

New Jersey Cannabis Regulatory Commission
Public In-Writing Comments
Public Meeting: June 17, 2024

Full Name	Meeting Date	Comment
James DiJon Thompson	6/17/2024	<p>What meeting would be held that I can attend to discuss additions or modifications to the regulation dealing with organic waste matter being converted to new useable materials?</p> <p>I would like to move forward with my business but am at a stand still with being able to retrieve organic waste materials from commercial medical cannabis facilities. Who am I to contact directly at the NJ CRC to begin working on this matter?</p> <p>Thank you</p>
Hugo Lopez	6/17/2024	<p>As a social equity, class 5, conditional license holder who already has extended his license looking for site control. I feel that licensees should be afforded the opportunity to reapply or extend their license several months before their current license expires as opposed to having to wait till their license expires to reapply again. Thank You</p>
Whitney Brennan	6/17/2024	<p>I have been a medical patient since 2018 in New Jersey. Paying anywhere from 350 a year for the doctors visits alone. Then 65.00 per 8th and I honestly couldn't afford it but I needed it to help subside my pain from a car wreck. Now that we have recreational cannabis, they are allowed to freely by an ounce per day. As a medical patient I am only permitted 3oz per month and if I run out of my allotment then I purchase recreational where I then have to pay taxes. So what is truly the point of the medical program if it's free to be recreational? Please do better for the patients NJCRC.</p>
Wadeeha Jackson	6/17/2024	<p>My name is Wadeeha Jackson, founder and CEO of DirectLeaf Delivery LLC (formerly Bud & Leaf Delivery LLC), with administrative offices in Maplewood, NJ. As a Social Equity and MWBE applicant, I am writing to the CRC to express my concerns of Cannabis Class 6 Delivery applicants and operators.</p> <p>As a prospective operator, I've come to realize New Jersey's current courier model does not offer a viable path to success. This belief has been proven by many states, which initially adopted this model but later found it too restrictive for profitability. Several states have found our model creates an inherent risk of market cannibalism since dispensaries can deliver their own products to end consumers. This risk must be taken seriously because Class 6 Delivery operators rely heavily on dispensary partnerships. The competing service poses</p>

		<p>significant obstacles. For example, it could lead to decreased delivery sales for Class 6 operators due to competition between outsourced and in-house delivery options. Also, this outsourcing may lead to inventory management issues and additional resource constraints for operators. We have to pay attention to other states and realize that the cannabis market is not mature yet to support our current courier model. Because delivery operators have limited access to cannabis inventory, this restricts our ability to scale our operations. Further, many vendors have not yet created technology that's suited for the courier model.</p> <p>Thank you for considering these concerns. I hope we can work together to develop a more sustainable and profitable model for Class 6 Delivery operators. I welcome the opportunity to discuss this further.</p>
Linda Solana	6/17/2024	<p>We are of social equity and have been through the wringer like everyone in this industry in my category. I understand the process. But it's really hard to understand why it takes the CRC Three months to approve licensing. How can we make this process easier for those of us of social equity and living in disadvantaged area's.</p>
Samuel Reichbart	6/17/2024	<p>Thank you for implementing virtual testimony for future meetings. This is a great step towards patient accessibility. Along with steps towards fixing in person accessibility issues at newly opened dispensaries, seeing patients pushed to the side at places they are supposed to be able to access relieving therapies is disappointing, I am glad to hear the commission will be taking steps to right these issues.</p> <p>I appreciate that you guys asked an educated group of doctors, long time activists, and others with a real involvement in the space and this industry. It is great that you are taking steps to listen to others that may be able to help, but it does not go over mine or others heads that you still refuse to speak with patients. We have valuable voices and opinions that could help to right some of the wrongs of this program, make it more accessible to patients, and help you guys to work in an efficient manner that will foster trust with the public and growth in the industry.</p> <p>I would like to parrot a couple of their points. Ken Wolski was absolutely correct in his recommendation that any doctor with prescriptive power may authorize cannabis for any patient or condition that they deem it will be therapeutic for. The commission is not exactly headed by doctors, so why would you guys task yourselves with deeming conditions helped or not by medicinal cannabis? It seems much more reasonable, both for the efficiency of the commission, barriers to care, and patient outcomes to allow cannabis</p>

		<p>to be recommended in this way.</p> <p>Additionally the group of doctors who spoke first had an excellent point in that requiring clinical education at every level is one of the most important changes you can make to foster a safe and growing medical cannabis market. Patients want to be able to ask real questions to doctors who have real science backed information. Budtenders are the best source of information currently but have their hands tied in that they can not make medical recommendations. Regina Nelson PhD has an excellent training program and continuing education programs for the medical community. I strongly recommend the CRC look into this or other courses to help foster education and trust amongst doctors and patients.</p> <p>While it was great to hear from these professionals, it would behoove the department to hire professionals like these to aid in the decision making process and ensure best outcomes for all patients and stakeholders. We are still waiting for testing batch size, hospital access, requiring COAs to be posted online by producers, all of these changes would help to foster accessibility and trust for the program, producers, and commission.</p> <p>Additionally patients are still waiting for solvent transparency on packaging. Patients are at risk because of your woeful lack of knowledge and failure to properly define and regulate RSO which is a highly unique product. My efforts to solve this issue have been going on for over 6 months, you guys need to take steps to work on this issue. This effects sick people. You regulate our medicine. Because of your lack of understanding, and failure to speak with the patients who this effects, you have failed to properly define and regulate a highly unique and medicinal product. Your lack of understanding has caused a dangerous situation that could potentially turn fatal for the most vulnerable patients in our state . Now it is up to you to fix it in a timely manner. I encourage you guys to take steps as soon as possible so no more patients have to suffer and no more potentially fatal situations occur.</p> <p>If you guys would take any steps to act on what we bring to your attention, we wouldn't have to keep showing up and telling you about it. Additionally, we keep discovering more and more and more issues that you guys also refuse to take action on, on top of all the previous issues, so my testimony gets longer due to the growing list of issues you fail fix, that your ignorance caused in the first place.</p>
Samuel Reichbart	6/17/2024	There was a point in time when I considered the commissions inability to properly regulate the industry a lack of education and resources. At this point I consider it a concerted, willful ignorance and a conscious

		<p>effort to ignore patients until they can no longer complain because they have all left the state for real medical programs, or died waiting for you guys to make changes that matter to the sick people whose medicine you are in charge of regulating. Shame on this commission for letting people get sick or die due to their failures, and doing nothing in their power to stop it.</p>
Linda Solana	6/17/2024	<p>I had a confirmation to speak at yesterday's meeting. I was on from 11 to 3 o'clock or so. Never got called. Yesterday's meeting they said it will take 4 weeks to review applications. This process is really hard and trying on people like us who have received the approval to open and CO from the town. I have been paying rent for 2 years on this property. I live in a disadvantaged area and have been struggling to say the least. They say we are priority applicants and that we are of social equity and get prioritized. Does that priority stop when we go for conversion? We are two months in. Paying rent with no income for 2 years. How does that classify as social equity? Do we really get consideration as social equity applicants? What is the priority that we get?</p>
Chris Goldstein	6/17/2024	<p>TESTIMONY OF CHRIS GOLDSTEIN BEFORE THE NEW JERSEY CANNABIS REGULATORY COMMISSION</p> <p>BY INVITATION: JUNE 17, 2024</p> <p>Honorable Commissioners,</p> <p>Thank you for taking time to listen to longtime advocates about the future of medical cannabis in New Jersey.</p> <p>My name is Chris Goldstein, and I have been working on this issue for more than 25 years. Today, I'm the Regional Organizer for NORML, the National Organization for the Reform of Marijuana Laws. In the past I've been on the Board of Directors at the Coalition for Medical Marijuana NJ, Executive Director of NORML-NJ. As a journalist in print and on public radio I have interviewed hundreds of cannabis patients, doctors, nurses, scientists, and policymakers about the successes and failures of our regulatory attempts.</p> <p>You have posed some poignant questions as we stand at a real crossroads for our program. First, let me address some of those questions and then give my overview of our current position.</p> <p>--- There are 17 qualifying medical conditions for NJ's MCP; should more be added?</p> <p>New Jersey should allow doctors and nurse practitioners to recommend medical cannabis for any condition they see fit. Recently, Delaware's legislature passed HB285, a bill that updated the DE</p>

medical cannabis program for post adult-use legalization. It includes a provision allowing any DE resident over the age of 65 to access a medical cannabis dispensary without a special card or a doctor's recommendation. This is the kind of easy access American seniors are expecting; cannabis available as more an over-the-counter medication.

---- How can NJ move forward with research via current statutes? NJ should attempt to fill the real gap in scientific knowledge about the cannabis plant itself. Documenting patient outcomes is often called "marketing" in pharma circles. Until the Star Trek style of tricorder is invented we will likely not have the technology to match cannabis strains for medical conditions in every individual. Most importantly, we should not allow the broad study of the registered patient population or dispensary data without a serious review about the potential impact on patient privacy.

From 2008 to 2010 I was involved with the passage of our first medical "marijuana" law. I've been testifying on legislative and regulatory solutions here ever since. This beneficial plant has been used every day as part of the fabric of good public health for generations. Our residents deserve easy and affordable access.

First let me say that you at NJCRC have done remarkable work already trying to keep our medical program running. You inherited this program from the NJ Department of Health, where operators were under a completely different regime. Today you have attempted to keep these same operators honest as they sell adult-use products, in parallel, from within the existing medical network.

After more than a decade of operation NJ has struggled to allow broad access to regulated medical cannabis products for residents with qualifying conditions. The original statutes and regulations from the 2010 Compassionate Use Medical Marijuana Act were incredibly flawed and politically corrupt. However, the program did launch under the NJ Department of Health. At the time, Governor Chris Christie bragged publicly about rewriting the law to be even more limited via intensive regulations. Eventually 3 of the 6 original medical cannabis operating permits went to allies of Gov. Christie.

New Jersey was the first state to require physicians to join a special registry simply to recommend cannabis therapy. That created an added stigma to doctors participating in the program. Today fewer than ten percent of physicians are practitioners in the program.

For years NJ operated one of the most limited and restricted medical cannabis programs in the country. There were often only 2-3

		dispensaries open, each one had a sparse selection of just a few products- CONTINUE VIA EMAIL
Damon Hanchell	6/17/2024	<p>To N.J. CRC. Admin (Whom it may concern)</p> <p>My name is Damon Hanchell and I am the owner of Premium dispensary llc based in Atlantic City N.J..</p> <p>First I would like to commend you on the great job that you are doing. I have to issues that I would like to bring to your attention.</p> <p>My issues are as follows:</p> <p>I am a social equity applicant that lives in a high impact zone. I am also a minority business owner with a cannabis conviction. When I started this journey two and a half years ago it was in my understanding that because people in my category where the most impacted by cannabis prohibition that we were supposed to be priority applicants. It has now been almost two and a half years.</p> <p>I have had my conditional license for over two years. I have been leasing a location for 18 months paying \$7000 per month in rent. I have gotten City state and ACCRDA appro</p>
Damon Hanchell	6/17/2024	<p>To: NJCRC. Admin, (Whom it may concern)</p> <p>My name is Damon Hanchell and I am the owner of Premium dispensary llc located in Atlantic City NJ.</p> <p>I have two issues in which I need your assistance.</p> <p>1) I am a social equity applicant and I live in a high impact zone. I am also a minority business owner with previous convictions for cannabis. When I started this journey two and a half years ago I was informed that people in my category, people most affected by the "war on drugs" would be prioritized in the licensing process. I have had my conditional license over two years. I have leased a store front over 18 months paying \$7000 per month. My investors have spent hundreds of thousands of dollars to bring this dream to fuition. I have submitted a conversion application over 8 months and I am still waiting for approval.</p> <p>2) I received a letter from your office saying that I had a disqualifying offense for an incident where I gave false information to law information to a police officer during a traffic stop 4 years ago. I submitted the paperwork that was requested 2 months ago and haven't received any updates on this matter.</p> <p>Please keep in mind that I have been on this journey for 3 years and have been totally honest and have submitted all paperwork requested.</p> <p>Can you please review my case and reply.</p> <p>Thank you for your time God bless</p>