

New Jersey Cannabis Regulatory Commission
Public In-Writing Comments
Public Meeting: March 24th, 2022

Sender	Date	Comment/Question
Michael Bronstein	2/25/22	<p>The American Trade Association for Cannabis and Hemp (“ATACH”) is a 501(c)6 trade organization that promotes the expansion, protection and preservation of businesses engaged in the legal trade of industrial, medical, and recreational cannabis-based and hemp-based products. ATACH has been named “Trade Association of the Year” and “Corporate Grassroots Organization of the Year” by Campaigns & Elections magazine. ATACH’s membership includes some of the most influential businesses as well as state, national, federal and international cannabis trade associations and organizations. In New Jersey, ATACH proudly supported the historic campaign to legalize cannabis as well as with New Jersey United for Marijuana Reform (“NJUMR”) in the many years running up to the law’s passage. In January 2021, ATACH launched the first of its kind initiative on cannabis beverage. This initiative has grown into the “ATACH Cannabis Beverage Council” to bring together cannabis and hemp beverage producers, manufactures, distributors, and mainstream beverage companies to advocate for cannabis and hemp drinks as a viable and safe new marketplace. Membership comprises cannabis industry leaders, state-level advisors, and key members of the beverage industry. The council includes members such as: Canopy Growth Corp.; CANN; Vertosa; Scott Coors; Kaló, Adolphus Busch V; Columbia Distributing; Evergreen Herbal; Organigram; BellRock Brands; Rebel Coast; Keef Brands, Cannacraft, Zuckerman Honickman, Inc; Kleen Technologies Inc. and others.</p> <p>We write to you today in consideration of consumption lounges and specifically for the consideration of cannabis beverages in such a setting. While smokeable flower or vaping is contemplated, so too should cannabis beverages. Cannabis beverage’s predictable form factor and approachable delivery mechanism is propelling the growth of the product and are suitable for consumption lounges. Due to new advances in emulsification technology, cannabis beverages have a fast acting onset permitting the user to much more precisely control the amount of cannabinoids they consume over time. As it relates to the consumer, cannabis beverage provides an alternative non-smokeable product that consumers may prefer in a cannabis lounge setting. Under New Jersey’s current legislative and regulatory structure, cannabis beverages are not a permissible form factor, despite the vast majority of states with adult-use programs that allow for beverages. As we have long advocated, ATACH urges the CRC to consider the beverage form factor as a viable non-oil based product for both the medical and recreational programs to ensure New Jersey’s program keeps pace with competing markets like New York and Connecticut and provide an additional opportunity in this exciting and fast moving segment.</p> <p>So too should this be the case for consumption of cannabis beverages in lounges.</p>
Susan J. Wilkinson	2/25/22	<p>Ref: Public Comments Adult Consumption Areas: Public comments Adult-use consumption areas: The CREAMM Act (particularly N.J.S.A. 24:6I-21) allows the CRC and municipalities to allow cannabis retailers to operate cannabis consumption areas. The CRC should allow Micro retailers to establish & operate using the guidelines below.</p>

		<p>What information should the CRC consider when developing its regulations concerning consumption areas? 2a. Allow these areas to Serve (Non-Alcoholic) beverages such as Coffee, Tea, Soda, with individualized light prepackaged snacks such as pastries, potato chips, pretzels, veggie straws .2b. The consumption space should be additional & separate from 1500sf. What potential issues related to indoor or outdoor consumption areas should the CRC be aware of, and how can the CRC mitigate or avoid those issues? 3b. The consumption area should be a well ventilated location indoors with HEPA Air Filtration System with limits of occupancy based on square footage of the consumption areas and filters should be changed daily or weekly. 3c. The ideal consumption should be allowed for both indoor and outdoor use. 3d. Most small retailers will have a problem with allowing consumption as the current square footage 1500 sf to be used is a mixed use downtown location and would need to be allocated more square footage just to be a polite neighbor. 3e. Atlantic City has currently placed the retail zones in locations that will make it difficult for a small location to have consumption locations; If not allowed more square footage for just the consumption location. 3f. Insurance liability will be very costly and small businesses that are forced into tight locations by zoning, may not have access to locations that can be used. 3G. I would suggest that at least 2 times per month on Friday & Saturday & that we allow for outside pop-up locations with limited hours, just like they did during the pandemic, they closed off streets for events and fairs and allowed for outside dining. 3H. Locations should not be within 500 ft of a place of worship, liquor store, school, daycare, or public building such as library and not near any city, state, federal office. 3I. Allow for Pop-up venues where the selling of merchandise such as t-shirts, arts & crafts, Non-Alcoholic beverages and food should be allowed to be sponsored by a micro retailer whose location cannot handle a consumption lounge due to being zoned in tight city locations. 3J. Locations are determined by local zoning and this places a real burden on the small micro retailer as they may not have the capacity & capital to allow for consumption and this directly affects persons such as myself who live in public (city) housing in a place where tobacco & medical marijuana must be consumed offsite and I have a school less than 200 ft from my building. So you must take a long walk and this is a problem for people with mobility issues. 3K. We need to allocate more square footage for the lounge only to be a polite neighbor. 3L. There is an odor to cannabis and it is stronger than tobacco, so we must make sure that there are warning signs stating that this can harm your lungs, and heart, and you must not drive under the influence of this substance. How can businesses with consumption areas keep patients and customers safe while being a good neighbor to the surrounding community? 4b. Our neighborhood at 33 N. Trenton is very supportive of us opening a retail store. We have maintained business at this location for over twenty years and the other partners of Salt Air Botanicals LLC live directly across the street from our proposed location. In order to be a good neighbor you have to interact with your neighbors. 4c. Limit the number of hours for consumption (Open at 11 AM locations to all close at 11 pm.) 4d. Make it the law that product must be purchased at the locat</p>
Steven Butler	2/27/22	<p>Before you approve recreational sales you should really experience the wait times and poor cattle call treatment the medical patients have to endure at several dispensaries. Garden State in Eatontown has 1 hour plus waits for online orders. 75 year old patients</p>

		waiting in the cold with no space heaters even. Multiple complaints to managers at these dispensaries get no response. Please see first hand what the medical patients have to endure to get their medicine before you open up recreational and make these places treat customers with some basic decency. Thank you
Michelle Ciano	2/28/22	I cannot attend this meeting but would like to submit a comment. Please address the waiting times (specifically GSD Woodbridge, but all their locations are having the same issue). Medical patients are waiting 30 minutes to 2 hours to pick up medication. Even preorders are made to wait. These issues will be compounded once Adult Use starts.
Darryl impalli	2/28/22	Hello good afternoon. I am looking for information on delivery service applications and when then will be available? Will deliver services be selling their own product or JUST limited to delivery of dispensary's product? Will dispensaries be required to use micro business delivery services like in other states? Can a license holder deliver to multiple municipalities with each towns approval?
Jared Carcich	3/1/22	Why is home grow not an option currently? I much would rather grow my own than spend hundreds to some greedy corporation, I dont see why thats not an option. If i can grow a tomato plant in my backyard, why cant I grow a cannabis plant as well?
Martha Urbiel	3/1/22	I believe that revenue from Cannabis businesses should be invested in public libraries which provide information vital to health and safety, small businesses, and individuals who are part of and/or will be affected by this new industry. Thanks you, Martha Urbiel
Cantor Risa Wallach	3/1/22	Please allocate funds for community re-entry for people leaving incarceration and establishing themselves in housing and employment.
Jenna Mellor	3/2/22	Good evening Chairwoman Houenou and members of the commission. My name is Jenna Mellor and I am the Executive Director of New Jersey Harm Reduction Coalition. As you know, the War on Drugs is a war on people. Over the past decade alone, New Jersey invested \$11.6 billion to arrest, prosecute, and incarcerate residents for drug war violations. These investments actively fueled racial injustice, with Black and Hispanic/Latinx residents most likely to be targeted despite white residents using and selling criminalized drugs at higher rates. Creating a legal and regulated cannabis market is a critical step to dismantling the drug war. Equally critical is reinvesting profits from this market into communities most harmed by the drug war. Because drug war investments actively fuel racial injustice, revenue from a legalized drug market should actively advance racial equity. Today, New Jersey has a one-of-a-kind opportunity to invest meaningfully into the wellbeing of communities most harmed by the drug war. To capitalize on this opportunity, policymakers should be guided by the following principles: <ul style="list-style-type: none"> • Do not double down on drug war investments. For decades, investment in law enforcement justified by the drug war has crowded out other much-needed investments in community wellbeing. Any revenue from the excise fee should be invested in areas

		<p>that remained underfunded as the drug war prospered — like housing, economic development, childcare, education, harm reduction, evidence-based and on-demand drug treatment, and social and legal services. Policymakers should not allow funds to be spent on law enforcement.</p> <ul style="list-style-type: none"> • Invest in a harm reduction approach to drug use. If any excise fee revenue is used to fund drug prevention or treatment programs, then these programs should be rooted in a harm reduction approach to drug use. A harm reduction approach to drug use is evidence-based and centers the humanity and wellbeing people who use drugs. When people have access to harm reduction services, they are less likely to experience drug use that causes problems in their lives and more likely to find support that works for them if they do. • Prioritize participatory decision-making. Communities who have experienced the most harm related to cannabis prohibition should have a meaningful and active role in deciding how the excise fee revenue is spent. To ensure meaningful participation, any localities that receive revenue should be required to — and supported in — develop participatory budgeting processes that are responsive to resident priorities. Moreover, a proactive effort to include residents who have personally been arrested, prosecuted, and incarcerated for cannabis-related offenses and/or who use cannabis should be required. After decades of harm caused by cannabis prohibition, New Jersey has the opportunity to make historic investments in community wellbeing and public health. New Jersey residents harmed by the drug war deserve every dollar to be spent on restorative and Thank you for considering this testimony.
Armando Luis Alvarez	3/3/22	Why isn't New Jersey allowing home growing, hashish, smoking lounges, or public smoking? All of these are standard in California and Colorado and they make the entire program here look like a corporate rip-off to anyone who knows anything about the subject.
barry doll	3/4/22	We request denial of a license to applicant # 1102 (ElevenEleven LLC) to operate a cannabis factory in Bergenfield NJ because the location violates state requirements and we do not feel that our municipality gave us a fair hearing in opposition to this project
Thomas Vance	3/6/22	When will patients in the MMP gain approval for (I assume some limited form of) home grow? A lot of times dealing with either rotating menus, limited or lack of stock, or limited funds on my end, there is difficulty getting a hold of specifically what works for me. The option to find what works for me and learn how to grow it myself would save me both money and the stress of trying to pick between what's available and hope for the best.
Leland newman	3/7/22	With recreational sales incoming, it is ludicrous to continue to make medical patients pay a premium to receive their medication. Allow patients to grow their own medicine and pass a viable homegrow bill. Better yet, you, as the Cannabis Regulatory Commission, can propose rules and policies to enact homegrow and submit these to the state congress. Please find a way to allow patients greater access to their medication through homegrow.

Chris Sprague	3/8/22	<p>Has any thought been given to preventing or limiting the share of tax revenues distributed to towns that refuse dispensaries within their borders? Establishing a progressive tax distribution system is important to reward communities that buy-in and not give communities that opt-out a free pass. I say this as a resident of a town that has refused to allow dispensaries and believe it would be more fair and equitable to distribute revenues to communities that are willing to be fully involved in the industry.</p>
Diane Genco	3/8/22	<p>Background, Value, and Benefits for Funding Afterschool Background. As of July 2021, 18 states, three territories, and Washington, DC have decriminalized adult use of marijuana or cannabis, and 36 states have legalized it for medical purposes. In February 2021, Virginia passed a bill to legalize it in 2024. Already, Alaska, Colorado, California, Illinois, New Jersey, and New York are directing tax revenue from cannabis sales right back into their communities to fund critical youth development programs like afterschool. Core Message Afterschool programs are proven to help young people learn, grow, build healthy relationships and avoid drugs. By using marijuana tax revenue to fund afterschool, we can help prevent substance use and misuse and ensure all kids who need afterschool programs can participate. Research shows kids and families benefit from afterschool. In NJ, there is an incredible demand for afterschool program Afterschool acts as a key setting for healthy development and learning. Science shows that, from birth through young adulthood, our brains are continuously developing: brain pathways grow stronger, information is processed more rapidly, and we build more complex connections that enable more complex thinking. Children and youth need continued support throughout development and across the different learning environments they inhabit, whether home, school, afterschool, or the broader community. Afterschool programs are a part of this continuous system of support, in particular providing key services during one’s adolescent years, which are characterized as, “the second most critical period of development. ”Afterschool fosters protective factors, which are linked to fewer problem behaviors, reduced substance misuse, and improved academic performance. Afterschool and summer learning programs offer spaces for youth to build protective factors, through opportunities for young people to connect with their communities, learn new things, express themselves, and rely on support from caring adults. Positive afterschool experiences help children and youth gain essential skills in healthy self-esteem, personal agency, and problem solving. These skills translate to increased employability skills and career readiness. Afterschool offers a safe space and time for young people to connect with caring mentors, gain confidence, and connect with peers. Decades of research shows that afterschool helps youth make gains in reading and math, improve their work habits and school attendance, build social skills, make smart decisions, and graduate. Afterschool programs are a lifeline for working parents too, giving them peace of mind that their children are safe and engaged after school hours. Research has found that young people not involved in structured activities between 2 to 6 p.m. are more likely to engage in risky behaviors, experiment with drugs, and skip school.</p> <p>Afterschool and summer learning programs offer spaces for youth to build protective factors. The Office of the U.S. Surgeon General defines protective factors as “factors that directly decrease the likelihood of substance use and behavioral health problems or reduce the impact of risk factors on behavioral health problems.” “Fortunately, we know</p>

		<p>what protects children from these adverse experiences: nurturing parenting skills, stable family relationships, and caring adults outside the family who can serve as role models or mentors. What you may not realize is that you are already doing the work; many of you have already implemented programs that support children, teens and their parents in various ways. And supporting children and their families is the work of prevention. You host after-school programs that keep young people engaged, and help them build relationships...” - Vice Admiral Jerome M. Adams, MD, MPH, Former U.S. Surgeon General (Adams, 2017 TAKE \$s and fund new afterschool programs for youth !</p>
Christine Piatek	3/9/22	<p>I write to urge the Commission to ensure that the social equity excise tax monies resulting from this new industry be used exclusively for restorative justice purposes and to equalize the economic disparities between black and white communities. The state has legalized use of a substance that over many years had resulted in the disproportionate incarceration of black and brown people. This war on drugs has harmed black and brown communities which have been unable to recover. You have before you a small way to level the field of inequity. Others are better equipped to provide input on specific programs and uses, but I write to support restorative justice and reparations.</p>
Amy Hopper	3/10/22	<p>The dispensaries continue to bait and switch customers with false advertising. Earlier this month for example Zen Leaf Lawrence advertised 20% Verano products March 10-11, then they sent an email last minute changing it to 15%, and today their website only indicates 10%. So if I didn't sign up for the emails or look on the website I would have gone assuming I'd be paying a lot less.</p>
Zack Brown	3/12/22	<p>You guys are really [REDACTED] slow and annoying. Open weed shops so we can buy weed already. We know Phil only used weed to get elected cuz it's been years since his election and he's been [REDACTED] around it since then. He's fake; as is the rest of our government. WE elected YOU morons to serve us, now [REDACTED] serve us instead of your damn pockets already.</p>
Gilbert L Mobley, MD	3/12/22	<p>I'm a medical doctor practicing emergency and occupational medicine in Missouri. I'm certified to interpret drug screens for all the federal DOT agencies and many private companies.</p> <p>I also took the 3 day Drug Recognition Expert course designed and presented by the IACP for training law enforcement officers in determining impairment from substances other than alcohol. Regarding cannabis, their entire research program and report was well conceived, badly needed and partially funded by the National Safety Council. This long awaited DUI-cannabis protocol was presented for the first time by the IACP in Denver a few years go. I was there, attending. I've also attended the Society of Forensic Toxicologists Scientific Assembly's annual conferences, and many annual Safety Council meetings in which DUI-C has been often researched, and studies regarding the determination of impairment were often discussed, research papers presented and future research endeavors considered. Simply put, all the physical parameters they measure and teach to determine DUI-Cannabis, each and every one, are entirely unscientific. New Jersey's Police Training Commission is heavily invested in this deeply flawed DRE discipline focusing on determination of DUI-C. They are nationally acclaimed for this,</p>

		<p>in fact. I'd like to elaborate because if the Cannabis Regulatory Commission is hoping for some scientific answers to how to determine impairment from cannabis in the workplace by following any portions of the profoundly flawed DUI-C research study submitted to law enforcement by the IACP for DRE training, and gospel to the PTC, then NJ will be doing their workers a great disservice: Impairment from cannabis will be implied in many workers when there is no impairment what-so-ever. One of the presenters at the IACP, a Walmart caliber optometrist whose name was on the monograph, had no idea what I meant when I asked at Q & A if the ocular studies for DUI-C determination that he presented were peer reviewed. It was not peer reviewed, had a totally laughable control group, and no bibliography or references. ZERO. He had no concept of peer review, he didn't know what I was asking! Chuck Hayes, the IACP educational leader that attends the Safety Council meeting and got the funding, said from aside, no, none of the monograph on DUI-C presented had ever been peer reviewed. Neither had the presenter ever heard of hippus. That's how the the normal pupil reacts to light in a dark room. He claimed the phenomena was a sign of cannabis impairment. It's not. It is normal in most adolescents and remains as totally a normal finding in some adults. It has nothing to do with cannabis impairment. None-the-less, this physical finding is now gospel. LE will undoubtedly promote this bogus research now to New Jersey workers' commission in efforts to outline and determine cannabis impairment in workers, oftentimes when there is none. I'd like to elaborate a bit on the specific flaws of their DUI-C discipline that are simply jaw dropping and embarrassingly un-scientific. Is this the proper format for me to elaborate a bit more with some specific examples? You'll laugh your socks off at the control group for their DUI-Cannabis monograph guide upon which your Police Training Commission relies.</p> <p>Thank you! Respectfully, Gil Mobley, MD</p>
jean publiee	3/14/22	<p>all of nj will be impacted by these people driving aroiund with weed brain and there will be victims all over nj. any monies from this sale of weed needs to go to every citizen of nj. this is not the moniees for just some special interest group that looks to track every amount of money just for themselves. every citizens of nj should benefit from this money, we are all impacted. some groups shoudl stop being so selfish and greedy lookign for every bit of money just for themselves. this is a generla impact move to let people move around this state with addled btrains. they will be causing motor vehicle accidents, causing hospital time where they may not be able to pay for their care, they will be causing all communities extra money. all of us shoudl share in any monies from this new law imposed to all fo us. no special interest groupous should profit. we are all negatively impacted by this.</p>
Justin Moriconi	3/15/22	<p>From my experience in other highly regulated adult use cannabis states, there seems to be a great benefit to contributing all the social equity excise tax (funds or a lot of them) to the public education system directly. Take Denver Colorado for example. Investing in education, good sports programs, and the arts for all public school children in New Jersey- particularly those in impact zones and economic disadvantaged areas, gives back in a generational way.</p>

Tim Jones	3/15/22	Grant more licences so more taxes come in. Quit stalling and collecting property tax for the state while the medicine you say companies have to prove they can grow enough of sits to rot. People want to buy. That's taxes for a child's education literally rotting while you hold out on licences with no proof of wrongdoing. Curaleaf has ties to Russia. Harmony should be up and running for months already. While you guys lead them on. People want to spend their money, people want to work jobs in these companies and see the taxes go to their communities. Literally our future in your hands and you make our state look inept and ignorant. Colorado took care of their children and are now housing the homeless. What's your excuse?
Mr Christopher Daniel Jennings	3/15/22	Hello my fellow American's I'm glad that we could connect and continue to forge the future of Cannabis on a global scale of course 😊
Gary Myers	3/16/22	Sales tax should be used to help all residents in the state. A good way to disperse would be though property tax reduction or tax rebate
Manuel Caban	3/16/22	South Jersey meeting about where tax money could go thru hi I'm Manuel Caban from Camden nj I was affected on the war on drugs selling cannabis I paid a lot in fine money is there any way we can give back reputation for jail time and fines thank you
barry doll	3/17/22	should a manufacturing facility be located in a highly populated area in Bergenfield. This is in reference to the application of ELEVENELEVEN # 1034 and 1102 for a location close to 3 churches, a music store/school .a government building and a large shopping area with restaurants.
David Benjamin	3/18/22	The Money gained from the legal sell of Cannabis sells here in New Jersey must be given back to Foundational Black Americans, The Descendants of Slaves that Ancestors Built America through Slavery, not fled to America. The purpose of this Cannabis Regulatory Commission is to correct the wrong here in New Jersey dealing with Cannabis. The original wronged people were the Black slaves that created products with Hemp here in the 1600s. I sent you guys a email or two on my family. My family are The Browns, Jacksons and Thompsons of "Skunk Hollow" my family were the first slaves of New Jersey and New York. My family built the first "free" Black community in New Jersey and probably America called "Skunk Hollow". It is also the first community in America to be "Red Lined" In my email that I sent to you guys i also attached historical data on my family. Here is Montclair University research on my family and it shows Hemp being used to create products here back in the 1600s. I also attached a screen shot of the list of products made by Black Slaves here in N.j using hemp in the email I sent your Commission. Hemp products made alot of slave owners and there families fortune's in the 1600s on but nothing paid to the Black slaves that was forced to create them products. Funds must go to the Descendants of America slavery before any program or issues for others. We must fix the first problem which was slavery on Foundational Black Americans and it must be Generational and Lineage Based. We Foundational Black Americans will fix America, this Heaven our Ancestors built and

		<p>not Fled. Below is the historical link on my family and hemp, I couldn't attach the screen shot with more infor but its in my email to you guys. Thanks for your time https://www.montclair.edu/anthropology/research/slavery-in-nj/part-2/</p>
Andrew M	3/18/22	<p>With the newly passed waiver on concentrates, is this expected to roll over to recreational products as well? Including the sale / manufacturing of hash, rosin, bho, etc. If so, are there any requirements for being able to manufacture specifically concentrates and solventless oil such as rosin and hash.</p>
Judith Despommier	3/18/22	<p>I am contact you in regard to A proposal for the pot factory establishment EevenEleven (license application numbers 1034 and1102) to occupy the spaced occupied in vacant store on S. Washinton Ave in Bergenfield, NJ. Bergenfield NJ is not a farm community, but a town filled with churches, stores, restaurants, schools and homeowners. There are no sprawling grasslands here. I live in close proximity to this site. I am concerned that my quality of life will be severely impacted due to the fumes emitted from this proposed factory. I suffer from asthma utilizing 2 different inhalers throughout the day. Will this factory's emissions mean i will not be able to garden or sit out on my deck or have to keep my windows closed all of the time due to the noxious gasses emitted? There are many of us in this town who are asthma sufferers who are trying to live as best we can without adding more air pollutants. In addition, this factory will sit directly in between a music school. where students attend classes, and a pancake house where families bring their children the on the weekends for a meal out. Are they to be exposed to these fumes as well or smell it while eating?</p> <p>This proposed factory is on our main drag, S. Washington Ave. with a bus stop in front of it where folks aggregate for a ride into NYC and environs daily., Will they be exposed to these fumes as well? I understand there is a DARE program which is presented to the children beginning in grade school where abstaining from drugs is advised and the danger of use is stress. How can we continue this approach with a pot factory in town? It's hypocritical! All in all , I don't want this factory here in Bergenfield ! It doesn't belong here. Thank you for your attention. Respectfully, Judy Despommier</p>
Amanda Terpstra	3/21/22	<p>Hello, My apologies as I intended to submit the following comments for the public input on Tax Revenue Spending on Friday. Amanda Terpstra of BestBuds, a certified woman owned business dedicated to educating consumers on the power of cannabis. We currently own and operate a Hemp CBD retail business and have applied for retail dispensary permit in southern New Jersey. In early 2021, Gloucester County Commissioners established a county economic recovery collaborative, where committees developed strategies that include recommendations to address barriers to economic success and examine issues of access to education, technology and transportation. Amanda Terpstra of BestBuds was honored to participate in the Emerging Industries and Equity & Access Committees and felt it beneficial to provide the final report to the CRC for significant ways of using tax revenue for social equity with impact. The report can be found here: https://www.gloucestercountynj.gov/DocumentCenter/View/5759/Economic-Recovery-Report-Final</p>

		<p>BestBuds is also working in partnership with Mid-Atlantic States Career and Education Center (MASCEC: https://wegrowpeople.org/) to enhance work-force re-entry programs within the cannabis industry. This organization has been making an impact since 1995 with a mission on building effective community partnerships, improving the health and well-being of the individuals and families, providing career and job skill development for disadvantaged and disabled workers, and creating a sustainable, stable community. The #1 topic of conversation and biggest issue that consistently comes up is transportation, not only cost but access and availability. A great example of this is the Pureland East to West shuttle in Gloucester County. This is a grant funded public transportation which provides several communities access to jobs at the Pureland Industrial Complex. It recently received additional funding for another 2 years, but is consistently against the wall for funding. Another issue is the availability to this shuttle and other public transportation, such as late night and early morning for overnight shifts. This shuttle is a great example for tax revenue spending as well as opportunity to review other shuttle programs in need throughout the state that may provide further job opportunities for impact zones and economically disadvantaged areas. Another area in need is the fragmented services offered, which leads to difficulty and mismanagement of social services. One suggestion from MASCEC was more funding for counselors, specifically Masters of Social Work (MSW). It is known to take almost 6 months for those released from corrections to even see a counselor! This can be especially detrimental to those needing mental health services. The state should also review using this tax revenue to support training stipends for those re-entering the workforce. It is unpractical to think someone recently released has the funds to travel and attend training programs over a significant period of time without some sort of financial support. Another area lacking funding and infrastructure is homelessness in the southern region of New Jersey. Specifically in Gloucester County there are little to no shelters other than Joseph's House in Camden. By working with existing charitable organizations such as Habitat for Humanity, United Way, local faith communities and other organizations these few in each area could be assisted to find housing and improve their everyday lives. Lastly, BestBuds also supports the state providing additional funding to the public school system to support the arts, trades, and athletic programs. As former athletes we can't imagine having to pay for these programs as our parents would not have been able to afford it. These programs are building blocks for teamwork, confidence, and responsibility to leading an impactful life.</p> <p>Thank you again for your time and consideration.</p>
Aaron	3/21/22	<p>What none violent crime would get you disqualified from applying for your license..Even though the conviction was under 10 years old but you have proof of Reuilitation from your conviction but wasn't a violent crime</p>
Henry Silcock	3/24/22	<p>I would again encourage the Commission to consider requirements for cybersecurity. Many new small businesses will now be participating in the state-designated Inventory Control System METRC, which will require daily online access to the cloud-based METRC system. This greatly increases the attack surface for cybersecurity risks. I recommend that the CRC consult with NJ CCIC and other interested parties to establish cybersecurity standards for all participants in the METRC system.</p>

Ken Wolski	3/24/22	<p>Medical conditions that should be considered for participation in the Medicinal Cannabis Program I urge the Cannabis Regulatory Commission (CRC) to allow anyone with prescriptive privileges in New Jersey, and an office in New Jersey, to recommend cannabis therapy for ANY condition that the prescriber feels may be helped by medical cannabis. Leave this issue up to the physician, the Advanced Practice Nurse, or the Physician's Assistant to act in the best interest of the patient. The state of New Jersey has already approved numerous medical conditions as qualifying for cannabis therapy. Therefore, cannabis should be allowed to be recommended "off label" for any other condition, as is the case with prescription pharmaceuticals. Once a drug is approved for use by the FDA, that drug may be used "off label" for other conditions by prescribers. Adding individual conditions to the Medicinal Cannabis Program is time-consuming and inefficient. The Compassionate Use Medical Marijuana Act (CUMMA) passed into law in January 2010 with very limited conditions that qualified for marijuana therapy. It wasn't until September 2016—over six years later--that the first additional condition was added. This was done by the New Jersey Legislature, after the DOH refused to act on CMMNJ's request. That condition was post-traumatic stress disorder (PTSD). PTSD was added after a vigorous campaign by the Coalition for Medical Marijuana--New Jersey and local veterans. It wasn't until October of 2017--nearly eight full years after CUMMA passed into law--that 43 additional petitions were approved for cannabis therapy. Also, consider the case of Rare and Orphan diseases. A Rare disease is one that affects fewer than 200,000 Americans. An Orphan disease is one whose treatment is not considered profitable by the pharmaceutical industry to develop. There are over 7,000 Rare and Orphan diseases that affect between 25 million and 30 million Americans. In New Jersey, somewhere between 500,000 and 900,000 residents suffer from Rare and Orphan diseases. These diseases often cause great difficulty in proper diagnosis and treatment. Over 95% of Rare disease patients lack FDA approved treatment. Amyotrophic Lateral Sclerosis (ALS, or Lou Gehrig's Disease) and Tourette Syndrome are two of these diseases, and they both qualify for marijuana therapy in New Jersey, but the latter took nearly eight years to qualify. Around 2009, a woman called me and told me her son suffered from one of these Rare diseases called Friedreich's ataxia, a neurological condition that, among other things, affected his ability to walk. The woman told me her son was helped tremendously by medical marijuana, but at the time she risked arrest and imprisonment for giving her son this treatment. Friedreich's ataxia is still not a qualifying condition for marijuana therapy in New Jersey. The discovery of the Endocannabinoid System (ECS) about 25 years ago provides the scientific basis for how cannabis can help with so many diseases, symptoms, and medical conditions. The ECS consists partly of a series of receptors throughout the entire human body for the components of marijuana--the cannabinoids. Our own body produces substances—endocannabinoids--that are identical to phytocannabinoids, or the cannabinoids found in the cannabis plant. The purpose of the ECS is to restore homeostasis, or balance, to the mind and body. Medical cannabis can help where there is a deficiency in the production of the natural endocannabinoids. ECS researchers say that this system may play a role in all disease processes.</p>

Ken Wolski	3/24/22	<p>New Jersey needs to stop taking baby steps with cannabis therapy. It must begin taking robust measures. Allowing for any condition that a prescriber recommends is the appropriate way to proceed with additional qualifying conditions. However, it really doesn't matter what condition qualifies for cannabis therapy if a patient cannot get it because of their living situation. Three days ago I received a phone call from a woman who told me about her 90-year-old father who is living in an assisted living facility in central New Jersey.</p> <p>This woman's father suffers from chronic pain, and he is on opiates and cortisone injections. Her father's doctor recommended medical marijuana for him. So, the daughter got a caregiver card from the state's Medicinal Cannabis Program and went to an Alternative Treatment Center. She spent \$400 to purchase medical cannabis oil for her father. But the assisted living facility staff told her that she could not even bring the medical cannabis into the facility, let alone give it to her father. The director of the facility said their lawyers told him they could not have medical marijuana in their facility because they receive federal funds, and this would place those funds in jeopardy. This patient, and many patients like him, continue to suffer needlessly by being deprived of the appropriate physician-recommended medicine due to fears that the federal government will interfere with this state's medical marijuana program. However, Congress has forbidden the Department of Justice to spend any money interfering with medical marijuana programs in any of the over three dozen such programs in the United States. The US Attorney General affirmed that they will not do so, and there has not been a single instance of this happening in recent years in any of the states with medical marijuana programs. The CRC needs to reassure all facilities that house medical marijuana patients, and that receive federal funds, that they are not at risk of federal interference with New Jersey's medical marijuana program.</p> <p>The 2019 "Jake Honig Compassionate Use Medical Cannabis Act" called for immediate implementation of "Institutional caregivers" in the state. These caregivers are employees of a health care facility who are authorized to assist registered qualifying patients, who are patients or residents of the facility, with the medical use of cannabis, including obtaining medical cannabis and assisting these patients with the administration of medical cannabis. Currently, most health care facilities forbid the use of medical cannabis in the facility. This is a dangerous and potentially fatal situation. A patient who suffers from seizures may be admitted to a health care facility for a condition that is unrelated to the seizure condition. Then, when the patient is denied access to the only medicine that controls their seizures--medical cannabis—the result can be fatal. It is my sincere hope that the state will recognize its responsibility to the institutionalized patients in New Jersey. For 25 years, I have worked as a registered nurse (RN) in state institutions. I know that many patients in these institutions qualify for medical cannabis and could benefit greatly from it. The staff there is trained to administer, account for, and evaluate the effect of controlled substances. There is no reason to withhold this important medical therapy from these patients. In fact, courts have determined that inmates in New Jersey's prison system are entitled to "community standards" of healthcare. Edible and topical medical cannabis products will improve health care in state institutions, group homes, hospices, etc., and will reduce the costs of running these programs.</p>
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Ken Wolski	3/24/22	<p>Patient education/counseling needs The best way to ensure the appropriate education and counseling of medical cannabis patient in New Jersey is to ensure that the educators and counselors are themselves appropriately educated and trained. As I testified at a previous CRC meeting: The CRC should quickly adopt cannabis Dosing and Administration guidelines and educational programs on the Endocannabinoid System. The CRC must promulgate these guidelines and programs to the cannabis consuming community and to the healthcare community to increase the safety and appropriate use of cannabis products. In fact, the Jake Honig Act required these guidelines, but they have yet to be adopted in New Jersey: “g. The commission shall establish, by regulation, curricula for health care practitioners...: (1) The curriculum for health care practitioners shall be designed to assist practitioners in counseling patients with regard to the quantity, dosing, and administration of medical cannabis as shall be appropriate to treat the patient’s qualifying medical condition. Health care practitioners shall complete the curriculum as a condition of authorizing patients for the medical use of cannabis.”Educational programs on the Endocannabinoid System for medical providers in New Jersey, now including physicians, Advanced Practice Nurses, and Physician Assistants, are required. Dosing and Administration guidelines and Endocannabinoid educational programs are readily available.</p> <p>For example, a company called “Cannabis Expertise” offers 2-hour and 4-hour Medical Cannabis educational courses with nationally accredited AMA credits. These modules were the basis for healthcare professionals to be certified as recommenders in the states of Ohio and Pennsylvania. The organization trained healthcare professionals from 38 states and 9 countries. The dosing recommendations have been developed by physicians who kept track of every patient’s profile and reaction to cannabis. The New Jersey Department of Health’s Executive Order 6 Report on 3/23/2018: The Department recognizes the need to provide education and guidance to providers. To that end, the Department is exploring the creation of an education program for all physicians, with focus on the endocannabinoid system. The Department plans to leverage the expertise of the Medicinal Marijuana Review Panel to oversee the curriculum development for this program. This education program will serve to create best practices for the safe and effective administration of medicinal marijuana to the expanded universe of qualifying patients. In conjunction with the provider education program, there is also a need to develop standardized dosing and administrative protocols for medicinal marijuana products, including information on expected effects, side effects, and adverse effects. Marijuana is mainstream medicine. The Medical Cannabis program in New Jersey is expanding rapidly, and the adult use industry will soon expose even more residents to the therapeutic benefits of cannabis. As more and more people experience these benefits, health care professionals in the state must become comfortable incorporating cannabis use into the therapeutic regimens of their patients. This can be done most efficiently by requiring education on the ECS for all health care professionals in the state of New Jersey as a condition for continued licensure in the state.</p>

Ken Wolski	3/24/22	<p>Medicinal product expiration dates I previously testified to the CRC on information that consumers and patients should be aware of when purchasing edible cannabis items, including:</p> <ul style="list-style-type: none"> • Warning that the package contains cannabis; • Total dosage of THC per package; • Strength of THC per unit dosage; • Expiration date and storage recommendations; and, • Special dietary contents if included (e.g., sugar-free, vegan, hypoallergenic). <p>Regarding expiration dates, proper processing and proper storage of cannabis products appear to be the most important thing in prolonging shelf life. This will ensure potency of medical cannabis products for a year or more. Proper processing and drying of the product in the first place is essential in prolonging shelf life. Marijuana in the form of dried flower does not expire. Unlike food or prescription medication, there is no date in which this form of marijuana will be hazardous to consume. However, the potency and effects can change over time. Here are some tips for proper cannabis storage:</p> <p>Do's:</p> <ul style="list-style-type: none"> • Store marijuana flower in an airtight container • Keep marijuana in a cool location • Protect your marijuana from any exposure to light • Use your edibles by their use-by date <p>Dont's:</p> <ul style="list-style-type: none"> • Store marijuana in a freezer or refrigerator • Leave marijuana outside of a storage container • Leave in an open container • Store marijuana in a hot location <p>Proper processing and storage of cannabis products appears to be more important than an arbitrary expiration date. Perhaps the "Best If Used By" date is more appropriate. Edibles, on the other hand, can go bad the same way that food does. Because edibles are food products that are infused with cannabis, it is best to pay attention to the expiration date and consume accordingly. As for products such as vape pens, cartridges, or tinctures, it is recommended that you use them within one year of purchase. While FDA standards for other botanicals exist, the FDA is silent on the issue of expiration dates for medical cannabis.</p> <p>Thank you again for the opportunity to address the CRC. And again, I want to thank the CRC for the mission that it has taken on, to create this new cannabis industry with social justice at its core and dedicated to repairing the damage that has been done to individuals and communities by the War on Drugs. I want to acknowledge the progress you have made in fulfilling this mission and note that you are doing all this while managing the Medical Cannabis Program. Well done, CRC! Ken Wolski, RN, MPA Executive Director, Coalition for Medical Marijuana--New Jersey, Inc. 219 Woodside Ave., Trenton, NJ 08618 609.394.2137 www.cmmnj.org</p> <p>http://cmmnj.blogspot.com/March24,2022E.O.#6: https://www.state.nj.us/health/medicalmarijuana/documents/EO6Report_Final.pdfOhio Exp. Dates: https://www.ohiomarijuanacard.com/post/can-marijuana-go-bad-proper-storage-tips-for-medical-marijuana DFCR THC symbol: https://www.dfcr.org/universal-cannabis-symbolCannabis</p>
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Rafael Zabala	3/24/22	<ol style="list-style-type: none"> 1. Speaking of patient's needs, How much medical cannabis has been sold in New Jersey since the beginning, to date? 2. When will patients be able to grow their own medicine?
William Bray	3/24/22	The Open Public Meetings Acts requires: No public body shall exclude the public from any meeting to discuss any matter described in subsection 7. b. until the public body shall first adopt a resolution, at a meeting to which the public shall be admitted: a. Stating the general nature of the subject to be discussed; and b. Stating as precisely as possible, the time when and the circumstances under which the discussion conducted in closed session of the public body can be disclosed to the public. The commission went into Executive session without a resolution, just a motion, and only stated "litigation" "negotiations". You must state what litigation (Smith Vs Smith) and which negotiations (AFSME Contract renewal). Any municipal clerk will tell you that. Maybe its gonna take a judge? Also, the commission failed to indicate when the proceedings will be made public. So, I have no idea what you were talking about and when I can get the minutes from today's proceedings.
Rafael Zabala	3/24/22	Will the commission dedicate some of the funding for research and development? If so, through which institution (s)?
Rafael Zabala	3/24/22	When will patients be able to go to any dispensary as supposed to the current system where participants have to have a designated act?
Noah K Fouad	3/24/22	Recently Curaleaf, along with other cannabis businesses, vape cartridges had a major recall from the DOH (Department of Health). How often is each product tested to insure that our health is your first priority? What's being tested? How much of the distillate is cut with terpenes? Are we being charged \$60 for 350mg of only distillate and 150mg of terpenes? How is that equal to an entire 3.5g of an allotment? Did you know that Curaleaf was having a sale that gave away vape cartridges for \$5? It was a day before the expiration date, they didnt want to destroy their profits so they sold almost expired medicine instead?if they can be sole for such a low amount, then why can't they be priced more reasonably? How safe is the quality of the terpenes? Curaleaf adds food grade terpenes into vape cartridges. This unnatural introduction of chemicals created to mimic flavors, that aren't found in the cannabis world, have unknown consequences. Introducing cannabis derived terpenes is the safer and more natural way of reintroducing the terpenes that are lost in the process of distillation. This simple but effective solution could make thousands of patients much safer. This is not rocket science. How can you trust a company that prioritizes profits over patients and then feigns ignorance? These are the same companies that are lobbying against homegrown for medical patients. If the CRC can't regulate the prices of the medical market and won't allow us to homegrow, then at least make sure our health is a priority. Either-wise, what is the use for a CRC if you can't benefit the state in anyway. The recreational market is taking a long time to open up to the public. If it's a social movement that's supposed to help the communities affected by the war on drugs, then why are people still being arrested for growing their

		own medicine? New Jersey is one of the only states that don't allow homegrown to patients. Raids are still being committed throughout the entire state, arresting small time vendors that are giving the citizens cannabis at a fair price. This waste of money and time could be used to hunt down rapists, pedophiles, real drug dealers, and more but are being used to help the big cannabis companies. If you won't provide fair opportunity for the people to grow their own medicine to self regulate the market, then you will always have a grey market. I will also be available to speak publicly and voice my concern over the incompetence of those who oversee our safety regarding cannabis products. Plus I just left the dispensary with medicine that's almost a year old, because there are no laws surrounding expiration dates. I couldn't get a refund for it because the state hasn't put any law in place prioritizing our safety over the pockets of greedy corporations.
Edgar lucero jr	3/24/22	When will the next batch of licensees be announced?
Nate Mehle	3/24/22	Thank you for the meeting today. I was hoping you could help clarify the status of all the other Cultivation and Manufacturer applicants that were not on the award list today? As of today, our business' status for its Manufacturer and Cultivator application in the portal has not changed from "Submitted". We submitted on December 16th and qualify as an Impact Zone applicant. We were wondering if the announcement of awards today means the remaining applicants have been denied?
Rob Zombie	3/24/22	Y'all are a joke. Expunge our records, let us grow our own █████, and stop acting like you're our parents because you're not and we're never going to respect you as such *██████████ emoji*
Aleksandr Kleynshvag	3/24/22	Will all other conditional applicants now have to wait 2 months until the May 24th CRC meeting to find out if their applications have been cured for minor mistakes? It seems this would create an unfair advantage for the 68 conditional applicants since they would now have a 2 month head start. Will the CRC begin releasing answers to cured applications sooner then that? Thanks ahead for your time.
Gregory Van	3/24/22	I watched your meeting today, with great anticipation of your commission finally allowing for AU in NJ. But, alas that was not to be as you again showed your incompetency. Your excuses and delays are misguided and calculated to delay AU until your "SE" applicants are ready. Mind you, you have professional organizations that are well equipped to handle a Medical and AU market, as they have done so in 16 other states. Arizona citizens voted for AU on the same day as The Garden State citizens. They have done over \$1bln in sales and collected over \$100 million in taxes during this time. NJ, zero. That is incompetence to the voters in your state. Your commission spoke many times today about the need to get it right. You are NOT the first state to do this. You are NOT breaking new ground. It is time your commission learns to walk and chew gum at the same time. Besides social equity, there are jobs that are waiting to be created and taxes to be collected and funding all of the programs you wish to fund. You have get it done.

Glenn Kigerl	3/24/22	You were supposed to announce today the 5 or 8 MMDs that could begin selling rec weed in 30 days; now that has been tabled when companies like Curaleaf have already stated months ago it was ready...what the [REDACTED] is going on here? Quit procrastinating... it's going on 3.5 yrs.now...disgraceful & you sit around praising yourselves? Give us a break
Joanne Milano & William Milano	3/24/22	We do not want this facility in our town. It will be too close to a business that tutors children on musical instruments. This business has been here for many years and many children use this facility. Is this pot farm going to be within 500 feet of a Federal Building. I don't want my town to sell it's soul for money. This is not an industrial town, it is a family town. This type of business should be placed in an industrial area, far away from children and families. Thank you
Guy C Everest	3/24/22	To have recreational marijuana be legal. But, have no place to legally get it is Intrapment. I think it's time for the people to vote for home grow. And say to you people [REDACTED]. And your unjust laws. The commission needs to be investigated and people on the commission need to be held accountable.
barry doll	3/25/22	please put slides shown at the meeting on your website
Lizzie Kirshenbaum	3/28/22	Thank you for the opportunity to comment on the Cannabis Regulatory Commission's consideration of medicinal cannabis patient needs. The WM policy team, the government relations arm of Weedmaps, shares the CRC's commitment to ensuring that everyone who may benefit from the use of medicinal cannabis has the ability to do so. New Jersey's list of qualifying medical conditions for the medicinal cannabis program is long, but not fully inclusive. Medical cannabis can help treat additional conditions and ailments such as Parkinson's, Alzheimer's, depression, and insomnia. We recommend that New Jersey detach itself from the "qualifying conditions" framework and simply allow licensed medical practitioners to recommend cannabis as a treatment for any condition they deem appropriate. This will ensure that all patients who stand to benefit from medical cannabis can access it. Eight states and the District of Columbia have implemented this policy for their medical cannabis programs. Please feel free to contact me at kirshenbaum@weedmaps.com if you have any questions or require further clarification. Respectfully, Lizzie Kirshenbaum Associate Director of Government Relations Weedmaps