

New Jersey Cannabis Regulatory Commission
Public In-Writing Comments
Public Meeting: March 13, 2024

Full Name	Meeting date	Comment
Michael John Odenwald	3/13/2024	<p>To Jeff Brown, his Staff and Commissioners.</p> <p>Greetings. Hello.</p> <p>This email is also a follow-up to my public statement made at yesterday's meeting on 2.15.24.</p> <p>It is also a follow-up to a recent email to Jeff Brown, sent just prior to yesterday's meeting. Hello again Jeff. It's gratifying to have a reason to re-connect since our initial meeting in September of last year.</p> <p>—</p> <p>As I mentioned in yesterday's statement, I am a Jersey resident (graduated from Bergenfield High School and then Trenton State College, and I now live in Stockton), looking to help other Jersey residents become cultivation entrepreneurs. Since the Leauge in November, I have been told repeatedly by active cannabis industry professionals, business owners, and municipal leaders that my business model and the economic development it creates is a game changer for small business across the State, in addition to improving the availability of sun-grown craft products on the shelves of locally-owned dispensaries.</p> <p>Thanks in advance for allotting time in the next few weeks to hear a formal presentation on the business plan behind Project Groundswell and how it aligns perfectly with the Commissioner's sentiments shared with the public over the past several months, including yesterday.</p> <p>Kind regards,</p> <p>- M</p> <p>Michael Odenwald Founder CEO Local Flower Farms, Inc</p>
Anne Cahalane	3/13/2024	<p>Can you tell me why its still worth it to have a medical card when cost of Dr's visits plus cost of card outweigh any possible discount by chasing weed sales around the state? I am having a hard time justifying</p>

		this. (Except when visiting other states and they accept nj weed cards for huge significant discounts)
Alli Olla	3/13/2024	Are there any plans to amend the regulations on advertising for retail dispensaries?
Taylor Godfrey	3/13/2024	<p>To whom it may concern:</p> <p>I am submitting this comment as a concerned medical cannabis patient, and on behalf of other medical patients within my family and in New Jersey's medical program.</p> <p>Firstly, I'd like to remind the commission that cannabis is a medicine, before it was a commercialized product. If it were not for people like Jake Honig, Chryl Miller, and Jeff Oakes, this medicine would not be available in stores for adult-use consumption. There are people who WANT to consume cannabis, and those who NEED to consume cannabis. Although I am grateful for the commission's efforts to expand the industry, somewhere along the way the central focus has shifted away from serving and protecting medical cannabis patients. Patients are no longer prioritized by the commission, by the parties operating within the industry, nor the legislators elected by their constituency.</p> <p>Since the conception of the CRC, my loved ones (also patients) and I have experienced drastic changes in the medical cannabis market and treatments. Prior to April of 2021, we were regularly able to source medicine at more affordable pricing (\$200-\$300 for one ounce). There was also a better understanding within the industry, where companies knew and perceived to care about who their products ended up in the hands of. However, a new industry has emerged, one that fails to meet the basic criteria that you as a commission have set, where "Patients need to be prioritized, and have access to their medicine."</p> <p>We do not have access, and we are no longer prioritized. Companies that are exclusively adult-use operators have no regulatory obligation to service medical patients. When I asked the closest places to me, where I could purchase legal cannabis from, about accommodating my medical needs and asked basic medical questions (strain types, terpene profiles etc), I was told by their team "we'd prefer you to go to an medical-only atc". The adult-use retailers are selling MEDICINE, but do not want to accommodate the patients and people who enabled their legal transactions of sale. They would prefer to suggest telling someone who may have physical disabilities, to go 20+ miles out of their way to speak to someone more knowledgeable. Is that accessibility? How can the same products be found on under the medical program, at adult-use only stores? Are all adult-use products void of any medical value? What's the difference between medical herbs and adult-use herbs if they have the same effect, can be purchased as both? The CRC needs to regulations that would mandate adult-use retailers serve med patients.</p>

		<p>There needs to be a clear delineation between medical and adult-use. Because the CRC has failed to discern regulations about adult-use operator servicing medical patients, they are openly depriving access to patients. In turn, companies that produce and manufacture cannabis as a medicine have lost sight of prioritizing patients. Prior to April 2021, the same strains were available with consistency because companies were keeping the them in circulation for their patients. Since adult-use became the priority, most to practically all of the strains regularly provided for specific patient needs have gone extinct. Rather than cultivating for the needs of the patients, the companies are cultivating for the mass production of adult-use consumers. They are ignoring patient needs by choosing strains that will give them the highest yield or returns in crop, rather than choosing to keep floor-space available for the patients who need strain-specific medicine and treatments.</p> <p>Without the ability for medical patients to cultivate their own medicine at home, they are relying on these institutions to regularly provide the same medicine. When a company chooses to remove a strain that helps patients accommodate their medical needs, so they can push out more product on adult-use systems, patients suffer.</p> <p>See Comment Part Two...</p>
Taylor Godfrey	3/13/2024	<p>Part Two:</p> <p>In addition to companies removing access to strains intended for medical needs, these operators are circumventing certain regulations test parameters to fool the state and consumers. Currently, the sample batch size for testing is one test for every 100lbs of cannabis. If you take one drop as a sample out of a river, will that tell you if the water is viable to drink? The scale of testing batches is FAR too high. I cannot stress the importance of changing this testing regulation, so that companies have to test their products once every 10lbs.</p> <p>By testing every 10lbs, it will protect patients from molds, mildew, pests, metals, and etc. It will also encourage safer and better business practices by these operating parties. It's been brought to attention numerous times, from credible inside sources, how these companies are willing to overlook the safety of patients and consumers for products and profitability. Everything from running molding bud through black light as "cleansing", to moldy product being turned into distillate and concentrates, bribes, to finding rusty hooks in the sample test batches themselves. If one plant is sick or contaminated, it can contaminate the whole room. If you only test 1 top cola of your best plant, that doesn't mean the other's are viable or pure.</p> <p>With a decreased window of testing, the patient is better protected. Companies will not suffer from this, and will not face any profit loss. It is a cost of operation, to make sure what you are putting into market is</p>

		<p>safe and reliable. What is happening currently at active testing facilities, is not reliable, nor is it accurate.</p> <p>Additionally, the state needs to take a moment to recognize an important patient need. "Do what we mean, and mean what we say" is a slogan I often hear chirped by CRC board members. You say protecting patients is at the forefront of your operations as a commission. Are patients protected by the state, when they bring their medical cannabis into a hospital or treatment center? No, they are treated like second-class citizens. The state recognizes cannabis as a medicine, but hospitals don't? 5 years ago a law was enacted to obligate hospitals and medical institutions to allow cannabis as a medicine for treatment. Why are patients still being prevented from utilizing their medicine on location? If a patient has a medical emergency, they are discriminated against.</p> <p>This was the case for a loved one of mine, where he needed cannabis during hospitalization, but was deprived of the medicines needed. Rather than allow him to take his prescribed cannabis, they forced him on abused-substances. This spiraled into other unneeded medications, to circumvent him from being able to use cannabis in the hospital. He developed habits and a change in behavior that was not constructive to his health or life. After hospitalization, he was on more drugs than medicines. It took him time to overcome, and find his way back to the healing medicine that is cannabis. With cannabis, he has removed over 15 medications from his daily intake. Cannabis needs to be available at hospitals and healthcare facilities. If the state recognizes it as a validated medicine, it needs to protect the tax payers who use it at healthcare facilities. There are people, for instance people with epilepsy, who cannot go into a hospital with flashing lights, and be deprived of cannabis as their medicine.</p>
Jara Soldevila	3/13/2024	<p>I do sincerely apologize, as I thought my registered speaking time could be virtual or via a phone call / Questions: 1. Clarity for the on-board hiring process, obtaining employee ID cards. 2. When to start ordering products? 3. Estimated timeframe once being approved for annual license conversion to opened doors. I thank you for this opportunity to be awarded my condition to annual conversion.</p>
Jake Pinelli	3/13/2024	<p>Hello there, I'm a medical patient and I wanted to say I agree with reducing the batch testing sizes back to something reasonable. I understand why they were initially raised, but I'm concerned that such a small sample size doesn't accurately reflect the whole batch size. 10lbs, or 20lbs is still a significant amount of cannabis per batch. Please lower the batch testing sizes once more</p>
Robert Giordano	3/13/2024	<p>Hello there, I'm a cannabis user and I wanted to say I agree with reducing the batch testing sizes back to 10lbs. 10lbs, or even 20lbs is still a significant amount of cannabis per batch. Please lower the batch testing sizes once more so that we have an accurate accounting of what is inside our medicine</p>

Albert Hernadi	3/13/2024	Hello, I'm a cannabis user and I wanted to say I agree with reducing the batch testing sizes back to 10lbs. 10lbs, or even 20lbs is still a significant amount of cannabis per batch. Please lower the batch testing sizes once more so that we have an accurate accounting of what is inside our medicine
Dylan Pinelli	3/13/2024	Hello there, I'm a cannabis user and I wanted to say I agree with reducing the batch testing sizes back to 10lbs. 10lbs, or even 20lbs is still a significant amount of cannabis per batch. Please lower the batch testing sizes once more so that we have an accurate accounting of what is inside our medicine.
Janet Rose	3/13/2024	Hello there, I'm a cannabis user and I wanted to say I agree with reducing the batch testing sizes back to 10lbs. 10lbs, or even 20lbs is still a significant amount of cannabis per batch. Please lower the batch testing sizes once more so that we have an accurate accounting of what is inside our medicine.
Lisa Pinelli	3/13/2024	ree with reducing the batch testing sizes back to 10lbs. 10lbs, or even 20lbs is still a significant amount of cannabis per batch. Please lower the batch testing sizes once more so that we have an accurate accounting of what is inside our
Richard Neale	3/13/2024	Hi there commission, first off I want to applaud you all for all of the hard work you put in on building this industry from nothing to something. With that being said I do have some serious concerns from stories of my friends and ones that I have watched online from the public meetings. Ive had my 3 micro licenses for over 1.5 years. Ive been grinding over 2 years going to multiple municipalities, lobbying, events, and countless meetings. I finally just recently got a town to allow a micro retail and will be applying for my conversions very soon. My only problem is if the conversion takes 6 to 7 months to convert Im going to lose my life savings and go bankrupt. I feel micros should have some type of priority considering we don't have hundreds of thousands of dollars to throw away on rent like MSO's and Millionaires do. Im asking the commission to please hire a lot more staff and not be so strict for micros to get up and running. We can always fine tune things once were up and generating revenue. I know in the beginning things took a lot longer but now that the commission knows a lot more and can hire and train people a lot faster. Please try to get the micro conversions down to 2-3 months so we don't jeopardize losing everything we worked so hard for our entire life. Gambling on your life savings will bring a tremendous amount of anxiety and stress, I hope you understand and can fix that issue asap. Thank you for your time. :)
Abigail Perl	3/13/2024	Hello there, I'm a cannabis user and medical patient and I wanted to say I agree with reducing the batch testing sizes back to 10lbs. 10lbs, or even 20lbs is still a significant amount of cannabis per batch. Please lower the batch testing sizes once more so that we have an accurate accounting of what is inside our medicine.

<p>Abigail Kalmbach, PhD</p>	<p>3/13/2024</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 finding funders that would invest in a dispensary co-owned by a social equity applicant, I have all but abandoned my dreams of operating a community focused dispensary that provided personalized recommendations and consults. While the fight to move towns to be more open to the cannabis industry is a good one, as a scientist, I can (hopefully) more effectively add my voice to join the fight for patients and consumers. Regulated cannabis is currently no safer than gray market products because the current testing is not representative. There is also a substantial need for increased education for both our medical practitioners and the general public. Increased educational materials could be instrumental in easing concerns from municipalities interested in allowing cannabis companies into their towns.</p> <p>As I have written and spoken about previously, your job is more than just ensuring that we have a \$1b+ industry. You are responsible for the safety and well being of all citizens of this state in general and specifically of all patients and cannabis consumers. Our safety is in the statue forming the CRC as well as in the commission's logo. Thus, it was a great relief and brought much hope yesterday to hear Commissioner Barker make a motion to reduce laboratory testing batch sizes back to a 10lbs until further investigation of what the appropriate size is.</p> <p>Thank you, Commissioner Barker, for making this public stand for patients and consumers. The many of us who have spoken to the CRC regarding health and safety were grateful to see our words begin to have an impact. Please continue to fight for our safety behind closed doors this coming month. What a win it would be for reduced testing batch sizes to be announced in the next meeting which also marks the 2 year anniversary of adult use sales. I would also ask for laboratory testing regulations to be finalized by then as well but I want to make clear that reduced batch sizes would be a solid incremental step if the larger one cannot be made by then.</p> <p>It is also well past time to set up an advisory committee composed of scientists, medical practitioners, and patients. While each of you are very skilled in government workings, there is an urgent need for stakeholders directly impacted by your regulations (patients and consumers) to have scientists and clinicians informing the regulations you write.</p> <p>Please prioritize the health and wellbeing of patients and consumers</p>
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		<p>over the profits of large cannabis companies whose biggest care seems to be their bottom line and not the people buying their products or even working in their factories.</p> <p>Thank you for your time.</p> <p>Abigail Kalmbach, PhD</p>
<p>Michael Wiehl</p>	<p>3/13/2024</p>	<p>Good afternoon commission.</p> <p>My name is Michael Wiehl I'm a New Jersey medical cannabis patient. In the state of New Jersey, and I also run a weekly YouTube channel. @Thedispensaryguy To stop the stigma of cannabis. Live program, and I've learned a lot over the course of the past few years in my research into the Cannabis industry.</p> <p>I've been fortunate enough to travel the country and see the implications of the effects of cannabis and how it's affected the states as a implemented it I hear a lot about costs and everything else.</p> <p>I see a lot that The great work of commission done they don't get applauded enough for the work. They've done to kind of control everything and everything else.</p> <p>Some states have ounces is low as \$40 to \$28 dollars an ounce for recreational Cannabis.</p> <p>It's in the state of Oregon. I don't understand how anybody could be expected to be in that sort of industry, with that sort of profit margin at the end.</p> <p>So the work that they're doing in the beginning to stop that sort of thing from happening is critical to the industry.</p> <p>I feel that just to speak on price for a second.</p> <p>Now, I just wanted to talk as a medical patient.</p>

I've seen a drastic reduction in number of medical patients over the past year since it's come out.

Since the recreational I've seen I believe a third drop in patients since recreational sales have opened. In my discussions with the many dispensary owners in the state of New Jersey, I've been almost every dispensary in New Jersey, I have yet to find anybody to give me an answer on why you would open a medical dispensary right now.

There is zero reason for you to apply to open a medically only exclusive Dispensary in the state of New Jersey Without drastic changes to the Benefits to the patients.

I See we're having programs. We need to have doctors involved at those programs to be able to issue those sorts of the patients' cards at that program.

The big problem is is getting to the availability of a doctor that and the cost of the doctor themselves.

The commission does excellent job. affording the availability to people to get their card, but to get the certification to get their card is where I'm seeing a lot of the blockages.

Also something I see to expand the medical Market is to limit the introduction of Edibles certain types of Edibles to only medical patients with drinks of certain percentages being limited to the medical patients as well as higher concentrations of medical products of that of certain states

To a 10 milligram for rec patients and then up to a hundred milligrams for medical patients and that to control the dosing and be more medically conscious towards

		<p>that we're a lot of medical patients require a greater dosage to alleviate their symptoms and the cost in purchasing lower dosage Edibles just doesn't, it's not good for the patient at that point time.</p> <p>Thank you very much and continue on with a great work.</p> <p>Submit it in writing.</p> <p>So it's thank you commissioner.</p> <p>Thank you very much. Maryland 1/2 OZ Shake \$80 Rec Rise Dracut Mass \$149 Oz Find/Curaleaf Takoma Park Wellness, DC \$179 Oz Sale price \$249 normal up to \$400 Firestorm Cannabis Bangor, Maine \$250 Oz Floyds, Portland OR, \$225-\$40 Oz</p>
Joshua Varquez	3/13/2024	<p>Please consider rescinding the temporary 100lb test size. As a patient and consumer I want to know that I am consuming safe medicine at an accurate dosage. Consider this: at a generous production rate of 4oz per plant that requires 25 plants. Even using the same cultivar there is still an opportunity for a large genetic diversity between those 25 plants (if a single mother plant is cloned, no, but 25 clones is a lot to take at one time) 100lb is 1,600oz and if it is sold in 1/8oz packages that amounts to 12,800 units furthermore if that single test batch is sold as 1g prerolls that amounts to 45,400 individual doses. There is simply too great of a range to ensure safety, quality, and correct dosage at that large test size. The Committee has done a great job advocating to patients and all consumers while encouraging stable growth in the budding industry across the state. Now we need to ensure that the products we are being sold are tested in small batches and we are given the correct information to base our dosage on. Thank you for your time and consideration.</p>
Angela Speakman	3/13/2024	<p>Verbally shared during public comment portion of meeting on Wednesday, 3/13/24</p> <p>Every barrier, every obstacle in cannabis, is rooted in misinformation and problematic stigma, which is nothing new for this plant. We can look to the 8th century as easily as the 18th and find instances of controversy.</p> <p>My name is Angela Speakman and I'm the founder of Elucidation Strategies, an education agency working in our cannabis industry. Our mission is to help people and organizations make informed decisions</p>

when it comes to cannabis. Our education-first model, delivered through a historical framework while acknowledging individual perspectives and what influences them, is the focus of our work, helping individuals, community, and the sector-at-large. Shaped by my background in higher education and public humanities, our Cannabis Community Conversation program provides learning opportunities, hosted in libraries, for supported discussions that explore the complexities of cannabis, from past to present.

What's behind the lack of real estate, a result of the opt-outs? What's behind the hesitancy for cannabis as an opioid alternative? What's behind every "I don't want that kind" here statement from community members unwilling to even entertain licensed operations? It all comes down to fear, based on decades of misinformation.

Informed by library feedback in 2023, Elucidation administered a survey to all 297 NJ libraries in early 2024. The 5 question survey aimed to learn more about the interest in and barriers to cannabis education. Each library director in the state was individually contacted by phone and email to request participation, resulting in an 18% response rate. Three key takeaways: 1.) There is considerable positive interest in bringing these programs to patrons. 2.) Budget AND administrative comfortability and interest are big barriers. 3.) Unexpectedly, individual conversations proved to be the most insightful, as the "focus group" represents inherent tensions.

Quote: "I don't have interest in completing the survey. I know of enough people who started with pot and ended up as drug addicts, several of whom OD'd. And the thought of someone driving while stoned certainly takes the joy out of driving. The only education that's relevant is education not to smoke pot."

Quote: "I'm not interested in doing a cannabis program here. [Town X] is a very conservative community and prohibits marijuana dispensaries within the Township. Most of our patrons are seniors and parents. I don't think this is the right environment for such a program."

I could go on, sharing other direct quotes that reveal rationale for and against encouraging access to basic information, which is fascinating when considering all interactions were with information gatekeepers across statewide communities.

While you and your partners are doing a fantastic job promoting education about process, licensing and safe consumption, Elucidation's data indicates that there is a substantial need for reliable, accurate, and neutral fundamental narratives, which ultimately positions New Jerseyans to better understand your current initiatives and make informed decisions involving cannabis.

		<p>I am requesting the opportunity to further discuss the implementation of a statewide history-focused public education initiative, using our conversation model to advance historical information that helps people understand why they feel the way they do about cannabis, which is likely to result in an increased willingness to receive accurate information about it. The complete survey results are available for review. Thank you for your time and consideration.</p>
<p>Andrea Raible</p>	<p>3/13/2024</p>	<p>My name is Andrea Raible and cannabis is my only real treatment option for epilepsy and brain damage. I would like to applaud the commission for committing to steps towards new avenues of patient accessibility. I would like to specifically thank Director Jeff Brown for speaking up about home grow when patients did not have a voice in the assembly a few weeks ago. I respect home grow is beyond the jurisdiction of the CRC, but there are areas under your jurisdiction that patients desperately need you to take action on. The first words in your code of ethics are to uphold the Jake Honig Compassionate Care Act - however five years later patients still lack institutional access. We need to be able to have our medicine in hospitals. Even a sublingual tincture or nasal spray which can save my life from status seizures is not permitted in any facility. Hospice patients - the pioneers of the NJ legal cannabis program - are still denied their medication. Hospice patients do not even have an adequate way to make their voices heard to this commission. I ask that you allow video testimony to promote patient access: obviously we have the technology for this to be possible even at in-person meetings.</p> <p>There needs to be a patient advisory committee with actual patients on it. We need a scientific advisor and a medical advisor to help the commission make educated and responsible decisions in the interest of public health. We need compassionate science-based regulations and we need transparency on everything we consume.</p> <p>All COAs should be posted publicly online. It is unreasonable to make patients drive to each individual dispensary and request print outs of each individual product they are considering purchasing. All packaging should be required to list the solvent type and extraction method.</p> <p>While the CRC regulates all concentrates the same, there are countless nuances that dictate quality of life for patients. Compliant RSO (Rick Simpson Oil) on NJ shelves has been found to have butane residuals. RSO is traditionally made with ethanol/alcohol and that is why it has specific medicinal properties. Not only do other solvents not mirror these properties, but butane residuals trigger neurologic symptoms for patients like me, especially with repeated use - which is likely to happen when you do not know what is making you sick and trusted a complaint product). These differences matter to the health care of patients.</p> <p>There are simple steps the commission can take to help protect patients - including lifting the temporary testing batch limit. I have yeast and mold allergies, I am also approximately 100lbs meaning I am</p>

		<p>the testing batch limit currently. While you collect 0.5%, only a double A battery weighs more than the amount of cannabis consumed in laboratory testing. Cannabis flower is not a homogenous product and this is not a representative sample. 100lbs of cannabis dividing into 1/8ths can put 12,800 people at risk before we even realize to retest/recall. This was a temporary measure admittedly designed to boost the economy not the safety of consumers. We have the highest batch size in the country. 100 active dispensaries and a \$2 billion industry later, it is time to rescind the temporary batch size. You regulate cost, access, safety, hospital care, quality of life, and even our chances of survival - I ask that you please prioritize accordingly. I would be happy to discuss all of this further.</p>
Paul Davis	3/13/2024	<p>Please remove Kristen Goedde of Trichome Analytical from my previous statement. I did not have her permission to include her name, nor did I accurately describe any relationship or dealings with her or Trichome Analytical</p>