cannabis. Since patient  
9   want to know what product to take for what condition,  
10   and need guidance in dosing and safety profile of  
11   commercial products.

12           Despite tremendous research effort, more  
13   than 20,000 scientific article in the last decade,  
14   this information is, for the most part, missed.

15           Moreover, our understanding of the  
16   endocannabinoid system is limited, which, in turn,  
17   precludes the development of new therapies.

18           Next slide, please.

19           Most states approve medicinal cannabis  
20   for a list of condition, as you can see on the left  
21   side. Pain being by far the number one indication.  
22   But the list is constantly expanding. Investigators  
23   from the '70s, '80s, and '90s have aimed at  
24   alleviating the symptoms of the disease. More  
25   specifically, reducing pain, anxiety, reduced

1 appetite. Some author even suggested the term,  
2 interesting, "restored soul," which was used by one of  
3 the patient.

4 In this study patient was (indiscernible)  
5 pain at only modest reduction of pain after treatment,  
6 but dramatically improved quality of life.

7 New research is focusing on mitigating  
8 disease (indiscernible), like slowing growth of cancer  
9 cell and progression of neurodegenerative disease.

10 Next slide, please. No. Previous. I  
11 mean, we went too far. Previous slide. Yeah.

12 If successful, this treatment -- this  
13 research would open door to new indication for  
14 cannabis treatment, such as autoimmune disease like  
15 multiple sclerosis, rheumatoid arthritis, and  
16 inflammatory bowel disease. Neurodegenerative  
17 disorders, such as amyotrophic lateral sclerosis,  
18 Alzheimer's, and Parkinson, and some form of cancer,  
19 particularly gliomas.

20 Again, I want to emphasize this point.  
21 It's not alleviating the system. It's mitigating  
22 disease, per se. This is a future of using cannabis  
23 for medical purposes.

24 Next slide, please.

25 All right. This is the one. Another

1 important avenue is the use of cannabis for mental  
2 health. It is well documented that cannabis possess  
3 anti-depressant, anti-anxiety, anti-psychotic, and  
4 anti-inflammatory properties. So it is very likely  
5 that cannabis would be tried for mental health  
6 indication.

7 A couple of big data studies that suggest  
8 that in the states that approve medical cannabis see a  
9 number of prescription for anti-depressant,  
10 anti anxiety drug, and analgesic, including opioid,  
11 significantly decrease.

12 Next slide, please.

13 Right. Another (indiscernible) that I  
14 believe will proliferate in the next few years is  
15 personalized medicine, more specifically tailoring  
16 cannabis treatment to the needs of a particular  
17 patient.

18 Using information about genes that affect  
19 cannabinoid distribution and metabolism, clinician can  
20 recommend individualized regimen that enhance the  
21 effectiveness and reduce side effect.

22 The goal is to rely on pharmacogenetic  
23 testing in subjecting patient to trial and error  
24 treatment, as currently is done.

25 This may lead to better relationship with

1 patient, better compliance, increased trust in the  
2 healthcare system, and cost reduction, as therapy  
3 becomes streamlined and targeted.

4 This group, I'm talking about this  
5 publication, evaluated genomic data to identify  
6 polymorphism of (indiscernible) that played key roles  
7 in cannabis pharmacokinetic. It turns out that 25  
8 percent that had genotype, which is 0, first one, top  
9 one, that put them at risk for having cannabis-induced  
10 psychosis, 10 percent, middle bar, have genotype  
11 indicating a high risk for cannabis-induced  
12 neurocognitive impairment.

13 And the lowest one, physician can provide  
14 counseling and the best strain and dose of cannabis to  
15 avoid this adverse effect.

16 Next slide. This is my final slide.

17 Despite overwhelming evidence of  
18 (indiscernible) effect of cannabis, approximately 40  
19 percent of physician would not recommend cannabis.  
20 Why? A lot to do with stigma, as Mary mentioned. It  
21 is not easy to erase years of negative publicity.

22 Also, there's some legitimate safety  
23 concern. Doctors have no problem prescribing drugs --  
24 and you can see this table taken from FDA registry.  
25 Doctors have no problem prescribing drug that kill

1 approximately 200,000 patients and lead to  
2 hospitalization at approximately million patient per  
3 year, according to FDA Adverse Event Reporting System  
4 Report. I want to emphasize that all these drugs have  
5 been approved by FDA. And as far as we know so far,  
6 no death been documented related to use of cannabis.

7 And, finally, the insurance carrier do  
8 not reimburse for cannabis treatment as of now. This  
9 therapy is not cheap. Also they intend to design a  
10 reimbursement mechanism by self-insured entities in  
11 New Jersey, since subject right now is too complex to  
12 discuss in this short presentation.

13 So that's all that I have to say. And  
14 thank you for the invitation.

15 MS. BLAKE: Thank you. Mr. Bekker -- Dr.  
16 Bekker, can you unmute yourself?

17 DR. BEKKER: Yeah. So at this point if  
18 you have any question, I'll be happy to answer. But  
19 otherwise thank you so much for the invitation.

20 MS. BLAKE: Thank you.

21 Our next speaker up is Ken Wol ski .

22 Ken, if you are present, please raise  
23 your hand. Ken Wol ski , go ahead.

24 KEN WOLSKI: Hi. My name is Ken Wol ski .  
25 I'm a registered nurse, and I'm the Executive Director

1 for the Coalition for Medical Marijuana in New Jersey.

2 I appreciate the invitation to address  
3 the CRC regarding medical conditions that should be  
4 added to the medicinal cannabis program. I urge the  
5 CRC to allow anyone with prescriptive privileges in  
6 New Jersey to recommend cannabis therapy for any  
7 condition that the prescriber feels they may be helped  
8 by medical cannabis. Leave this issue up to the  
9 physician, the advanced practice nurse, or the  
10 physician's assistant to act in the best interests of  
11 the patient.

12 The State of New Jersey has already seen  
13 a number of conditions qualify for medical cannabis.  
14 Therefore, cannabis should be allowed to be  
15 recommended off label for any other condition, as is  
16 the case with prescription pharmaceuticals.

17 Adding individual conditions to the  
18 medicinal cannabis program is time consuming and  
19 inefficient. The Compassionate Use Medical Marijuana  
20 Act passed into law in 2010, and it wasn't until  
21 September of 2016 that the first medical condition was  
22 added, and this was done by the legislature after the  
23 Department of Health refused to act on it on our  
24 request to add PTSD.

25 And it wasn't until October of 2017,

1 nearly eight years after it passed into law, that 43  
2 additional conditions were approved for cannabis  
3 therapy.

4 So also consider the case of rare and  
5 orphan diseases. A rare disease is one that affects  
6 fewer than 200,000 Americans, and an orphan disease is  
7 one whose treatment is not considered profitable  
8 enough by the pharmaceutical industry to develop.

9 There are over 7,000 rare and orphan  
10 diseases that affect somewhere between 500,000 and  
11 900,000 residents here in the State of New Jersey.  
12 Amyotrophic Lateral sclerosis, or Lou Gehrig's  
13 disease, and Tourette's Syndrome are two of these  
14 diseases, and they both qualify for marijuana therapy  
15 in New Jersey, but the latter took nearly eight years  
16 to qualify.

17 Around 2009 a woman who called me and  
18 told me her son suffered from Friedreich's ataxia, a  
19 neurological condition, and it affected his ability to  
20 walk. And she was giving him medical marijuana and  
21 she was arrested and imprisoned for giving him it.

22 And Friedreich's ataxia is still not a  
23 qualifying condition for marijuana therapy in New  
24 Jersey.

25 Discovery of the endocannabinoid system

1 about 25 years ago really provides the scientific  
2 basis for how cannabis can help with so many different  
3 diseases and symptoms and medical conditions. And  
4 endocannabinoid system researchers say that this is  
5 (indiscernible).

6 However, it really doesn't matter what  
7 condition qualifies for cannabis therapy. The patient  
8 can't use it because of their living situation.

9 A woman called me three days ago telling  
10 me her 90-year-old father is living in an assisted  
11 living facility in Central New Jersey suffering from  
12 chronic pain on opioids and injections. And her  
13 father's doctor recommended that he use medical  
14 marijuana.

15 So his daughter got a caregiver card, she  
16 went to the Alternative Treatment Center, she spent  
17 \$400 to purchase medical cannabis oil for her father,  
18 and the assisted living facility refused to allow her  
19 to even bring the cannabis into the facility to give  
20 it to her father. They said that they receive federal  
21 funds, and that would place their funds in jeopardy.

22 They were not aware that Congress has  
23 forbidden the Department of Justice to spend any money  
24 interfering with medical marijuana programs in any of  
25 the over three dozen state programs in the United

1 States.

2 So the CRC really needs to reassure all  
3 facilities that house medical marijuana patients that  
4 receive federal funds, that they are not at risk.

5 Regarding patient education and  
6 counseling needs. The best way to employ the  
7 appropriate education and counseling of medical  
8 cannabis patients is to ensure that the educators and  
9 counselors are themselves appropriately educated.

10 As I testified at the previous CRC  
11 meeting -- at a previous CRC meeting, the CRC should  
12 quickly adopt dosing and administration guidelines and  
13 educational programs on the endocannabinoid system, as  
14 required by the Jake Honig Act of 2019, and as  
15 required by the New Jersey Department of Health  
16 Executive Order Number 6 from 2018 that said the  
17 Medical Marijuana Review Panel was to oversee the  
18 curriculum development of this program. They said  
19 this in 2018, and we still don't have this. And so  
20 I'm glad to see that there are a few members of the  
21 Medicinal Marijuana Review Panel here.

22 Perhaps they can explain what's the  
23 holdup in developing these programs? These programs  
24 already exist in other states. They have educational  
25 programs and dosing administration guidelines are

1 well-known in other states.

2 My recommendation is that requiring  
3 education on the endocannabinoid system. It's a newly  
4 discovered system in the human body. It should be a  
5 condition of -- for all healthcare professionals with  
6 prescriptive privileges as a condition for continued  
7 licensure in the state. Just two to four hours to  
8 learn about this newly-discovered system whose purpose  
9 is to restore homeostasis in the body.

10 I think you may need to threaten these  
11 doctors with losing their licenses if they don't -- if  
12 they don't learn about this very important new  
13 discovery.

14 Finally, municipal product expiration  
15 dates. The recommended expiration dates be part of  
16 the labeling on cannabis products, but, really, proper  
17 processing and proper storage of cannabis products  
18 appears to be the most important thing in prolonging  
19 shelf life.

20 Improperly processed and stored marijuana  
21 can develop mold, which can be a health hazard. But  
22 marijuana in the form of dried flower really does not  
23 expire. Unlike food or prescription medication,  
24 there's no date that this form of marijuana will be  
25 hazardous to consume.

1                   However, the potency and the effects can  
2                   change with time, so there are tips for proper  
3                   cannabis storage, which is to store it in an airtight  
4                   container, keep it in a cool location, keep it from  
5                   exposure to light, and use edibles by the use-by date  
6                   because, obviously, edibles can go bad the same way  
7                   that food goes bad, because edibles are simply food  
8                   products that are infused with cannabis. Food can go  
9                   bad. That would be -- that would be the expiration  
10                  date.

11                   As for products such as vape pens,  
12                  (indiscernible) or tinctures, it's recommended that  
13                  you use them within a year of purchase.

14                   The FDA is silent on the issue of  
15                  expiration date of medical cannabis.

16                   But I'd like to address the CRC and thank  
17                  you for the mission that you've taken on to create  
18                  this new industry with social justice at its core, and  
19                  dedicated to repairing the damage that has been done  
20                  to individuals and communities in The War on Drugs and  
21                  acknowledge their presence -- their progress in  
22                  fulfilling this mission. Well done, CRC. Thank you.

23                   MS. BLAKE: Thank you.

24                   CHAIRWOMAN HOUENOU: Ms. Blake, the next  
25                  set of speakers, please.

1 MS. BLAKE: As per usual, everyone will  
2 have three minutes to speak. That is the end of our  
3 invited speakers.

4 Everyone will have three minutes to  
5 speak. I will call five names at a time. If you hear  
6 your name, please raise your hand so that we may give  
7 you the opportunity to speak. Again, three minutes.  
8 Be concise as you can and respectful of everyone's  
9 time.

10 Lincoln Gratton? Mari tza Oldsten (PH)?  
11 Chirali Patel (PH)? Edwin Ortiz? And Andrea Menendez.

12 Lincoln Gratton? Mari tza Oldsten?  
13 Chirali Patel? Edwin Ortiz? And Andrea Menendez?

14 If any of those individuals are present, please raise  
15 your hand.

16 Chirali Patel, go ahead.

17 CHIRALI PATEL: Hi. Can you hear me?

18 Okay. Thank you, Commissioners, for giving us the  
19 opportunity to speak. Chirali Patel on behalf of  
20 Blaze Responsibly. Thank you for continuing to talk  
21 about the medical program.

22 And I do appreciate the delay. Even  
23 though everybody does want to see adult use sales, we  
24 want to get the medical program done correctly the  
25 first way.

1                   And I just wanted to share an experience  
2           that I recently had at a visit at an ATC that I won't  
3           name. It was quite dramatically different than my  
4           former visits in that usually, when you go in as a  
5           medical patient, you know, you can do an assessment,  
6           if you choose to, or, you know, there's consultants --  
7           patient consultants that are usually on site.

8                   This time around, though -- and then  
9           there's always verification at the end of the  
10          transaction, like double verification with your  
11          medical card. They tell you what your remaining  
12          allotment is, general information.

13                   And in this time around when I went in, I  
14          was -- it really felt like a retail transaction.  
15          There was no double verification. I wasn't told about  
16          my allotment, which I'm always told about how much  
17          remaining allotment I have left as a patient. And I  
18          was also told that everybody is now a bud tender, and  
19          that there are no more patient education consultants,  
20          period. That that title has been removed.

21                   And the individual that I was speaking  
22          to, who was the bud tender, was telling me that, you  
23          know, they were upset that they didn't have the  
24          ability to consult and talk to patients, because they  
25          really enjoyed that part of their job.

1                   And so I think as you guys are figuring  
2                   out ways to, you know, keep this program viable and  
3                   making sure that the ATCs are accountable to the  
4                   medical patients, that you still have patient  
5                   education counseling available on site, regardless if  
6                   we're moving toward adult use sales.

7                   And especially for patients to be able to  
8                   know how much allotment they have left, because it's  
9                   not something that you get on your receipt. It's  
10                  something that you can look up on the State website.  
11                  But not everybody is, like, tech savvy, especially  
12                  older patients. And so even if it's on the receipts  
13                  now, at least the patients can see how much product  
14                  that they have left.

15                  The other thing that I thought was a  
16                  little frustrating is, you know, the prices are  
17                  already high. People spend thousands of dollars a  
18                  month on medicine alone. A lot of the ATCs are now  
19                  offering discounts and different deals, which I  
20                  definitely appreciate. However, I know a lot of  
21                  patients who are on government assistance, for  
22                  example, or Medicare cardholders. You would normally  
23                  get a discount for that. But now when there's  
24                  promotions that are ongoing, they don't let you stack  
25                  those discounts.

1                   And so if the whole point is to try to  
2                   alleviate cost burdens for patients, then, you know, I  
3                   think that should be something that we take into  
4                   consideration.

5                   And, lastly, because time is running out,  
6                   I know the CRC is not responsible for this, and it's a  
7                   legislative thing, but patients definitely need home  
8                   grow. If you can advocate for it, if you can tell us  
9                   what to do to help advocate for it and educate, I  
10                  think, at a minimum to help out with this whole  
11                  burden, homegrown would be beneficial, and just  
12                  patient education.

13                  Please don't forget about us. Thank you.

14                  MS. BLAKE: Thank you.

15                  Not seeing any of the other names I  
16                  called, I will go to the next five. Alex Stein (PH), Ken  
17                  Belltrans (PH), Stephen Greenberg, Alexandria Alsalala (PH),  
18                  Barry Doll (PH).

19                  Say those names again. Alex Stein, Ken  
20                  Belltrans, Stephen Greenberg, Alexandria Alsalala,  
21                  Barry Doll.

22                  Barry Doll, go ahead. Please state your  
23                  name for the record, since you're listed with your  
24                  phone number there.

25                  BARRY DOLL: Hello? Hello?

1 MS. BLAKE: Go ahead.

2 BARRY DOLL: Thank you. Yes. My name is  
3 Barry Doll. I live in Bergenfield, New Jersey, and I  
4 want to compliment the Commission for all the work  
5 they've done. I've been listening in, and I can see  
6 all the amount of work that's going on and taking  
7 place, and it sounds very thorough.

8 I was very pleased to see the discussion  
9 on the ATC where it just wasn't rushed through. I  
10 think there was some very appointed -- appointment  
11 comments made about, let's do this right, and I  
12 totally agree with that.

13 We have -- in our town we have a proposal  
14 to build a factory. I'll call it a factory. A  
15 manufacturing facility in our town, and I was  
16 wondering when the list came up of those that were  
17 approved today, I think it was 68 companies, I don't  
18 -- I couldn't get the video on it. I'm on the  
19 website, but the slide did not come up.

20 And I was wondering if there was a  
21 company called 11-11 on that list.

22 And, secondly, I would like to know, if  
23 we have any comments about the proposal, how can we  
24 contact the Commission?

25 My last question, if I may, is there a

1 separate license required for medical versus  
2 recreational marijuana?

3 Thank you.

4 CHAIRWOMAN HOUENOU: Before we -- thank  
5 you, Mr. Doll.

6 Before we move on to the next speaker,  
7 I'll just note that, as it pertains to the applicants  
8 who were approved for conditional licenses today, that  
9 information will be posted on the CRC's website as  
10 soon as we can get it up after this meeting. Thank  
11 you.

12 Ms. Blake, can we -- we can move on to  
13 the next set.

14 MS. BLAKE: I see Mr. Doll is finished,  
15 so I will move on to the next five. Earl E. Brown,  
16 Esquire, Nathesa Ali Goldsmith (PH), Andrew Zeitland (PH),  
17 Gilbert Mogly (PH), Edwardo Duran (PH).

18 Earl E. Brown, Esquire, Nathesa Ali  
19 Goldsmith, Andrew Zeitland, Gilbert Mogly, Edwardo  
20 Duran. If any of those individuals are present,  
21 please raise your hand. Please be aware that your  
22 name needs to match -- name or number needs to match  
23 the one with which you registered. That is the way  
24 that we'll be able to identify you.

25 Not seeing any of those individuals

1 present, I will move on to the next five. Darryl  
2 Miles (PH), Yan Shipelskiy, Wanda Pole (PH), Kalief Tyler,  
3 Robert Miller.

4 Darryl Miles, Yan Shipelskiy, Wanda  
5 Pole, Kalief Tyler, Robert Miller.

6 Yan Shipelskiy, go ahead.

7 DR. SHIPELSKIY: Hello, CRC. My name is  
8 Dr. Yan Shipelskiy, and I'm a member of the New Jersey  
9 CannaBusiness Association Laboratory Testing  
10 Committee. The LTC is dedicated to the finding of  
11 consensus set of laboratory testing standards for New  
12 Jersey that ensures safe products and protects  
13 consumers and patients.

14 We look forward to working with the CRC  
15 to create best in class standards and a model system  
16 for which other states can look up to. We appreciate  
17 all the hard work you're doing, and applaud the CRC  
18 for reviewing and approving adult use licenses, and  
19 continuing to expand the medical program.

20 As the CRC works to ensure the medical  
21 supply looks forward to adult use, we support the  
22 CRC's effort to implement independent third-party  
23 testing to verify that adult and medical products are  
24 free of contamination.

25 Testing cannabis for safety earlier will

1 reduce the risk of failures and recalls down the road,  
2 along with associated disruptions to supply.

3 It's commendable that the CRC is  
4 concerned with securing supply and ensuring that this  
5 supply is able to pass testing standards. We  
6 encourage additional requirements for newly-licensed  
7 medical cultivators, as well as newly-licensed  
8 recreational businesses, and we urge the CRC to  
9 expedite testing lab licenses.

10 The NJCALTC has also been discussing  
11 proposals for permanent testing standards, and will be  
12 providing comments to the CRC on this topic in future  
13 meetings and in writing.

14 Regarding the increase of maximum batch  
15 sizes to 100 pounds of the states with  
16 publicly-available batch limits, only two out of 20  
17 have limits of 100 pounds or greater. Out of those 20  
18 states, the average batch size is 21 pounds, and the  
19 most common batch size is 10 pounds. The change to  
20 100-pound limits has a big impact on third-party  
21 testing labs, equating to a 90 percent reduction of  
22 potential revenue.

23 Labs will have to acquire more mixing  
24 equipment to ensure that a homogenized sample can be  
25 achieved. Labs will also have to store significantly

1 more sample mass, consuming critical space that may  
2 not be fully available. The results in added costs,  
3 effort, and increase security risks for third-party  
4 labs.

5 Testing labs are essential for getting  
6 New Jersey's cannabis industry functioning effectively  
7 and safety.

8 Aside from potentially endangering public  
9 safety, larger batch sizes hurt the social equity goal  
10 of the CRC. Micro licenses and small operators often  
11 have smaller batch sizes due to facility limitations.  
12 Whereas the cost for compliance testing will stay the  
13 same if it adds just five pounds for 100 pounds.  
14 Micro businesses will pay more for testing than larger  
15 operators, and may be subject to more recalls and  
16 failures, undermining the social equity goals of the  
17 CRC.

18 We all want New Jersey, a state known for  
19 its leadership in the pharmaceutical space, to be a  
20 model testing program. We urge the CRC to revert to  
21 batch sizes, and the mean or median for whatever is  
22 seen in other states, instead of being an outlier.

23 Please reconsider this decision that  
24 risks public safety and contributes to social  
25 inequity. Thank you.

1 MS. BLAKE: Thank you.

2 Next up is Robert Miller. Mr. Miller, go  
3 ahead.

4 ROBERT MILLER: Yes. Thank you. So much  
5 like Dr. Shipelskiy, as part of the New Jersey  
6 Cannabis Association Lab Testing Committee, so am I.

7 And a little bit of background on myself.  
8 I come from New Jersey. Got my undergrad and graduate  
9 degree from Rutgers College of Pharmacy.

10 In looking at, which we were just talking  
11 about, the batch size, I want to give some real life  
12 examples of situations we have and the concerns we  
13 have from the laboratory side.

14 We know, as we heard from Commissioner  
15 Barker, about the importance about safety and  
16 efficacy, and the decision to reduce or to look at a  
17 batch size of 100 pounds really increases the chances  
18 of safety risks to the patients, which is, really, our  
19 primary interest. Particular is really related to  
20 microbiological contamination.

21 If you look across the United States,  
22 there's been a number of recalls related to  
23 microbiological failures, and the concern that we have  
24 from a lab testing group is having such a small size  
25 product would really increase the chances that a

1 localized, what we call hot spot, of microbiological  
2 contamination, would be missed; therefore, impacting  
3 overall patient safety.

4 So what we urge is the Commission to  
5 reconsider the position and the recommendation, as Dr.  
6 Shipelskiy said, to even take it a step further, that  
7 you could actually subdivide the batch into five equal  
8 parts. Say if we go up to 100 pounds and subdivide it  
9 into five equal parts of 20 pounds each, and test each  
10 one of them, that would really do two things.  
11 Significantly increase the chances of localized hot  
12 spots, and also give the grower processors the  
13 opportunity to remediate their product, and understand  
14 where those failures may be coming.

15 Because we know at the end of the day you  
16 can't test quality into the product, but by having a  
17 better understanding of how the product behaves, we  
18 can ultimately help and work with those grower  
19 processors to remediate and potentially mitigate such  
20 increased chances of microbiological contamination in  
21 the future.

22 And thank you for your time.

23 MS. BLAKE: Thank you.

24 Next up will be Kalief Tyler. Kalief, go  
25 ahead.

1 KALIEF TYLER: Yes. How you doing? Can  
2 you hear me?

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

4 KALIEF TYLER: Yes. How you doing? I  
5 just want to start off first and say I appreciate  
6 everything that you guys are doing, and I'm looking  
7 forward to see how this program actually integrates  
8 into the business market.

9 Actually, I'm kind of in the process of  
10 -- I'm trying to figure out how to go about getting  
11 the compliance regulation, the regulation compliance  
12 plan.

13 And I have a question. As far as the  
14 timetable of the approval for the recreational  
15 licensing, and as far as, like, when that process -- I  
16 know you guys said that you started taking the  
17 applications on the 15th. But is it, like, similar to  
18 the original cultivation license where it's going to  
19 take about 90 days to process?

20 And also the information for the  
21 regulatory compliance plan. I apologize. I'm a  
22 little bit scattered right now.

23 Yeah. I don't really have too much more  
24 comment, more questions on anything right now.

25 MS. BLAKE: Thank you.

1                   The next five names, John Fleming, James  
2     Rise (PH), Yolanda Green (PH), Daniel McKellip (PH), Jade  
3     Sandadozer (PH).

4                   Again, John Fleming, James Rise,  
5     Yolanda Green, Daniel McKillip, Jade Sandadozer. If  
6     any of those individuals are present, please raise  
7     your hand.

8                   Not seeing any of those individuals, I  
9     will move on.

10                  Christopher Almai da (PH), Mike Kourtney,  
11     Osbert Orduna, Hugh Giordano?

12                  Christopher Almai da, Mike Kourtney,  
13     Osbert Orduna, Hugh Giordano.

14                  Hugh Giordano, go ahead.

15                  HUGH GIORDANO: Yes. Can you hear me  
16     okay?

17                  MS. BLAKE: We can hear you fine.

18                  HUGH GIORDANO: Excellent. Thank you so  
19     much.

20                  I am Hugh Giordano, union representative  
21     for UFCW Local 360. First, we'll make it clear that  
22     the UFCW absolutely support State expansion and  
23     protection of the medical program. A strong medical  
24     program will lead to a strong adult use program. And  
25     those safety and health standards will then protect

1 the workers too.

2 So we are really proud of the CRC and  
3 glad that Chairwoman, Vice Chair, and the other  
4 honorable chairpersons care about workers and  
5 patients. So thank you.

6 I'm here today -- and because -- and most  
7 folks that know me, know I'm a pretty positive person  
8 when it comes to having labor and industry work  
9 together. Unfortunately, we have a dilemma here. And  
10 I'm really glad that Commissioner Barker brought up  
11 stuff as labor standards. And Commissioner Nash also  
12 brought up following the law.

13 Because as Commissioner Barker said, a  
14 real and tangible piece of evidence would be a  
15 union-labor peace agreement and a collective  
16 bargaining agreement.

17 Unfortunately, for the 99 percent of  
18 consultants, lawyers, and executives who the UFCW has  
19 worked with over the years, there is a small  
20 percentage who believe that breaking the labor peace  
21 standards is okay. And this is a direct attack  
22 against not only workers, but patients, because  
23 patients are workers and workers are patients.

24 I'm talking in reference today of  
25 Columbia Care, also known as The Cannabist. We have a

1 super majority of workers who have signed union cards.  
2 We have signed -- who have signed an open petition to  
3 management saying that they want to be represented by  
4 the UFCW, and The Cannabist is refusing, under the  
5 labor peace standards and the spirit of the law, to  
6 recognize the workers who work every single day to  
7 take care of patients and their well-being.

8           If you look at Columbia Care and The  
9 Cannabist on social media, Google News, and you type  
10 in "Columbia Care social equity," you will see  
11 numerous articles where they talk about racial equity,  
12 community, resources, social equity. They use these  
13 key words in hopes that the political figures will  
14 hear this and support them.

15           But when it comes down to reality, all  
16 those words must not be going towards the workers  
17 then. Because all those standards this -- this --  
18 these group of professionals that work at The  
19 Cannabist in Deptford are, without a doubt, fulfill  
20 all these racial equity community and social equity  
21 standards if they would allow their workers to  
22 organize.

23           They are actively having anti-union  
24 meetings. They are telling workers that they cannot  
25 wear union paraphernalia. These are direct violations

1 of federal law on top of that.

2 As most of the legal professionals know  
3 who have worked with UFCW and myself, they know that I  
4 am the person who turns the cheek because I want to  
5 have a good relationship with industry. But this is  
6 unacceptable.

7 At the end of the day my job is to do one  
8 thing, and one thing only: Protect working class.  
9 Protect the working class within cannabis. And that's  
10 both the workers and the patients.

11 And this is a direct violation and a spit  
12 in the face to the CRC, who works hard every day on  
13 social equity, who puts the time and effort in, who  
14 travels the state to speak about these agendas. And  
15 for the preexisting employers to believe that they are  
16 above the law and not supposed to follow the law,  
17 that's sad. It really is. Because everything they  
18 stand for then is a lie. And they've lied to the  
19 State and they've lied to the governor and the senate  
20 and the assembly.

21 Also, in saying that, we have reached out  
22 to the company numerous times, and we are showing good  
23 faith still. And it's -- I want to bring to the  
24 attention of all the consumers and patients about  
25 these actions and how they're affecting the workers.

1                   We still want to have open dialogue.

2                   We are also dealing with other  
3 facilities, such as Breakwater and TerrAscend, whose  
4 management have openly said anti-union propaganda.

5                   I'll give you an example. Breakwater, I  
6 hate to say this, used foul language and told workers  
7 to throw the S-H-I-T in the trash, yelling and  
8 screaming in a non-work area on their break.

9                   TerrAscend has openly also told union  
10 reps to not speak to the workers in non-work areas.

11                   To all the good facilities out there,  
12 thank you. Verano/Zen Leaf just ratified their  
13 contract. They have CBA. So Zen Leaf workers are  
14 unionized.

15                   MS. BLAKE: Thank you, Mr. Giordano.  
16 Really appreciate your time.

17                   HUGH GIORDANO: Thank you so much. Have  
18 a good day, everybody.

19                   MS. BLAKE: Next up is Mike Kourtney.  
20 Mike Kourtney, go ahead.

21                   MIKE KOURTNEY: Good afternoon. I'd like  
22 to start out with thanking the Commission for  
23 everything they've done, and appreciate all of their  
24 effort.

25                   Reason I signed up to make a public

1 comment today is our application was one of the  
2 rejected applications. And one of the reasons is it's  
3 stated that we did not have notarized documents for  
4 all persons of interest. However, we did provide all  
5 notarized documents. We had 11 people. And based on  
6 the data that was provided today, it looks like more  
7 applicants have two or three people.

8 The portal only allowed you to upload the  
9 10 people, so we did upload one person in under the  
10 other document section, and it was mentioned today as,  
11 hey, you know, if you want, make sure you upload it in  
12 three places. It's better than none.

13 The documents were definitely uploaded.  
14 Since we had our application rejected for something  
15 that we actually did, and were limited by the  
16 inability to get any support of how we upload more  
17 than 10 people, we reached out to tech support.  
18 Nothing. We submitted two weeks late. We followed  
19 the instructions to the T.

20 Because we couldn't modify things, we  
21 didn't want to combine documents because, again, it  
22 said modifications could possibly get us banned. We  
23 did everything right, and we still got kicked out of  
24 the -- rejected, which I understand we can reapply.  
25 There's no meeting next month.

1           So even if I -- you know, some good  
2 chance that we are able to get into the good graces  
3 and get in, April would be the earliest, would be 60  
4 days behind the competition when we did everything  
5 that we were supposed to do.

6           We also reached out multiple times by  
7 phone and by e-mail to the CRC seeking guidance on  
8 this, and nobody responds. Not since December 15th,  
9 not when we got this letter a week before today's  
10 meeting, which we immediately responded to.

11           And we just want to know how's this fair  
12 that we actually followed the guidelines, did  
13 everything right, compared to some other people that  
14 we know didn't do things right, and our application  
15 got rejected, and now we have nothing we can do about  
16 it, other than get in line?

17           And so we have a team and also everything  
18 I've heard today were, like, you know, our whole team  
19 was built. The reason we built such a large team is  
20 to try to do as much good for the State and make this  
21 State and the CRC proud. And we're very frustrated to  
22 see this result.

23           And I would really love some guidance on  
24 what to do now. Even if we resubmit, the portal won't  
25 even allow us to submit more than 10 people. So who

1 can we talk to? How can we get some guidance and  
2 where do we go from here?

3 Thank you.

4 MS. BLAKE: Thank you for your comments.

5 MR. BROWN: Madam Chair, can I say a  
6 word?

7 CHAIRWOMAN HOUENOU: Yes, Director Brown.  
8 Please go ahead.

9 MR. BROWN: Mr. Kourtney, I was just  
10 going to suggest that you submit to the e-mail  
11 CRC.Licensing@CRC.nj.gov. Just put something in the  
12 attention line noting that you spoke at this meeting.  
13 We'll make sure it gets routed to the right place and  
14 someone gets in contact with you.

15 MS. BLAKE: Up next, Hasaan Austin,  
16 Karlos J. Paul, Nicholas Butz, James Carty, Dr. Seth?  
17 Hasaan Austin, Karlos J. Paul, Nicholas  
18 Butz, James Carty, Dr. Seth. Please ensure that the  
19 name that you -- that is on your screen at the moment  
20 is the one that you registered with.

21 Hasaan Austin, go ahead.

22 HASAAN AUSTIN: Yes. Good afternoon.  
23 Hello. I'm Hasaan Austin, managing partner of MTA Biz  
24 Development, a business development agency. We aid  
25 the public and private sector in achieving business

1 goals in cannabis, paying it forward with quantifiable  
2 social equity policy, procedures, and programming, is  
3 key on the local level.

4 But I want to start off off the up top,  
5 just want to commend the CRC for its efforts with the  
6 weekly regional public hearings the last three weeks,  
7 taking public feedback to determine the best way to  
8 spend social equity revenues. There's much needed in  
9 this process. Thank you for your efforts.

10 The public provided wonderful  
11 suggestions. Some great comprehensive solutions were  
12 made to spend social equity revenues. But remember,  
13 social equity spending will be prioritized and  
14 organized on a local level. So we believe spending  
15 should be deployed in incubator infrastructure to  
16 better promote public and private partnerships. This  
17 best allows for the quantifiable distribution of  
18 social equity benefits within your community.

19 Investing in infrastructure should be the  
20 starting point. And this should start with medical  
21 cannabis education. Workshops for the patient  
22 population and the community as a whole. This should  
23 include medical cannabis training for law enforcement  
24 and fire departments, because they will be interfacing  
25 with medical patients in the community as a whole.

1                   We've learned that social equity can be a  
2 very elusive definition. Social equity can be defined  
3 on the local level by your elected officials in the  
4 communities they serve.

5                   So please encourage investment in  
6 programming and infrastructure on a local level.

7                   Just, lastly, I just want to make a  
8 really quick point about real estate. The cannabis  
9 real estate inventory is very scarce in New Jersey,  
10 slowing down market conditions. You know, presumably  
11 slowing down the -- the process to procure a license.

12                   Plus, you know, you have to kind of be  
13 plugged in to access some of this off-market property  
14 stuff. So the scare should be as real. The landlords  
15 have challenges. The municipalities have challenges.

16                   So please be patient as those solutions  
17 come about to increase some of the real estate  
18 inventory.

19                   That said, I would implore municipalities  
20 to consider expanding ordinances to allow for more  
21 square footage to hit the marketplace.

22 Understandably, this is a very sensitive area.

23 Schools, houses of worships, et cetera. However, just  
24 please consider some middle ground there.

25                   And for entrepreneurs, I would also

1 encourage you guys to be creative. Think about  
2 co-working space, things that may not be a conflict to  
3 your business. And just consider all that.

4 I just want to end by saying thank you  
5 again, CRC, for your great work, and keep up all of  
6 your efforts. Thank you.

7 MS. BLAKE: Thank you.

8 Next up is Nicholas Butz. Go ahead.

9 NICHOLAS BUTZ: Good evening, everybody.  
10 I would like to start off by saying thank you to the  
11 CRC for giving me the opportunity to speak tonight, as  
12 well as providing me with such labor peace laws, which  
13 has also allowed me to reach out to the UFCW.

14 My name is Nicholas Butz,  
15 patient/employee at The Cannabist, Deptford, owned by  
16 Columbia Care. I'm here to attest that myself and  
17 majority of my colleagues have also felt the need to  
18 reach out to the UFCW to form alliance and help  
19 represent us while turning this from a job into a  
20 career.

21 As majority we have voted yes, as well as  
22 petitioned for immediate recognition, and have seen no  
23 form of cooperation. My colleagues and I have decided  
24 to form a union with hopes of better work environment,  
25 more fair wages and benefits, as well as job security.

1 Thank you for giving me the opportunity  
2 to speak today.

3 MS. BLAKE: Thank you.

4 Next up is James Carty. Go ahead. James  
5 Carty, go ahead.

6 JAMES CARTY: Hi. Can you hear me?

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

8 JAMES CARTY: Okay. Good afternoon. My  
9 name is James Carty. I'm currently considered a sales  
10 associate at Columbia Care Cannabis in Deptford, New  
11 Jersey. I'm also a patient.

12 First and foremost, I would like to thank  
13 the CRC for allowing me to speak on this platform, and  
14 also for creating and backing the labor peace laws  
15 that have allowed me to reach out to the UFCW 360.

16 I'm here today to state that my  
17 co-workers and I have expressed our rights under the  
18 New Jersey Labor Peace Agreement to form a union, and  
19 we're not being recognized by Columbia Care.

20 I chose to reach out to the UFCW not just  
21 for job protection, but to turn this from just a job  
22 to a career. Us at the bottom of the totem pole in  
23 this new budding industry want to be recognized as bud  
24 tenders. We want the job security a union offers. We  
25 want to be able to accept tips. We want to be the

1 ones who start right at the forefront of this industry  
2 and be able to grow our careers. Not just be stuck in  
3 one spot.

4 But, most importantly, we want to have a  
5 voice. And with a union all that will be possible.  
6 The employees at The Cannabist, Deptford, expressed  
7 our rights to form a union. Now we want to be  
8 recognized as one.

9 Thank you.

10 MS. BLAKE: Thank you.

11 Karl os J. Paul? Go ahead. Karl os Paul ,  
12 go ahead.

13 KARLOS J. PAUL: Hi. Can you hear me?

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

15 KARLOS J. PAUL: Hi. Good afternoon. My  
16 name is Karl os J. Paul. I'm a patient and senior  
17 sales associate for The Cannabist in Deptford, New  
18 Jersey, under the Columbia Care brand.

19 I want to take the time to thank the CRC  
20 for establishing the labor peace laws in New Jersey  
21 that allowed me to the right to reach out to the UFCW,  
22 as well as the opportunity to speak here today.

23 Along with myself, my team at The  
24 Cannabist have voted in majority, signed union cards,  
25 as well as have signed a petition stating we want

1 representation from the UFCW Local 360.

2 The reason I had reached out to the UFCW  
3 is because I want this job to be a lifelong career  
4 with benefits and protection, not only for myself, but  
5 my fellow colleagues and any future employees in the  
6 industry.

7 I also want to know that we are going to  
8 grow along with the industry and not just watch it  
9 grow.

10 And after being able to speak here today,  
11 I hope that this is able to push forward the  
12 unionization of The Cannabist, Deptford, not only for  
13 us, but for future dispensaries and workers coming  
14 into the state.

15 Thank you so much for your time and  
16 consideration.

17 MS. BLAKE: Thank you.

18 Dorwood Pinkett (PH) and Dr. Monique  
19 Hamilton; are any of those individuals present?

20 Dorwood Pinkett?

21 Dr. Monique Hamilton, go ahead. Go  
22 ahead.

23 DR. MONIQUE HAMILTON: Hi. My name is  
24 Dr. Monique Hamilton, and I'm Board certified in  
25 internal medicine, and I am the cofounder and

1 physician for the Dr. Monique Hamilton Medical Center,  
2 DMMC, in South Orange, New Jersey.

3 I applaud the CRC in its efforts to  
4 consider the addition of more qualifying conditions to  
5 the New Jersey medical cannabis program. There are  
6 many patients in New Jersey that are suffering because  
7 they do not have adequate control of their chronic  
8 medical conditions with conventional therapies. And  
9 expanding the qualified conditions can get these  
10 patients access to a more effective treatment.

11 There are several ways the CRC can expand  
12 the qualified conditions for the New Jersey medical  
13 cannabis program. This can be achieved by adding  
14 additional diagnoses, such as neuropathic pain, which  
15 is a form of chronic pain, that does not classify as  
16 musculoskeletal pain or visceral pain.

17 Medical cannabis has been shown to help  
18 significantly in the management of neuropathic pain.

19 Movement disorders, which can be  
20 associated with Huntington's Disease and Parkinson's  
21 Disease also benefit from medical cannabis treatment.  
22 Intractable headache syndrome, which includes cluster  
23 headaches, tension headaches, and medication overuse  
24 headaches shall also be considered as a qualifying  
25 condition. Currently only migraine headaches are

1 listed as a qualifying condition. But patients  
2 suffering from intractable headache syndrome can also  
3 benefit from medical cannabis.

4 The CRC can also consider expanding the  
5 definition of the current qualifying conditions. For  
6 example, in the State of Connecticut the chronic pain  
7 criterion is defined as chronic pain of at least six  
8 months' duration, associated with a specified  
9 underlying chronic condition refractory to other  
10 treatment intervention.

11 The CRC can also be more inclusive of  
12 what conditions qualify a patient for medical  
13 cannabis.

14 For example, in the State of New York  
15 practitioners can certify patients for the medical use  
16 of cannabis for any condition, based on the  
17 practitioner's clinical discretion. Patients are no  
18 longer limited by a list of qualifying conditions to  
19 be eligible for the use of medical cannabis.

20 These are a few ways the CRC can expand  
21 the qualifying conditions for the New Jersey medical  
22 cannabis program. The addition of more medical  
23 conditions will serve New Jersey's patient population  
24 in a tremendous way.

25 Thank you for this opportunity to speak.

1 MS. BLAKE: Thank you.

2 Madam Chairwoman, that was the last  
3 registered speaker for today. Actually, Dr. Seth has  
4 come on.

5 Dr. Seth, go ahead. Dr. Seth?

6 SETH NAPP: Hello?

7 MS. BLAKE: Yes. Go ahead.

8 SETH NAPP: Hello. My name's Seth. I'm  
9 from Hazlet, New Jersey. I just had a couple of  
10 things that I wanted to say.

11 We really need home grow really bad in  
12 New Jersey. How can I buy a product from a dispensary  
13 and find a seed in it and not be able to plant it in  
14 the ground without worrying about possibly being  
15 prosecuted and going to jail for five years for each  
16 plant? That's not right.

17 Seventy percent of New Jersey voted yes.

18 No one has ever overdosed or died on cannabis.

19 Alcohol and opioids, for sure.

20 I was hit by a bus when I was 19, and I  
21 started down the road with pain management. Nearly  
22 ruined my life. Cannabis has helped me come back at  
23 full speed. But I live by myself and I can barely  
24 afford it.

25 By growing a plant or two, that would

1 help me a lot. Also, not everybody grows. A lot of  
2 time gets put into a plant, and not everybody has time  
3 for that. So I don't think you have to worry -- be  
4 worried about losing money. And I know it's not your  
5 choice, but maybe you can say something to legislative  
6 that you guys think home grow would help us. Even one  
7 plant. I mean, that's not going to kill your  
8 businesses.

9 Cannabi s has helped me turn my life  
10 around. I really credit it. Without it I may be  
11 dead.

12 That's all I have to say. Have a great  
13 day.

14 MS. BLAKE: Thank you.

15 CHAIRWOMAN HOUENOU: That you. Sorry.  
16 Seth, before you step away, can you please provide us  
17 with your last name, just for minutes-taking purposes?

18 SETH NAPP: Napp.

19 MS. BLAKE: Could you spell that, please?

20 SETH NAPP: N-A-P-P.

21 CHAIRWOMAN HOUENOU: Thank you so much.

22 SETH NAPP: You're welcome.

23 MS. BLAKE: Now that was the final  
24 speaker, Madam Chairwoman.

25 CHAIRWOMAN HOUENOU: Thank you, Ms.

1 Blake.

2 And thank you to all of our speakers  
3 who've offered their thoughts, questions, ideas, and  
4 concerns to the CRC today.

5 Again, the CRC will be accepting written  
6 comments or feedback. To submit any comments in  
7 writing, please go to our website,  
8 [www.nj.gov/cannabis/meetings](http://www.nj.gov/cannabis/meetings).

9 As always, the written comments that are  
10 submitted to the Commission will be shared with the  
11 Commissioners and made public, along with the meeting  
12 minutes.

13 This concludes the business that is  
14 before us today.

15 Do I have a Motion to adjourn?

16 VICE CHAIR DELGADO: I move that we  
17 adjourn, Madam Chairwoman.

18 CHAIRWOMAN HOUENOU: Moved by Vice Chair

19 --

20 COMMISSIONER BARKER: I second.

21 CHAIRWOMAN HOUENOU: Moved by Vice Chair  
22 Delgado, seconded by Commissioner Barker.

23 Is there any discussion on the Motion to  
24 adjourn?

25 Hearing none, all those in favor of

1 adjourning say aye.

2 COMMISSIONER BARKER: Aye.

3 COMMISSIONER DEL CID-KOSSO: Aye.

4 COMMISSIONER NASH: Aye.

5 VICE CHAIR DELGADO: Aye.

6 CHAIRWOMAN HOUENOU: All those opposed

7 say nay.

8 Are there any abstentions?

9 All right. Hearing none, the Motion  
10 passes.

11 Thank you all again for joining today's  
12 meeting. Please visit our website to view the  
13 approved calendar for our regular meetings this year.  
14 Our next regular scheduled public meeting is scheduled  
15 for Tuesday, May 24th, at 1:00 p.m. Our meetings will  
16 continue to be conducted virtual until further notice.

17 Congratulations to all of our conditional  
18 licensed award winners today. I'm very happy that  
19 we've finally been able to process virtual. It's been  
20 a historic moment for the State of New Jersey. So a  
21 big congratulations to you all.

22 For anybody who has raised questions  
23 today, a lot of questions can be answered from the  
24 information that is available on our website. So  
25 please, please, please look at that. The -- the

1 medicinal regulations, the adult use regulations, and  
2 requirements for both of those are detailed under the  
3 tab labeled "cannabis businesses."

4 So there's a wealth of information,  
5 thanks to our wonderful director of communications,  
6 Toni-Anne Blake. That is available for individuals to  
7 read and be educated on.

8 So the time is now 4:11 p.m., and we are  
9 now adjourned. Have a great evening, everyone.

10 COMMISSIONER BARKER: Take care,  
11 everyone.

12 (Hearing was concluded at 4:11 p.m.)

13 - - -

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

STATE OF NEW JERSEY

COUNTY OF CAMDEN

I, Cindy Pineiro, a Certified Shorthand Reporter and Notary public of the State of New Jersey, do hereby certify that I reported the hearing in the above-captioned matter; that the foregoing is a true and correct transcript of the stenographic notes of testimony taken by me in the above-captioned matter.

I further certify that I am not an attorney or counsel for any of the parties, nor a relative or employee of any attorney or counsel connected with the action, nor financially interested in the action.



Cindy Pineiro, CSR #30XI00181500

Notary Public #50010742 Exp. 2/24/25

Dated: March 24, 2022

<b>A</b>																																
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