

New Jersey Cannabis Regulatory Commission
 Public In-Writing Comments
Public Meeting: April 11, 2024

Full Name	Meeting Date	Comment
Lyndsey Shaw	4/11/2024	<p>I am a licensed cultivator, and my comment concerns Trade and Internal Samples. It is my understanding that Trade Samples must be prearranged, packaged, and manifested to a licensed retailer. Our sales team has no legal method to provide trade samples for cold calls or stop-ins to generate business. In addition, there is no way to issue an Internal Sample to test our product and ensure it is the quality we strive for before selling. In any industry, a producer, grower, or manufacturer can verify the product's quality internally.</p> <p>I implore you, the CRC, to fix this oversight and provide a legal pathway for manufacturers, cultivators, distributors, and wholesalers to issue Trade Samples and Internal Samples legally. I highly recommend following the Michigan Cannabis Regulatory Agency for guidance and examples on this topic.</p>
Robert Devine	4/11/2024	<p>Hello,</p> <p>I am a medical cannabis patient in NJ and have been for about 5 years. I went through the phases of paying taxes on my medicine, seeing those taxes finally relieved through the Jake Honig Compassionate Use Act, only to see many municipalities add on a 2% tax that medical patients are back to paying again.</p> <p>While I know 2% may not seem like a high amount, the fact remains that there were many statements that medical patients should not be taxed for their medicine. This municipal tax is no different from a sales tax, and I would like to hear this addressed at a future meeting. Why is it OK for medical patients to pay for a municipal tax on their medicine, when the legislature/CRC already determined that medical patients should not be paying tax on their medicine? The CRC really should advocate for all taxes to be abolished for medical patients.</p> <p>Thank you for your time.</p> <p>Sincerely, Robert Devine</p>
Brian Putzer	4/11/2024	<p>Medical Cannabis Dispensaries in Monmouth County NJ are currently deducting 7g of cannabis equivalent from the allotment when patients are purchasing one package of a 100mg RSO edibles. Additionally, the dispensaries have other skewed values as deductions for low weight products. An example would be the Verano infused pack of joints that weighs 2.5g, but is being deducted from allotments as 14.5g. Please issue a</p>

		<p>statement to the operating dispensaries providing guidance on the correct conversion amounts and values. Dispensaries are not using the current conversion chart displayed on the New Jersey CRC website. Help!! Thank you 🙏</p>
Lori Dowling	4/11/2024	<p>I am writing to ask where our final license number number is? We have been patiently waiting for this. Our final walk through was nearly a month ago, and my understanding is that all our final docs have been reviewed and signed off on. We were told that we should be expecting an email with that info earlier this week? We have emailed this question to the licensing email on the website a couple of times and didnt get any response. We have made a substantial personal investment, and are readily waiting to help the industry with product distribution. I respectfully ask that we get that info so we can begin our operations.</p>
		<p>Members of the Cannabis Regulatory Commission, thank you for your continued hard work and dedication to making NJ's cannabis industry a thriving success. My name is Dr Abigail Kalmbach and I am a member of the CMMNJ, NJCBA Laboratory Testing Committee, an affiliate of Barnard College, Columbia University, and founder of a botanical formulation company. I previously was awarded a conditional dispensary license but due to difficulties securing local approval and funders for a dispensary majority-owned by a social equity applicant, I have stepped away from my dream of operating a community focused dispensary that provides personalized recommendations and consults.</p> <p>There is a substantial need for the CRC, as mandated by the State of NJ through the Jake Honig Compassionate Care Act, to provide resources for both our medical practitioners and the general public. State-vetted educational materials could be instrumental in easing concerns from municipalities interested in allowing cannabis companies into their towns and positively influencing zoning to allow cannabis dispensaries to operate in centers of towns and not be limited to the outskirts. To strengthen NJ's lagging medical cannabis program, the CRC could engage with practitioners and patients currently active in the program to assist with providing resources regarding medical uses of cannabis for practitioners curious but uncertain about cannabis medicine.</p> <p>We also need the CRC to step up with regards to implementing safe and reasonable laboratory testing regulations. Currently, regulated cannabis in NJ is no safer than gray market products because the testing is performed on samples from monstrous batches of cannabis that cannot be representative of the entire batch. A recent study estimated that the costs of increasing testing frequency would pale in comparison to the substantial costs of having to destroy large batches of cannabis were a batch to fail even after remediation (see Figure 5 in citation below; https://tinyurl.com/batchSZs).</p> <p>It's well past time to reduce batch sizes from the 'interim' size of 100lbs. Trichome Analytics, NJ's first independent testing lab, has been writing about the need to reduce batch sizes for 2 years now (https://tinyurl.com/lbbatch).</p>

		<p>The ATCs are established (and the only players in NJ with anywhere close to 100lb batches) and can well afford increased testing frequency to better protect patients and consumers. Additionally, increased confidence in the testing program could be garnered were the CRC to report anonymized laboratory testing results. How do failure rates in NJ labs compare with failure rates across the country?</p> <p>Finally the CRC should create an advisory committee composed of scientists, medical practitioners, and patients. There is an urgent need for stakeholders whose health is directly impacted by CRC's regulations (patients, consumers, and cannabis workers) to have scientists, clinicians, and patients informing the regulations.</p> <p>Please prioritize the health and wellbeing of patients and consumers over the profits of large cannabis companies whose focus seems to be their bottom line and not the people buying their products or even working in their factories. The CRC's responsibilities are more than just ensuring that we have a \$1b+ industry. You are responsible for the safety and well being of NJ's cannabis patients and consumers.</p> <p>Thank you for considering these comments. I hope that batch sizes can be reduced through guidance in the coming weeks.</p> <p>Kind regards, Abigail Kalmbach, PhD</p> <p>CITATION: Valdes-Donoso P, Sumner DA, Goldstein R (2020) Costs of cannabis testing compliance: Assessing mandatory testing in the California cannabis market. PLoS ONE 15(4): e0232041. Please see Figure 5 in particular https://doi.org/10.1371/journal.pone.0232041 Or https://tinyurl.com/mrys35d9</p>
Margarita Tsalyuk	4/11/2024	<p>I am writing on behalf of Garfield Gardens Dispensary. We implore the commission to help us with the medical exclusive hours requirement. We only have about 0-3 medical patients a day on average, and the exclusive hours is having large impact and confusion for recreational customers without providing any meaningful benefit to medical patients. Please help us sustain our operations and provide the best customer service by helping us with this issue.</p>