Committee Meeting

of

ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

"Testimony from invited guests regarding the State's implementation of the New Jersey Compassionate Use Medical Marijuana Act"

LOCATION: Committee Room 14
State House Annex
Trenton, New Jersey

DATE: February 20, 2014
2:00 p.m.

MEMBERS OF COMMITTEE PRESENT:

Assemblyman Reed Gusciora, Chair
Assemblyman Timothy J. Eustace, Vice Chair
Assemblywoman Cleopatra G. Tucker
Assemblyman Chris A. Brown
Assemblyman Samuel L. Fiocchi

ALSO PRESENT:

Tracey F. Pino Murphy
Jamie E. Galemba
Office of Legislative Services
Committee Aides

Queen Stewart
Assembly Majority
Committee Aide

Kevin Logan
Assembly Republican
Committee Aide

Meeting Recorded and Transcribed by
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New Jersey State Legislature

ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

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COMMITTEE NOTICE

TO: MEMBERS OF THE ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

FROM: ASSEMBLYMAN REED GUSCIORA, CHAIRMAN

SUBJECT: **COMMITTEE MEETING - FEBRUARY 20, 2014**

The public may address comments and questions to Tracey F. Pino Murphy, Committee Aide, or make bill status and scheduling inquiries to Sophia Love, Secretary, at (609)847-3890, fax (609)777-2998, (609)847-3855, fax (609)292-0561 or e-mail: OLSAideARO@njleg.org. Written and electronic comments, questions and testimony submitted to the committee by the public, as well as recordings and transcripts, if any, of oral testimony, are government records and will be available to the public upon request.

The Assembly Regulatory Oversight Committee will meet on Thursday, February 20, 2014 at 2:00 PM in Committee Room 14, 4th Floor, State House Annex, Trenton, New Jersey.

The committee will hear from invited guests regarding the State's implementation of the "New Jersey Compassionate Use Medical Marijuana Act".

Issued 2/14/14

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ASSEMBLYMAN REED GUSCIORA: I just wanted to welcome everybody to this hearing on the Compassionate Care Act.

My name is Reed Gusciora. I'm the Chairman of the Regulatory Oversight Committee.

I'm particularly pleased to introduce my distinguished colleagues: Dr. Tim Eustace, who is our Committee Vice Chair; Cleopatra Tucker, a long-term Assemblywoman of the House; distinguished member Chris Brown, from Atlantic City; and we welcome our newest member, Sam Fiocchi.

Did I get that right, Sam?

ASSEMBLYMAN FIOCCHI: Perfect.

ASSEMBLYMAN GUSCIORA: Perfect.

So I want to welcome all the members and also welcome to those who are testifying.

As prime sponsor of the Compassionate Use Medical Marijuana Act signed into law by then Governor Jon Corzine, I am pleased to have this hearing on the implementation of this important law that brings much relief to so many people who suffer from diseases such as cancer, HIV/AIDS, multiple sclerosis, glaucoma, and Crohn's disease.

In the last four years we've seen the start of the three of six compassionate care centers that dispense marijuana to over 1,500 registered patients. Today we are here to get information from both representatives of the New Jersey Department of Health, as well as the marijuana dispensaries and patients themselves.

It is the aim of this hearing to see what regulations are working, what may be too burdensome for the dispensaries to operate at their fullest

potential, and what are the challenges patients face in receiving the care that they deserve. It should not be the purpose of this hearing to cast dispersions on anyone, on any entity, but to elicit testimony so that we can make constructive improvements on this important Act.

I'd like to invite up Victoria Brogan, from the Department of Health, who will be speaking on behalf of Commissioner O'Dowd.

And I just wanted to publicly state that I've been in constant contact with Commissioner O'Dowd and that her office has been very cooperative. I know that the Department is going to be soon issuing a report on the status of the Program for further review by the Committee.

With that, I understand we have to take attendance first.

So, Victoria, if you could, hold on for a roll call.

MS. PINO MURPHY (Committee Aide): Assemblyman Fiocchi.

ASSEMBLYMAN FIOCCHI: Here.

MS. PINO MURPHY: Assemblyman Brown.

ASSEMBLYMAN BROWN: Here.

MS. PINO MURPHY: Assemblywoman Tucker.

ASSEMBLYWOMAN TUCKER: Here.

MS. PINO MURPHY: Vice Chairman Eustace.

ASSEMBLYMAN EUSTACE: Yes.

MS. PINO MURPHY: Chairman Gusciora.

ASSEMBLYMAN GUSCIORA: Yes.

MS. PINO MURPHY: You have a quorum.

ASSEMBLYMAN GUSCIORA: And welcome, Ms. Brogan.

V I C T O R I A B R O G A N: Thank you, Chairman.

Good afternoon.

My name is Victoria Brogan, and I am the Director of Legislative Services for the Department of Health.

Commissioner O'Dowd asked that I represent her today and read a statement on her behalf.

"Chairman Gusciora, Vice Chair Eustace, members of the Committee, thank you for your advocacy and leadership on the issue on behalf of patients and the New Jersey Medicinal Marijuana Program.

"The Medicinal Marijuana Program is currently finalizing two reports that we will submit shortly to the Governor and the Legislature. These reports will provide an overview of the Program; product testing protocols; and statistics, such as the most common medical conditions of registered patients, the percentages of patients served by each Alternative Treatment Center, and percentages of how much product has been successfully harvested by each ATC.

"The three ATCs that are now operating have dispensed more than 132 pounds of marijuana. There are more than 1,700 patients registered with the Program, and nearly 80 percent of them have been served by these three dispensaries: Compassionate Care Foundation, in Egg Harbor; Garden State Dispensary, in Woodbridge; and Greenleaf Compassion Center, in Montclair. Currently, 250 physicians are active with the Program. A fourth dispensary, Breakwater, had its business plan and background examination completed at the end of December and is now working on building out its warehouse. Examinations are ongoing for two additional ATCs, bringing to six the total number of nonprofit ATCs. We continue to work closely with all of the ATCs. While the Department of

Health does not produce the medical marijuana and does not operate or fund the ATCs, we do everything we can to appropriately support their success.

"As required by the Act, these are private, nonprofit enterprises created at the initiative of entrepreneurs and financiers. Our goal is regulatory, to ensure that the product tested in our lab is safe from contaminants that could be harmful to patients with compromised immune systems. Nine strains have been approved so far by our lab, and more than 20 additional strains are in cultivation.

"A clear priority of the Program has been a focus on customer service. We have responded to more than 16,600 telephone calls and e-mails. Additionally, the Program has reached out to every registered patient and caregiver. We have partnered with the Medical Society of New Jersey and the Drug Policy Alliance to provide resources for physicians and patients.

"In summary, the Medicinal Marijuana Program has made significant progress. Sister State agencies, including the Departments of Law and Public Safety, Agriculture, and Environmental Protection have assisted the Department in building this Program, which is based on a medical model. With the capacity of our current dispensaries, and more scheduled to come on line in the future, the Department is committed to an effective State safe and secure Program.

"Thank you for inviting the Department to be here today."

ASSEMBLYMAN GUSCIORA: Thank you so much, Victoria.

I would ask members if we could just hold off on questions for the moment. The Department is about to issue a report, and I think that

we should all review that report and then invite Victoria or the Commissioner back. And then we can have a more thorough discussion. I'd rather have this for the patients and the providers -- give them an opportunity, rather than us get bogged down with questioning the Department of Health, if that's okay.

MS. BROGAN: Thank you.

ASSEMBLYMAN GUSCIORA: Thank you very much.

MS. BROGAN: Thank you.

ASSEMBLYMAN GUSCIORA: I'd like to call Michael Weisser, a representative from the New Jersey licensed dispensaries.

M I C H A E L W E I S S E R: Good afternoon, Mr. Chairman and members of the Committee.

My name is Michael Weisser. I am the Chief Operating Officer of the Garden State Dispensary, located in Woodbridge. We opened on December 6, 2013. And I'm here today on behalf of not only our dispensary, but on behalf of all dispensaries in the state. We have formed a coalition, and I have been asked to be the representative. And the matters that I'm going to testify to today are things that we have discussed and have the approval of all of the other dispensaries.

The first and fairly important issue that we see where improvement could be achieved is with respect to the requirement that a doctor register on a State registry, which can be accessed by the public. There are a number of doctors, I think, that would be reluctant if they have, perhaps, four, five, or eight patients who qualify -- but are reticent to be on some type of public registry. And on the other hand, I think that there are a number of physicians who would want to be publicized because it would

bring them more business. So I think the registry should be changed from a mandatory to a voluntary registry. And I think that that would greatly enhance the accessibility to patients who go to a particular physician and, for whatever reason, he doesn't want to be on a registry so he's not recommending them. And due to the stringent rules of this Program, they're left with no alternative. So I would like to see that changed.

The second thing that I would like to address -- forgive me, I'm going to look at my notes -- is with respect to edible products. Now, I know that Governor Christie has approved it for dispensing to children, but we see a number of very, very ill patients, many of whom have lung diseases. And requiring them to smoke the product -- which is the only alternative other than a lozenge, and no one is producing the lozenges at this time -- I think is patently unfair and it doesn't really address the issue. There should be no difference in terms of dispensing edibles to adults than there is to dispensing to children. So I'd like to see that changed. I'd like to see just an amendment. I don't know whether or not that requires a legislative act or could be done by the board of health.

The third item that I'd like to talk about is chronic pain. There are a great number of people who suffer from chronic pain. We currently operate eight dispensaries and have one of the larger operations in the state of Colorado. And I would say that a tremendous number of medical patients that we see are suffering from chronic pain, which is a real problem and ruins people's, I guess, quality of life. I would suggest though that if an amendment was done, and if this was incorporated, that instead of a doctor, treating physician recommend it, that the patient with chronic pain be required to see two separate physicians, both of whom certify that this

patient would qualify. I think that would avoid abuse, and I think that it would be a far superior way to manage this Program.

The next item that I'd like to bring up is, at the moment patients are required to be recertified every 30, 60, 90 days. If someone has MS or Parkinson's, requiring them to go back every 30, 60, 90 days to get recertified doesn't make any sense. The more appropriate way to do this -- and what they do in virtually every other state that has a medical marijuana program -- is an annual recertification. At a minimum, I think it should be 6 months, but I think that 12 months makes more sense. And it has been my experience that that works. And I would invite the Committee to look at other states that have implemented this.

Along the same lines, I would like to see-- The annual fee that we're charging patients, paid to the State, to get on the registry is $200. I think that's a very high amount of money for some of these patients to come up with, and I would like to suggest that it be reduced to $25. I don't think that the State will suffer greatly from the loss of revenue, because I think the offset is that you will have more patients on the registry spending more money. And since the product is taxed, I think that the potential loss of revenue would be a wash by reason of the increased sales.

The next item I would like to talk about is home delivery. There are a number of patients in hospice where they have only days, weeks, or perhaps a month to live, who are simply incapable of signing up for this Program due to their infirmity. What I would like to see is a doctor certification that the person is in a hospice facility or under hospice treatment. And I would ask that the law be amended so that these persons do not have to pay a registration fee and fill out all of the documentation,

because in most instances, they're incapable of doing so. And I would like to see a delivery system where the ATCs are permitted to deliver this product to a person designated at the hospice who will then administer it or provide it to the patient. Likewise, I would like to see that type of program instituted for the hospital patients who are undergoing serious treatment for the variety of illnesses that we currently provide marijuana for. And, again, we would request that we be allowed to deliver this to a designated person or persons at the hospital who would then, in turn, administer it to the patient.

With respect to home care -- people who are in nursing homes or invalids who can't get out -- I would like to see, again, an amendment to the Program to allow us to provide the medicines to these caregivers and not limit it. Because at the present time, I believe it's only one caregiver per patient. And I would like to see that increased with respect to registered nurses, visiting nurses, and health aid specialists who are -- you know, hold a license from the State and, we would hope, would be very qualified to make these kinds of dispersement.

And that's pretty much it. There are a host of other things. But I would like to say that the board of health has worked with us hand-in-hand and has been very, very helpful with us. They've been sympathetic to things. And our experience has been very, very positive, so I would like to thank them and, obviously, you.

ASSEMBLYMAN GUSCIORA: Thank you, Michael.

Can you take some questions?

MR. WEISSER: Sure.

ASSEMBLYMAN GUSCIORA: One of the things when we were working on the Medical Marijuana bill -- we narrowly tailored it to six ailments. And there were a whole host of reasons, and one of them was just, frankly, trying to get it past a lot of cynics and people who were against the Program. I understand our Program is the strictest in the nation.

We did look at chronic pain, but it was hard to get a definition of it to put in the law. And I was wondering, in your experience, if you know of any other states that have defined chronic pain and, if possible, you could assist us in providing a definition.

MR. WEISSER: We'd be happy to provide that to you. I know for a fact that in Colorado chronic pain is one of the approved illnesses. And I can provide the Committee with a copy of the Colorado act.

ASSEMBLYMAN GUSCIORA: The fear was that it was a slippery slope, and that it was too vague, and that anyone could fall into that category. So we would want to look for as narrow a definition as possible.

MR. WEISSER: Well, that's why you have the abuse going on in California where if you have a hang nail, "Oh, that's chronic pain."

ASSEMBLYMAN GUSCIORA: Yes, exactly.

MR. WEISSER: We don't want to see that. But by the same token, not having it at all, I think, is counterproductive to the Program. And the whole thing here is to try and get more patients. Quite frankly, we have more product than we can sell because of the backlog and people just not getting on this Program.

ASSEMBLYMAN GUSCIORA: Now, regarding the annual fee, I do agree that $200 may be steep for many. In the other states, do you have any-- What is the average annual fee that they have, if they have one at all?

MR. WEISSER: Colorado is $15 a year, and I believe, if memory serves me right, Arizona is $75.

ASSEMBLYMAN GUSCIORA: Okay. Certainly less than the $200.

MR. WEISSER: Two hundred, by far, is the most in the whole country.

ASSEMBLYMAN GUSCIORA: Vice Chairman Eustace.

ASSEMBLYMAN EUSTACE: Thank you, Mr. Chairman.

One of the things that my patients complain about is availability. And one of the things I know we spoke about was, if you have lots of marijuana at your dispensary, it's impossible for a dispensary that has none to share that resource, from what I understand.

MR. WEISSER: That is an issue we, in our meeting with all of the other dispensary owners-- There was a catastrophic event with respect to Greenleaf, and they virtually have no product. We would have been happy to provide them with product since we had excess product at the time. And it would help the whole Program, from my perspective. We were told that the rules currently in place do not allow for that.

ASSEMBLYMAN EUSTACE: Excuse me.

And those are DOH rules?

MR. WEISSER: Yes.

ASSEMBLYMAN GUSCIORA: Any other questions from members? (no response)

Thank you very much, Michael, for coming.

MR. WEISSER: Thank you.

ASSEMBLYMAN GUSCIORA: If anyone else wants to speak, if they could, make sure they fill out a form so that our Aide, Tracey, has one.

I'd like to bring up the Coalition for Medical Marijuana panel: Ken Wolski, Peter Rosenfeld, and Jim Miller.

K E N N E T H R. W O L S K I: Thank you, Chairman Gusciora.

My name is Ken Wolski.

Jim Miller is ill today and is not going to be able to appear.

I am here with Peter Rosenfeld, from our organization.

I am a registered nurse. I've been an RN for 38 years here in the State of New Jersey and in Pennsylvania. And I've been Executive Director of the Coalition for Medical Marijuana New Jersey for 11 years. I've included a copy of my résumé in the packet of materials that I distributed to the Committee members.

I'm very grateful to the Regulatory Oversight Committee for holding this hearing on the evident failure of the Medicinal Marijuana Program to meet the needs of the vast majority of patients in the State of New Jersey.

When CMMNJ formed in 2003 -- and we have been following this issue since before there was legislation. And we have tried to lend our guidance to this process, but we have been essentially excluded by the -- our input has been excluded from the Department of Health.

I have included in the packet of material a list of published materials that I've had, along with a compact disc of the regulations, the proposed changes that we have -- our organization has developed in association with the Association of Safe Access Providers-New Jersey. And line by line we went through those regulations -- 110 pages of the regulations, and suggested what needed to be deleted in parentheses and what needed to be added in underlined. So for your consideration--

Our first real argument with the Program started with the bill itself. Before it passed into law, the op ed that I submitted on June 23, 2009, *Marijuana bill restrictions mitigate its usefulness*, talked about how the original version of the bill that passed in February of 2009, through the entire State Senate, approved home cultivation of a small number of plants for patients and caregivers. And the Alternative Treatment Centers, in that regard, looked like collective gardens rather than the (indiscernible) pharmacies that we have now. And this is part of the problem that we're having -- trying to take a process that has been proven in 13 other states that allows for home cultivation as an alternative, and instead, puts the entire onus on these (indiscernible) pharmacy Alternative Treatment Centers to produce medical marijuana.

Before I forget, I also included testimony from Vanessa Waltz; Scott Waselik; Dr. Jay Rosen and Susan Rosen; Jennie Stormes, RN; Sean Green, and Stephanie Joynes-Pierce. So you also have that as coming from the Coalition for Medical Marijuana New Jersey.

In an open letter to the New Jersey legislators dated December 31, 2010, we predicted that patients -- medical marijuana would only be available to very few patients at a high price, and it would be poor quality

marijuana with the restrictions on the cannabinoid content. And that certainly has proven to be true.

And to this day, the process for adding qualifying conditions has not even begun with the Department of Health. We believe that the rules are not consistent with the intent of the legislation and only prevent the vast majority of patients from gaining safe and legal access to medical marijuana.

The physician registry, we predicted, would accurately -- would only discourage Program participation and limit patient access; and the micromanagement of the ATCs would cause the ATCs to fail, or fail to even start. And so far, only two of the ATCs are actually working full-time. Three haven't even opened yet, and one is only available part-time.

I also included an op ed on home cultivation for your consideration -- about the benefits of that particular program.

The goal of the rules of the Department of Health should be that patients have timely and affordable access to medical-grade marijuana in an adequate amount for all qualified patients, in a safe and secure manner. Those are the underlying goals of the regulations that we feel just have not been met. And the Department of Health should really listen to the advocates and patients who are involved in this and the experts in the industry.

The physician registry, again, is just -- really undermines the intent of the legislation. The legislation really was to ensure a bona fide doctor-patient relationship. But forcing patients-- What this registry does is, it forces patients to abandon their bona fide doctor-patient relationship and seek a doctor who is on the registry staff. I do want to let you know

about two patients who called me -- both hospice patients. Both were, obviously, dying. One was from Jersey City and one was from Trenton. They were both impoverished, they were both bed-ridden, and they could not get access. They talked to their doctor, and one doctor said, "If you want medical marijuana, go find yourself another doctor." And we think there is a great deal of ignorance and misinformation in the physician community that really needs to be addressed. The science that underlies the medical marijuana basically was not taught in medical schools. It's an emerging science that really began in the 1980s and 1990s. And this is a type of education that the physicians in the State of New Jersey really need to know about -- this entire endocannabinoid system, which gives the scientific basis for why marijuana is safe and effective for so many different diseases, and symptoms, and conditions -- from glaucoma, to seizures, to irritable bowel syndrome. And it's especially useful for hospice patients in so far as it controls pain without sedation, it controls urinary incontinence in many cases, it improves the appetite, and it lifts the spirits of the patients.

Thank you so much for the help you are doing in addressing these issues.

ASSEMBLYMAN GUSCIORA: Thank you, Ken.

Peter.

P E T E R R O S E N F E L D: Peter Rosenfeld, also a member of CMMNJ, and I am a patient and patient representative within our group. So I can only speak anecdotally from talking to the patients -- what they are saying about the system.

There are two big areas that are causing major problems with the -- I would call them the *mobile patients*, patients who are not so sick that they're not in hospice or whatever they have. These patients have things like MS, cancer, those sorts of problems. They're still able to get around. Just about all the patients I know are on Social Security Disability due to their illness, which leads to some of the problems they're having in the system.

So the two major areas-- The first area is basically -- will perhaps be helped when there are more ATCs. But, right now, we have three active ATCs. In reality, one of them is severely undersupplied, another one is having quality control problems. I don't want to go into it, but the patients, in general, are switching away from it, don't want to use it. So they're primarily using one. And that's a major problem, transportationally. I actually run a carpool for patients from southern New Jersey there to the dispensary. It takes us three hours round trip. Just yesterday I did a run. One of the people in my car was a 70-year-old woman in severe pain. We had to stop three times on the way up there because the pain got so bad. She was crying by the time we got there due to the trip. It's a very bad problem -- just transportation to the ATCs.

I asked them all, "Why not use a caregiver for it?" They all tell me the same story; the rules for getting a caregiver are so extreme, it's not worth doing. The caregiver has to register, pay $200 if they're not on Disability. They have to be fingerprinted and have a background check. Who are you going to find to do that for you? So they physically travel. Every single patient physically travels to the dispensary right now.

No delivery, as was raised earlier, is another issue. That's part of the problem.

The other problem is price. These are people on Disability. Typically they're taking home between $1,500 and $1,600 a month on Disability. The price of two ounces of marijuana from the dispensary is $1,000, plus State sales tax. Right there, that's two-thirds of their Disability. They simply can't afford it. A woman I transported yesterday said she could afford half an ounce. And when that's over, she would have to go back on opiates. That's the situation they find themselves in. Other patients just are not going to mess with the system at that price. They can't afford it. I've been told that by patient after patient. The system is unaffordable to them.

So as I said, more ATCs would help. Of course you'd start getting competition, you'd get less distance in traveling. But this weekend I visited Compassion Science's site in Belmar. It's an empty shell. Nothing has been done to it since they announced they're building there. So patients have become very discouraged that there is any movement happening in this area.

All of them said home growing would help at least reducing cost and transportation, even if it was a six-plant limit like they have in the other states. That would help with the cost. I advise them that I don't think it's going to happen, but it's certainly something that could be implemented and could be controlled, if we wish, using the same complex rules we use for the ATCs. You could use that for home growing also and let the patients grow. It would not be a good system, but it would at least

allow them homegrown. So that's the big problem right now: price and distance.

The other is, as was mentioned, availability of doctors. I believe there are only about 250 doctors registered -- maybe a few more by now. Some of those are not even active in the Program, according to patients. They say they call, and they say, "We're not accepting patients," or, "I'm backing out of the Program." Because of this, severely ill patients on Disability have to go to a new doctor if they want to get a recommendation. Typically, the doctors are interpreting the rules as they must have four visits with them before they can make a recommendation. These visits are not covered by insurance -- no insurance, because they're for medical marijuana, which is not a covered area. The average patient is paying $540 for those four visits, and some are paying much more. Again, that's unaffordable.

So these impediments to the patients are severe -- the financial alone, and also somewhat the complexity. Now, I've talked to the doctors about why more doctors are not registering. My own doctor, who is a registered doctor, told me that many doctors are interpreting the DOH rules as saying you have to be an addiction and pain medicine doctor because of the training requirement. And he says there are only 3,000 addiction and pain doctors in the country -- at least who are members of the American Society of Addiction Medicine; which, by the way, does not support medical marijuana. My doctor is a member of that Society, and he says he has some pressure on him about him making recommendations. He says other doctors he's talked to in meetings say they object to the training requirement because they don't feel like marijuana is addicting, and they're

not allowed to recommend it for pain. So why would they take an addiction and pain course for medical marijuana? It's not even pertinent. And so they reject it out of hand.

He said the third category of doctors who might do it are pain doctors -- who are not addiction specialists, but pain doctors. And he says a couple of problems they have-- They generally have very full practices and are not taking any new patients. And the paperwork requirements-- They have set up yet another paperwork requirement just to handle the medical marijuana, which they would maybe only be doing for a few patients, and they do not have the time or interest in doing that. So the registration system, as it stands now, has been a severe impediment to doctors joining it, which reflects on patients not being able to have doctors, and financial hardship on them doing it.

I was also asked to very briefly talk about the problem with pediatric patients right now, even with the rule changes. This is from Jackson Stormes' mother, the child with epilepsy. And she says that one of the problems is there is no communication with the patients by DOH. They call and they never get a call back. That should be changed. The current Program has been very tough to access -- confusing. The three-doctor requirement is overwhelming, especially when money is tight.

The three strain limit, even though that was removed -- there are still no CBD-type medicines available. Now they hear the push to only allow CBD medicines. They say, "No, that's not correct either." They often need a small amount of THC, and they don't want to see it go that way.

Oh, and there are no edibles yet. That's been an ongoing thing. I've talked to some of the dispensaries about that, and they said there has been a push-back by DOH. I'm not quite sure what's going on in the making of the extracts that we would use for the edibles. And so as you know, a lot of pediatric patients -- their parents are leaving the state to go to Colorado where they can get immediate access. Even though the Governor set up the system in September 2013, no pediatric patient has been served yet.

So there are a lot of patient problems going on. I think they're all based on the DOH rules and are driving this.

ASSEMBLYMAN GUSCIORA: Thanks, Peter.

MR. ROSENFELD: Sure.

ASSEMBLYMAN GUSCIORA: Does any member have any questions? (no response)

Thank you very much.

I'd like to call up Evan Nison, Marianne Bays, and Anne Davis.

E V A N N I S O N: Should I begin?

ASSEMBLYMAN GUSCIORA: Yes.

MR. NISON: My name is Evan Nison. I'm the current Executive Director of NORML New Jersey. We represent not just medical marijuana patients, but all marijuana consumers and producers. Today I will stick to medical marijuana.

So we were the 14th state. Since then, six states have passed us, and most have exceeded us. We are the strictest program in the country, and one of the most underdeveloped programs in the country as well. We are still actually-- While Chris Christie is waiting -- is talking

about extending the Program, we're still waiting for the initial law to be implemented fully, which I think most people on this Committee understand.

And I personally -- by way of background -- took tours of the dispensary in Montclair and Woodbridge, and just two weeks ago I flew out to Colorado and took tours of dispensaries and grow facilities, both recreational and in medical out there. So I can also potentially answer questions about their program -- their successes and their failures, because they also have some.

So I'm going to keep my testimony pretty short, because we have two other people who, quite honestly, have been following this a little bit closer than I have. My suggestions are broken up into two parts: supply and demand. It's pretty simple. In terms of supply, I feel that we need to give more autonomy to ATCs. These people were picked because they're experts at what they do. And their hands right now are being tied by the Department of Health with overly burdensome regulations that have prevented them from succeeding in their business. And because of that, another recommendation of mine would be to at least include input from the Division of Consumer Affairs, because they're used to regulating businesses; our Department of Health is not. Other states such as Connecticut and, actually, Colorado have put the regulations in the hands of agencies that are used to regulating and establishing industries, not health-related -- what the department of health does.

In terms of expanding the patient population and protection -- the supply side. We also would recommend easing the restrictions, and the regulations, and the paperwork that goes along with the doctor registry. I

would also echo the recommendation of making it optional to be public. I think that was a great recommendation.

We have patients who are still getting arrested -- legitimate, card-carrying patients who are contacting us on a weekly basis. So I would suggest making sure that there is more, I guess, training for the police departments. A lot of patients who would qualify simply are not even trying because they're hearing stories of patients getting arrested, marijuana is very expensive, and it's hard to get. So those are some of the reasons that-- Again, Governor Christie said that there is not a major outcry to use this Program. That, I think, is false. It's just overly burdensome regulations.

We would also recommend including chronic pain -- and I can help get you some language for that -- as well as PTSD, because of the vet situation.

That's my testimony.

ASSEMBLYMAN GUSCIORA: Great.

Thank you, Evan. And the written testimony has the specific suggestions on the regs.

MR. NISON: Correct.

ASSEMBLYMAN GUSCIORA: Great.

M A R I A N N E B A Y S, Ph.D.: I'm Marianne Bays.

ASSEMBLYMAN GUSCIORA: Marianne, can you turn your mike on? Make sure it's red.

DR. BAYS: I'm Marianne Bays, and I'm here with NORML New Jersey. I've been working as an advisor to the NORML New Jersey

Women's Alliance. In that capacity I come in contact with a lot of patients, and a lot of the interested public as well.

Prior to that, my initial involvement was with the Coalition for Medical Marijuana. Ken Wolski mentioned an organization called the Association of Safe Access Providers. I formed that organization during the time of regulatory review so that we could bring a group of people who were focused on the business aspects of the regulations together. And I know that Ken has submitted to you a redraft of the regulations that we did. ASAP New Jersey was the group that did the work on the revision of the business regs there.

A lot of people here today have already said things that I agree with. And I've given you some testimony. So I'm just going to emphasize a couple of things and make a suggestion or two. One of the major problems that we have is that this Program has not met even the minimum mandate of the law, which is to have six Alternative Treatment Centers: two in the north, two central, and two south. It is absurd that we have no deadline on the implementation of an Alternative Treatment Center. Connecticut, looking at our lack of success, has put 180 days on their provisional licenses. You have to be getting operational or you lose it. It makes sense since our objective here is to provide patients with medicine.

I think that we should also consider opening up to new applicants for Alternative Treatment Center permits. Clearly, the restrictions that have been regulated here have made it impossible to deliver, made it impossible for people to travel. And we're dealing with the sickest people in the state, and then we're asking them to travel to remote locations. It's not a good model.

I think that we should also see, at this point, much more focus on establishing the professional resources that are needed in order to improve the utility and the quality of the Alternative Treatment Center products. At this point, we don't have the testing capability in the state that allows us to assure that we have safe infused products, which we're at least able to do for children.

One thing that has been done in Colorado successfully that I think should be given consideration is actually licensing marijuana-infused products -- producers who can then supply the dispensaries in this state. One of the problems we're facing with the start-ups is they've got to get their grow going, they've got to get the basic production in place, and it's going to take awhile before they can get to the point where they have the sophistication and capability to provide the edibles. But those are very important things for us to do.

I concur that we should have opened up hearings a long time ago to start considering other conditions. And there are many of them that the other states have approved from which people in New Jersey suffer but don't have access.

The last point I have is that I really think we need to reconsider the cost to patients. We've talked about the registration fee, and the $200 caregiver fee has been mentioned as well. I find that particularly a problem with the patients who are on Disability. They often are too ill to obtain the medicine themselves, need a caregiver, but they don't have $200 to pony up for the caregiver. And the caregiver is usually doing them a favor in the first place, and we're asking them to pay $200 to do it.

The Legislature did a wonderful job in attempting to modify our laws, our regulations around children and their access to cannabis. But we still have a situation that doesn't make sense. I'm going to give you an example of how this plays out when you're a mother with three children who qualify. I got a call from a woman who has three children with Crohn's disease, and she wanted to know what she could do to legally register them in the Program, because she's heard that cannabis can help her children. And so I talked her through it. Basically what she has to do is take each child to three doctors, and one of them is a psychiatrist, to which she said, "What am I going to tell my children about why I'm taking them to a psychiatrist? This has nothing to do with this." Their primary physician is not registered. And so we have a situation where she's basically going to the black market, because what else can she do?

And that's really one of the major problems with this Program right now. We've raised awareness of the medical efficacy of cannabis, and then we've given no resources to the patients in this state.

Thank you.

ASSEMBLYMAN GUSCIORA: Thank you.

A N N E M. D A V I S, ESQ.: Good afternoon.

Thank you for the opportunity, and thank you for holding this hearing. I had given up hope on the Program, quite frankly.

My name is Anne David. I'm the former Executive Director of NORML New Jersey. I'm an attorney. I'm the lead attorney on the litigation that was filed against the Department of Health. And most recently, I was diagnosed with multiple sclerosis myself, so I can speak as a patient as well as an attorney and an advocate.

I'm not going to point blame, but I'm going to just set some facts for the record that I think are very significant. This is now four years after the enactment, and we have three centers open out of six. And the regulations, as drafted, require the DOH to approve or deny within 60 days. Now, we can say, "Okay there is reason for delay. They need to go through this vetting process." But these entities were selected March 21, 2011. We are now in 2014. There is no reason that the Department of Health has taken three years to get through the vetting process on these three remaining entities.

I have attached to my testimony an article that came out in the *Star-Ledger* on October 23, 2011, where a reporter found Foundation Harmony -- one of the three selected applicants -- had numerous misrepresentations within their application. They had directors, medical advisors facing allegations of insurance fraud, two of the directors were bankrupt, they were linked to a school in Colorado that was suspended, and they had misrepresented their status as a 501(c)3. I cannot understand why a reporter from the *Star-Ledger,* in October of 2011, found all these inconsistencies from their application and the Department of Health has not denied them. That's not fair to the patients. And now that I'm one of them, I can tell you I am an hour away from all three of the centers that are open. If they do not have a location -- and that's the Department of Health's reason that Foundation Harmony hasn't been approved -- three years later, then they need to be denied. The Department of Health needs to be legislatively mandated to do what they were already mandated to do.

As far as the annual reports, the Act, as passed, required the Department of Health to file annual reports. This is very significant not

just because of public information, but because it creates a procedural problem for patients. As there was testimony about adding PTSD, chronic pain, numerous other conditions, the enacted legislation did not impose any requirement of these annual reports. But the DOH promulgated regulations which required two annual reports had to be filed before any patient could petition to add a qualifying condition under the State's Program. So what has happened, by their failure and refusal to file the annual report, as of now patients cannot apply until 2016 regarding adding any other qualifying condition without any kind of legislative fix to that.

So the Department of Health has refused to make any of their information public. Again, I'm not pointing fingers; I'm stating facts. We had made OPRA requests as to the progress of the Program, and I've attached my response from the Department of Health, "Pay us $6,475 and we'll let you know which records, if any, we may or may not release to you." And that has been attached.

As far as the physician registry, I will tell you that it's probably the biggest problem with the Program. Once I was diagnosed with MS, I talked to -- three of my doctors all recommended medical marijuana for MS. It has neuroprotecting qualities, as well as helping with some of the symptoms. Three out of three said use it. None of them are registered, none of them will register with the Program. I ended up going to a fourth doctor, who is not in my insurance; I had to pay out-of-pocket, and I had to drive an hour away to see him. Why? Because it's overly burdensome. It requires these physicians to put a statement that they have advised of its addictive qualities. Things that they don't necessarily believe in they're being forced to certify to be able to sign up a patient with the Program.

And I'm telling you, three out of three -- every one of them said, "Use marijuana, it's good for MS." All of them -- three of them -- will not register with the Program.

And finally, I added in a little snippet about what is going on. But we have the Executive Branch exceeding their authority. Governor Christie stated himself, on September 27 -- and it's attached in my testimony -- "We essentially had to remake the bill by regulation because it was so poorly written." And that's just not how it works in the State of New Jersey. The Executive Branch does not write the legislation; the Assembly and the Senate do. And I point out that I believe that's what has been going on. And I ask that in your review of all the testimony, you further inquire and research as to what is really going on.

I solidify some of the other comments -- that cultivation should be implemented. It is in the state of Rhode Island, and I'm also very actively involved with the Slater Center in Rhode Island that serves over 2,500 patients a month. And they have home cultivation in Rhode Island without a problem, without an impact on the dispensaries.

That is all that I have, and I'm open for any questions.

ASSEMBLYMAN GUSCIORA: Thank you.

Any questions from the members? (no response)

Thank you very much.

MS. DAVIS: Thank you.

ASSEMBLYMAN GUSCIORA: Chris Goldstein.

C H R I S G O L D S T E I N: Chairman Gusciora, Vice Chairman Eustace, thank you for inviting me here to testify today.

My name is Chris Goldstein. I'm an independent journalist. I served as Executive Director of NORML New Jersey, and I was on the Board of Directors at the Coalition for Medical Marijuana of New Jersey.

Hopefully today we can begin to address and repair one of the worst failures of law implementation this state has ever seen. What you've heard is a litany of what is wrong with the regulations that were crafted with the Executive. Now, there were a number of agencies. This was the Department of Health, this was the Department of Consumer Affairs, this was the Governor's Counsel, and this was the State Police. That's who crafted these regulations that are out here today. It wasn't just one entity. It wasn't just the Department of Health or anyone else.

You, the legislators, know the history of this law. It took five years to pass here in the House. The promises then started right away. First, there was the promise that there would be medical marijuana in the summer of 2010, then it was the fall of 2010, then it was the fall of 2011. But it wasn't until the fall of 2012 that the first dispensary opened.

The Department of Health held public hearings on these regulations. They asked patients to travel from all over the state. But as you heard here today, and I want this to be understood, the tone from the Department of Health and from the Executive -- from the Governor's Office -- has been nothing but a stone wall to every concern from every patient that they have heard from. Patients have been left crying in the front office; patients have since passed away without ever getting access to this Program.

The Legislature realized there were problems with these regulations. In 2011 and 2012, you in the Assembly and the Senate passed

joint resolutions -- SCR-151 -- declaring that these regulations were against the intent of the law. There were clear fixes within that resolution. But unfortunately, the Legislature only went two steps down an important three-step process and never invalidated the rules. Instead, last year, in 2013, you passed several pieces of legislation for the same types of fixes. We passed legislation to allow dispensaries to grow more strains. Legislation was vetoed by the Governor that would have recognized marijuana with all other medications and made sure that patients are not denied organ transplants.

The truth is, right now, as you've heard today, the Compassionate Use Medical Marijuana Act has never been fully implemented. The less than 2,000 registered patients in the state have jumped over every single hurdle. The path is no better than it was in 2009. They can either move away to a state with a better program, or they can break the law and get arrested. And as you've heard today-- I've interacted with several patients. I mean, one of them -- Scott was stabbed. He had the police come to his house. They found some of his medical marijuana. He's currently being prosecuted. He's a card-carrying, registered, New Jersey medical marijuana patient. He was arrested, and they didn't even drop the charges at the prosecutor's office. So even if you jump through all these hurdles, police have no regard in this state. They don't care. They just care if you have marijuana.

Patients have tried every ATC -- all three of the facilities that have been opened. They've bounced back and forth. They've spent thousands of dollars on doctor visits. And then they've spent thousands of dollars on medication. Not only is New Jersey's medical marijuana some of

the most tightly controlled, it's some of the most expensive in the country. And it's one of the only programs in the country that puts a tax on top of it. Our patients are paying far more than street-level prices for marijuana in these facilities, and they're getting much lower quality, which is why you don't see any registering in the Program.

We're also finding out that ATCs are now putting some extra limitations on their clientele. You heard some of the parents need to make extractions, edibles. ATCs are unsure how to deal with this, so they're asking patients to just deal in certain ways. This is not how this is supposed to work. Four years on, instead of a medical marijuana program, we have a State-run cartel for marijuana. These facilities are holding secret meetings to decide what they're going to do with patients, with no oversight by patients or this legislative body. This is not how this Program should run.

There are important questions that need to be answered. I'm glad the Department of Health is coming out with some of these today. But how much cannabis has been produced? How much has been sold? How much in the sales tax has been collected? How much are we taxing our severely ill residents to access this Program? Is any research being performed on the cannabis? Greenleaf had whole crops of marijuana that never saw patients. One of these facilities says that they have more marijuana than they know what to do with. What is happening to that marijuana in the back room? We could speculate, but we should know. There is no reason that this Program should be so secret. All of the information associated with it should be readily accessible, not just to you the legislators, but to all of us in the public. It's not just about severely ill residents being available -- on this Program one day. All of us are potential

patients. All of us could get diagnosed with cancer. All of us could be in a terminal illness one day. All of us should have access to this Program and the information associated with it.

The Compassionate Care Foundation also received a $300,000 loan from the New Jersey Economic Development Authority. Why are we spending $300,000 to expand a facility that can't even produce -- that has more marijuana than they can give away or sell? Why are we spending this money now? We hope some sunlight can shine on all of this. We hope these questions can be answered.

The only real way to bring the Compassionate Use of Medical Marijuana Act to the people of New Jersey is to completely rewrite the regulations and start to restructure this Program. I beg the members of this Committee to use whatever power you have here today moving forward. Act decisively, act immediately to improve the law, because we've waited five years and been given nothing but empty promises.

A quick set of recommendations: I think the Committee should undertake a voluntary survey of patients. Ask them about their experience with the Program. I think that's an easy first step. I think many patients would volunteer to tell you what their problems were, just like you heard here today. I think the Committee should also attempt to do something that we at the Coalition attempted with the Department of Consumer Affairs. Reschedule marijuana under the State Controlled Substances Act. In order for the Compassionate Use Medical Marijuana Act to equate with the rest of State laws and avoid obtuse regulations in the future, I think that's a good step to take. It's something the Legislature can do, along with the Department of Consumer Affairs. Reschedule marijuana at the State

level. And then, finally, the regulations, again, promulgated by the Department of Health and the Governor's Office have been so fully ineffective at implementing the Compassionate Use Law that it has completely dismantled its legislative intent. The regulations should be nullified. The Legislature should undertake a process to rewrite these regulations within a reasonable timeframe and create an oversight committee that gives all the patients that you heard here today -- all the patients who've got nothing but a stone wall -- give them a chance to make this Program work in the future.

I hope you'll hear some of these recommendations. I've written extensively about the Program and those involved with it. So I'm happy to take any questions.

Thank you.

ASSEMBLYMAN GUSCIORA: Thank you for your compassionate testimony, Chris, as usual.

Any members have any questions? (no response)

As long as we can get a copy of your recommendations--

MR. GOLDSTEIN: Absolutely.

Thank you.

ASSEMBLYMAN GUSCIORA: Thanks a lot, Chris.

I'd like to call up Stephen Cuspilich and Paula Joana.

P A U L A J O A N A: Hi.

ASSEMBLYMAN GUSCIORA: Hello.

MS. JOANA: I'm Paula Joana. I came here today on a whim. My plans had changed. I represent the Love Nugget Foundation. It's a

501(c)3 foundation that my husband and I created in memory of our daughter.

I don't have a written testimony for you. On August 21, 2012, I gave birth to a baby girl -- perfect girl. She was later diagnosed with Dravet Syndrome. She tried and failed five medications. She started with Phenobarbital at five months old. When she was a year old, she was prescribed ONFI, which is a benzo. When she was diagnosed in August with Dravet Syndrome, my husband and I followed everything we had to do to get a medical marijuana card. Her neurologist wrote us a letter; her pediatrician wrote us a letter; we went into New York City to see a psychiatrist, and he wrote us a letter.

I got every file, every test, every ounce of blood work that I ever had, and I submitted it to a certified medical marijuana doctor in the State of New Jersey. He said he was going to file her application a week later. Well, two weeks went by, and nothing happened. I called his office; I called the State to see what could happen. He cashed my check right away.

November 26 we put Sabina to bed. And when we came in the morning to wake her up, she was unconscious; she was nonresponsive. We brought her to the emergency room, and the doctors told us that she probably had a seizure the entire night. It took another 13 hours to stop that seizure. She was put into a coma. She was given Phenobarbital loads, she was given Ativan, she was given rectal DIASTAT, nasal Versed to stop the seizure. It never stopped. She was put into a coma, like I said. And on December 2, the very same hour Governor Christie was saying, "We will not expand the Medical Marijuana Program," we took our daughter off the ventilator. She was 15 months old.

My daughter never had the chance to try medical marijuana. Her funeral was December 5. And on December 5, another little boy in Washington died the same exact way she died. These are babies. She was on a benzo. She was visibly high. All this controversy about allowing parents to get it out-of-state. If the pharmacy near our house ran out of her benzo prescription, I would be able to go to Pennsylvania to the CVS there and get it. Nobody has an opinion about a 15-month-old baby taking a medication that is recommended for kids 2 years old and up.

The side effects of her medication was anxiety. She would clench her fists, bang her head against the wall. She would have screaming fits. We would have to force-feed her medication. A toddler. My girl never walked unassisted. The medication she had made her hair thin. She was on Depakote, which has side effects especially in women, that messes with their hormones. This is not a way that a baby girl should go through life and then eventually pass away. She never had access.

Make no mistake that I am a law-abiding citizen. I did try to get it legally for her. As any parent, you'd do whatever you can for your child who is laying in a hospital bed in a coma for days. What do you do? Why didn't that doctor submit her application? Why hasn't he still returned my phone calls? Why did he cash my check? Why isn't the Department of Health looking into these doctors?

Dispensaries need to be-- They need some sort of-- They need better guidelines. We need edibles in this state. I know kids right now who are suffering. Their mothers beg me to help them. The only thing I can do is tell you Sabina's story. My daughter should not be dead. I had a son in

October. They were 13-and-a-half months apart. He should not be without his big sister. This shouldn't have happened. She should have had access.

You will never, ever hear a story about kids in Colorado having a status seizure and being put into a coma and passing away, because they have access to the proper medication. You will never, ever hear that, but you hear it in other states that don't have this.

I'm a recovering addict. I'm in recovery many years, multiple years. I don't use drugs anymore, I don't drink alcohol, I don't condone recreational use. That's not who I am. I don't judge people. Whatever they want to do with their lives is their lives. But medical marijuana would have saved my daughter's life, bottom line -- saved her life. We wouldn't have had to take her off a ventilator.

Thank you.

ASSEMBLYMAN GUSCIORA: Thank you very much.

S T E P H E N C U S P I L I C H: I don't know what to say. I'm so sorry for you.

MS. JOANA: Thank you.

MR. CUSPILICH: My name is Stephen Cuspilich. I'm a resident of South Hampton. I'm here by myself. I know everybody here. But I'm a sick person.

I don't even know where to begin. There is so much wrong with this. I just came today to actually listen and see what was said. I wasn't going to come up here until I got done listening to the gentleman from the ATC speak. He was talking about how he has an abundance of product there, and we're paying $540 an ounce. Well, if he has an abundance of it, why is there not price control? Why is there not the help

that was told, when they first started running all of this through the law, about how the ATCs were going to do it-- It was going to be on a price control for people on limited incomes, fixed incomes. Thank God I'm on the upper end of the scale for Social Security. But even with mine, I can't afford what-- Two ounces is almost $1,100 from a $1,700 Social Security check. What about the rest of my bills?

Now, having Crohn's disease, I am used to expensive medicines. All of them are $300 to $700; some of them are in the $1,000 range and I can't take them.

You want to get into doctors? A chronic disease does not change. It's chronic when you get it. It means it's long-term and it's there for life. An acute disease is something that changes; it's over the short-term, so you can watch those people. But somebody with a chronic disease -- why do they have to run back to the doctor every two months?

I wanted the card. I came in front of everybody here before. I wanted the card so I would not be getting arrested for taking something for my sickness instead of being on pharmaceutical medication. And what you gave me was something I can't afford. I can get it. I can get very good cannabis at half the price of what they're charging me. So why am I not doing that instead of being on fentanyl patches and oxycodones? I have a card, but then you tell me I have to go to this specific person who is going to charge-- Some of these people are only getting $750 Social Security -- people who have been sick -- MS -- their whole life. At least I had a work history before I had to stop working.

Autoimmune diseases stink. Cannabis works wonders for them. Science puts it there. They know it.

The ATCs -- if they have an abundance, they need to start handing it out to the people who are sick. They need to start cutting their prices. They have what they cut off the plant. Half of it they have to throw away because it doesn't meet the State's standards to sell it. I'm sorry, but there are a lot of patients who would love to have a $100 ounce of shake that they can sit there and do something with instead of spending $500 on an ounce, which is way too high.

You asked what chronic pain was. Well, if you can get a medicine that will kill you, I think that justifies getting pot that doesn't kill you. If I can get opiates by the handful, morphine by the truckloads, and fentanyl patches like they're stickers -- and they keep telling me, "Is the pain okay?" "Well, doc, if I have enough cannabis, I can cut down the opiates to about a quarter of what I actually have," which works out about a week a month, and that's stretching it. A quarter ounce is stretching it for a week.

It's not compassion. I'm one of the sick people. My disease isn't going to change. When it changes is when I hit the finish line. But you're making it real hard to get there. Remove all kinds of restrictions. I don't think I should be forced to have to go to an ATC that is going to charge me astronomical prices. Granted, it's great. He's got overhead and everything. But why do I have to suffer for it? Why is my disease turning into everybody else's cash cow? It's not much to ask. I mean, all the regulations were written in the original law. They're right there. I register, not my doctor. I register. I bring him the application, he fills it out, I bring it in, he stamps-- The same stamp he uses to prescribe fentanyl patches he uses to prescribe the pot. I can't see it's a big deal. Three-quarters of the

medicine I have, have death warnings, suicide warnings, and they have all kinds of weird warnings with them. Here is something that has no warnings. What am I going to do? Fight with the ex-wife over a Twinkie? It's not happening.

You were joking earlier with the gentleman sitting over there, Mr. Brown, and you talked about handing out coupons to go to the ATCs. Boy, I'd love some of those coupons.

ASSEMBLYMAN GUSCIORA: I want to thank you very much for coming here.

MR. CUSPILICH: Yes, I don't have anything else. I'm sorry. I wasn't going to speak. But I'm a little animated about this because I am sick.

ASSEMBLYMAN GUSCIORA: I think everyone's testimony has been very helpful. I think the Committee members are going to be looking at the recommendations, and hopefully we may very well be drafting legislation to make corrective changes and work with the Department of Health to change some regs internally.

So with that, if anybody has any comments? (no response)

Does anyone else want to speak?

MR. WEISSER: (speaking from audience) I would just like to say one thing to address this issue.

ASSEMBLYMAN GUSCIORA: Michael, you have to-- Everything is on the record here.

MR. WEISSER: I'm sorry. I was not aware of this problem until I spoke to him a few minutes ago outside. We would like to sell the shake and sell it at a very reasonable price. I'm not sure if we're allowed to.

But I instructed my general manager to contact the Department of Health. And I think that would be a good way to provide the product at a very reasonable price.

MR. CUSPILICH: One more thing. They touched on edibles earlier -- that they were supposed to be there. If nobody wants to take responsibility for them, let the people learn how to make their own, because it's really very easy. You're putting oil in, you're dumping it in the oil, you turn the oil up to 200 degrees, and you let it sit there for 45 minutes, you strain it out, you make brownies with it. What is so hard about it?

ASSEMBLYMAN GUSCIORA: That's one of the reasons why we're having the hearing -- is to find this out.

MR. CUSPILICH: It's not rocket science.

ASSEMBLYMAN GUSCIORA: Thank you.

Thank you very much, Michael.

And thank you members for our first hearing.

Yes, ma'am.

S T E P H A N I E J O Y N E S - P I E R C E: Can I speak informally? My testimony was submitted -- a written testimony.

ASSEMBLYMAN GUSCIORA: You have to be on the record, ma'am. Yours was one of the written testimonies.

MS. JOYNES-PIERCE: I'm Stephanie Joynes-Pierce. I am the New Jersey Chapter leader for the International Women's Cannabis Coalition. I'm the former chapter leader for (indiscernible) Marijuana. I'm also a resident of New Jersey. I'm also a potential patient who cannot afford it. I'm nobody.

Thank you, each and every one of you Assembly people, Assemblywoman, Assemblymen, Assembly persons -- sorry, I'm not great with semantics -- for having -- for finally recognizing, for seeing that in other states medical marijuana is working. If this was supposed to be the premiere program to set the standard, how come it's not working? I think just by you having this hearing today shows me, a voter; my daughter, who turned 18 yesterday, a potential voter, that, yes, government does care. Government can listen if given the right opportunities for the people to tell their stories. I felt that it was important that you hear Ms. Joana's testimony. How heartbreaking it was to see--

Are you a mother?

Are you a father?

ASSEMBLYMAN GUSCIORA: I have two cats. (laughter)

MS. JOYNES-PIERCE: I have a cat too.

So you understand-- For her to just be on TV and not having her legislator reach out to her saying, "Gee, I'm sorry." "Is there something you can personally tell me to help so that the next baby doesn't die?"

That's all I have to say.

Thank you.

ASSEMBLYMAN GUSCIORA: Thank you very much for participating.

I want to thank everyone for coming in. We do take all of your testimony seriously. We hope to act on this. And we're going to hopefully make improvements in the Program, and look forward to coming back in a follow-up.

Thank you very much.

(MEETING CONCLUDED)

APPENDIX

RECOMMENDATIONS TO IMPROVE THE QUALITY OF THE MEDICAL MARIJUANA PROGRAM IN NEW JERSEY

1. Eliminate the doctor registry. I think many physicians are reluctant to sign onto a registry so that they can put just a few patients, three, four, six, eight patients, on the marijuana program and be on a Board registry. Even though the registry is supposed to be private it still allows the police and other agencies to see the physicians' names and information. This would probably result in a great benefit in terms of the patient registry and once a patient gets a recommendation from a physician it should be done like every other State; it is either approved or rejected by the Department of Health Medical Marijuana Enforcement Division.

2. We should allow edible products, using an approved process for extraction and preparation for adults and not limited just to children.

3. Most Important - Chronic pain should be added to the list of approved illnesses which qualify a patient for medical marijuana. My recommendation would be that rather than one, that the patient get two doctor recommendations if the condition is for chronic pain.

4. The requirement that a patient be re-certified by a physician every 30, 60 or 90 days is putting an unfair burden on patients who are suffering from one of the qualified illnesses or diseases; for example, a patient suffering from glaucoma does not suddenly have the glaucoma go away, likewise patients with MS, Parkinson's, etc., simply do not get cured in a matter of weeks or months.

5. Reduce the annual fee to be paid by patients from $200.00 to $25.00. It is patently unfair to charge these types of fees to the patient. In virtually every other state the amount of money paid to get on a medical marijuana patient registry is minimal at best and in the State of New Jersey given the nature and severity of the illnesses in order to qualify for medical marijuana and adding to the burden the amount of patient visits required with a physician, it is just completely unfair and untenable.

6. Hospice delivery of product - I would request an immediate change in the regulations to allow the dispensaries to delivery product directly to any hospice patient. If the person is in a hospice facility then the product should be delivered to a dispensing nurse and if the hospice patient is at home then the product should be allowed to be distributed to their home. In some instances these patients do not have a care giver type person who can come and obtain the product for them as their designated care giver. My recommendation is that people who are in hospice should not be charged a state registration fee if the doctor certifies that their life expectancy is 45 days or less.

7. Nursing Homes delivery or product - Nurses and visiting nurses should be

allowed to be designated for multiple patients and should be permitted to pick up the product for said patients.

8. Hospitals delivery of product - Patients that are hospitalized with any illness or disease which qualifies under the state rules should be able to dispense the product in the hospital if the hospital is willing to do same.

9. I believe that most of these recommendations could be done without a legislative act or a change in the legislative laws and could be done by changing some of the rules through the rule making process.

Kenneth R. Wolski, RN, MPA
219 Woodside Ave., Trenton, NJ 08618
(609) 394-2137 ohamkrw@aol.com

Professional Employment

Registered Nurse (RN) since 1976, licensed to practice in New Jersey and Pennsylvania.

I currently volunteer full time as Executive Director of the Coalition for Medical Marijuana–New Jersey, Inc. (CMMNJ). I co-founded this non-profit, 501(c)(3)educational organization in 2003. I volunteered part-time at CMMNJ until my retirement from the State of New Jersey in August 2006.

Prior to 2006, I was employed full time with the State of New Jersey, Department of Human Services and Department of Corrections (DOC) for 25 years. At the State, I was a Graduate Nurse, Head Nurse, Supervisor of Nurses, Infection Control Officer, Quality Assurance Specialist, Quality Assurance Coordinator, and Health Services Manager. At the DOC, I was chairman of the statewide Policy Committee and statewide Telemedicine Committee for several years.

In addition, I worked for 7 years in Acute Care Facilities (Mercer Medical Center, Carrier Clinic, and Thomas Jefferson University Hospital) as a Staff Nurse, Intensive Care Unit Nurse and Cardiac Care Unit Nurse. I also worked as a Public Health Nurse for the City of Trenton.

Education and Training

February, 1990 Rutgers University
to January, 1992 Newark/Princeton, New Jersey
Executive Masters Degree in Public Administration (MPA)

November, 1987 New Jersey Department of Personnel/Rutgers University
to June, 1989 Princeton, New Jersey
Certified Public Manager (CPM), Levels I - VI

September, 1974 Mercer County Community College
to June, 1976 West Windsor, New Jersey
Associate in Applied Science (Nursing), Cum Laude

September, 1969 Rutgers University
to June, 1971 New Brunswick, New Jersey
Bachelor of Arts (BA) in Philosophy, Cum Laude

Organizations and Interests

I am a founding Board member of the American Cannabis Nurses Association. I am a member of the American Nurses Association and the New Jersey State Nurses Association.

I received the Governor's Certificate of Appreciation for "improving government in New Jersey" in 2005 for developing a telemedicine program for the DOC.

CMMNJ was instrumental in passing the New Jersey Compassionate Use Medical Marijuana Act into law in January 2010. I lecture for CMEs & CEUs on the issue.

I was the Green Party candidate for U.S. Senate in New Jersey in 2012.

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December 31, 2010

Dear NJ legislators:

The Medicinal Marijuana Program rules from Governor Christie's Health Department (DHSS) guarantee that the fewest number of patients will pay excessive amounts of money for low quality marijuana. If, that is, the Alternative Treatment Centers (ATCs)--New Jersey's dispensaries--ever open. The rules proposed for the ATCs are such an onerous bureaucratic morass that they may never open.

DHSS Commissioner Alaigh said that the proposed rules are necessary so that "the law does not fuel underground illegal activity."* But the rules do precisely that.

How can refusing to consider, for at least two full years, additional conditions to qualify for marijuana therapy stop illegal activity? It only prevents legitimate patients from gaining safe and legal access to marijuana and thus promotes illegal activity.

How can limiting the THC content of legal marijuana stop illegal activity? It only guarantees that patients who are given sub-therapeutic doses must suffer needlessly or access the illegal, underground market.

How can creating a physician registry stop illegal activity? The Health Department already knows who the licensed physicians in New Jersey are. This costly and unnecessary bureaucratic addition—uncalled for in the law—will only discourage program participation and limit patient access. It will fuel illegal activity.

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How can demanding that ATCs--entrepreneurial non-profits--be programmed for failure by forcing them to mimic the culture of a bloated bureaucracy stop illegal activity? If the ATCs fail, or fail to even start, illegal activity continues to thrive.

Commissioner Alaigh seems to think that the Medicinal Marijuana Program is introducing marijuana to New Jersey. Nothing could be further from the truth. High school seniors in New Jersey have said for the past 30 years in a row that marijuana is "easy to get" or "fairly easy to get."** NBC estimates that there are over 1000 unlicensed and illegal medical marijuana dealers in the state right now.*** The goal of the Compassionate Use Medical Marijuana Act is to provide safe and legal access to marijuana therapy for qualified patients in a program run by the Health Department. An overly restrictive program—like the one recently rejected by the entire state legislature—only guarantees continued illegal activity.

Please see Senator Nicholas Scutari's recent Op Ed**** on this subject. Sen. Scutari, D-Union, was the original sponsor of the New Jersey Compassionate Use Medical Marijuana Act, when the bill was introduced into the legislature in January 2005. The bill was signed into law in January 2010. Sen Scutari notes that the entire NJ "Legislature recently invoked a rarely used constitutional power to require the Christie administration to go back to the drawing board to rewrite the rules governing the state's medical marijuana law."

These rewritten rules must ensure timely and affordable access to medical-grade marijuana for all qualified patients, in a safe and secure manner. The DHSS must include—not continue to ignore--the expert advice of medical marijuana patients and advocates for this program to be successful.

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* "Medical Marijuana Debate...Is Relief On the Way?" ONLY IN NEW JERSEY, with Steve Adubato, New Jersey Monthly, January 2011.

** monitoring the future—a continuing study of American youth: http://monitoringthefuture.org/data/10data/fig10_3.pdf (Availability--% saying "fairly easy" or "very easy" to get.)

*** NBC takes an inside look at a NJ medical marijuana dealer, June 30, 2010: http://www.nbcnewyork.com/news/local-beat/NYNJ-Medical-Pot-Dealer-Describes-Highs-and-Lows-of-Underground-Sales-97431334.html

**** "Compromise needed on medical marijuana," December 28, 2010 By Nicholas Scutari, The Record, http://www.northjersey.com/news/opinions/mj_122810.html?c=y&page=1

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February 25, 2011

Dear New Jersey Legislator:

The Coalition for Medical Marijuana—New Jersey (CMMNJ) and the Association of Safe Access Providers-New Jersey (ASAP-NJ) have reviewed the Medicinal Marijuana Program regulations published on Feb. 22, 2011 by the New Jersey Department of Health and Senior Services. Both groups have offered comments and suggestions to put these regulations in conformance with the statutory language and intent.

We believe that the changes we have made to the regulations represent the minimum necessary to have an effective program in accordance with the law. For a copy of the regulations with suggested deletions in brackets and additions underlined, see: http://www.scribd.com/doc/49541387/DHSS-Revised-regs-2-16-CMMNJ-ASAPNJ

I have drafted the Executive Summary, below, of the changes that we made. If you have any questions, please do not hesitate to contact me.

Sincerely yours,

Ken Wolski, RN, MPA
Executive Director
Coalition for Medical Marijuana--New Jersey, Inc. www.cmmnj.org
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Executive Summary of proposed changes to NJ DHSS Medicinal Marijuana Program regulations byCMMNJ & ASAP-NJ

1. Eliminate the entire physician registry;

2. Eliminate the arbitrary cannabinoid (THC, etc.) level and strain limits;

3. Significantly change the process to add debilitating medical conditions;
a. reduce the 2-year waiting period;
b. change the make-up of the review panel to include medical marijuana experts and patients;
c. require the panel to review scientific and medical research and evidence;
d. allow the review panel to make the final decision;

4. Eliminate arbitrary and capricious physician requirements;
a. the physician need not and cannot determine that providing the patient with multiple instructions creates an undue risk of diversion or abuse;
b. the physician's certification need not include a statement on the "lack of scientific consensus for the use of medicinal marijuana";
c. eliminate the requirement that the licensed physician also possess an active controlled dangerous substances registration;
d. eliminate the requirement that the physician seeking to authorize the medicinal use of marijuana by a minor obtain confirmation from a pediatrician and from a psychiatrist;

5. Stop micromanagement of ATCs;
a. allow ATCs to determine the makeup of their own Medical Advisory Boards;
b. remove the arbitrary ban on volume purchase discounting;
c. increase the allowable ATC inventory of processed on hand medical marijuana to 3 months supply per patient
d. allow more variety in products (at least cannabis butter, oil and tincture);
e. allow home delivery as the law does (but do not make it mandatory);

6. Protect patient privacy;
a. do not require ATCs to collect information on the medical conditions of patients;
b. do not require ATCs to collect patient surveys regarding pain control, etc.;
c. eliminate the requirement that the physician identify the patient's diagnosis to the DHSS in a manner that compromises the patient's confidentiality;

7. Make the patient/caregiver ID card process more patient-friendly;
a. reduce the fee for a patient ID card to $100 and for a caregiver ID card to $25;
b. do not make registry with an ATC a precondition of patient registration;
c. make application and renewal fees refundable if application is incomplete;
d. caregiver criminal history record background check need not be done every two years;
e. proof of state residency may include a notarized certification of residency containing the applicant's address;
f. custodial parent, or guardian of a minor need not also be qualified as a primary caregiver;
g. eliminate the requirement that a person who voluntarily surrenders an ID must include a written notice to that effect;
h. clarify that the DHSS shall revoke a registry identification card for failing to qualify for medical marijuana, not that the individual "Ceases to have his or her debilitating condition."

My name is Vanessa Waltz, and I am a 41-year-old cancer survivor. I recently moved from New Jersey to New Mexico, in part because of the failure of New Jersey's medical marijuana program.

Of the 20 US states with medical marijuana programs, New Jersey is the only state with a physician registry, and this registry has clearly been a failed experiment. The current system imposes undue obstacles on physicians and creates unnecessary obstacles in access for the state's most critically ill patients.

In the summer of 2012, I conducted a telephone survey of the doctors in the physician registry at that time. The results of the survey provided a clear indication that creating such a system was a poorly conceived plan. In addition to the study, as a member of the board of the Coalition for Medical Marijuana – New Jersey, I have communicated personally with at least 20 patients who have encountered significant obstacles directly related to the physician registry.

First and foremost, despite the state-level legality of medical marijuana, many physicians I surveyed, as well as physicians I contacted who are not part of the program, have expressed great concern about signing up for a program where they are identified by name on the MMP website as "marijuana doctors." Some are concerned about potential federal law enforcement repercussions, while others are concerned about their job security. Whatever the reason, the result is that only a small percentage of the state's doctors have registered for the program, and of those doctors, only some report that they are accepting new patients. A number of the doctors who originally signed up for the program dropped out after the physician registry was published online. I do not believe this is because New Jersey physicians do not support medical marijuana, but rather for the reasons stated above.

As a result of the physician registry requirement, most patients seeking a medical marijuana recommendation are forced to seek out a new doctor, causing unnecessary effort in terms of time spent searching for a doctor, travel time to one of the few offices available, and significant additional financial expense. It is critical to remember that this burden is placed on people who are already battling one of the serious illnesses that are the qualifying conditions in New Jersey.

Governor Christie has said repeatedly that he does not want New Jersey to have "marijuana doctors" who base their businesses on marijuana program recommendations, and the regulations specifying a "bona fide" doctor-patient relationship were clearly created to prevent the creation of marijuana-specific medical practices. However, by implementing the physician registry, the creation of "medical marijuana" doctors is exactly what has resulted. Rather than allowing our best and brightest and doctors to recommend medical marijuana without jumping through hoops, the physician registry has allowed doctors willing to join the program to have a virtual monopoly on medical marijuana recommendations. As a result, the registry has attracted doctors in need of new business to who see the simply see the program as a way to make money.

While there are undoubtedly many honest and upstanding doctors in the program, patients have reported to me that there are also doctors who they believe are abusing the system due to the nature of the program's regulations. Even patients who clearly qualify for the program (i.e. terminal cancer, established history of epilepsy on medical records) are being told by some

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doctors that they will have to have a year-long relationship or multiple visits before being recommended for a card. These patients must pay for each and every visit, in addition to having to suffer for months while awaiting access. If their own doctors were allowed to recommend medical marijuana without joining the registry, they would not have to wait, or pay for additional visits. This program has created a highly profitable business model for unscrupulous doctors, and the patients are paying the price.

This added financial burden has also prevented countless qualifying patients from being able to participate in the program at all. Most of the doctors in the physician registry do not accept insurance, stating they cannot bill for a "medical marijuana" visit. While the bona fide relationship should allow these physicians to bill insurance for a visit related to the patient's condition, insurance billing is ultimately at the discretion of each individual doctor. If the physician registry did not exist, patients would be able to get medical marijuana recommendations from their regular doctors or at the very least have a larger pool of physicians to choose from, making the program much more affordable for patients.

The most critically ill patients are also the ones who have the greatest difficulty both with the navigating the logistics of "doctor shopping" and having to travel great distances to a registered doctor. Critically ill patients already face significant financial hurdles, due both to the cost of their overall medical care and the fact that they are often unable to work. The physician registry only adds to this burden, making the program an impossible option for many of New Jersey's patients with the greatest need.

Respectfully Submitted,

Vanessa Waltz
Board Member, Coalition for Medical Marijuana – New Jersey
48 Cerro Alto Rd.
Lamy, New Mexico 87540

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"I am a medical marijuana card-holder in nj and on october 8th I was a victim of a violent attack in my own home (63 lake shore drive, sparta, nj). I was stabbed and nearly died. Subsequently, the police charged me with possesion of my legal smoking devices. It is a very clear cut issue. Patients are being arrested with their legally obtained medicine and being dragged through the court system, which is a direct violation of the Atty general guidelines for enforcement of the medical marijuana policy. The CUMMA Guidelines specifically saying "police should not do an arrest first, and figure it out later in court" theory when encountering legal card holders in NJ. But this is exactly what has hapened to me other card holders. This is a legislative issue because there has been a failure of implementation on the part of the state to properly train law enforcement on how to encounter card holders, and it is the law."

Please contact me as I would like the opportunity to speak with your office briefly on my personal experience with the failed MMJ program in nj as my legislators in D24 are ignoring me flagrantly. I want my personal experience to be in the progress report because it is valuable patient feedback.

Thanks,

Scott Waselik
Newton NJ

mypoodletara@gmail.com

Testimonial from Dr Jay Rosen, MD & Susan Rosen, RN

On The treatment of Patients to provide Compassionate Care
Without Difficulty in Prescribing.

Surgicare of Oradell/ Sovereign Medical
555 Kinderkamack Road, Oradell, NJ

The greater the ability of the physician to have control and simply another tool in his/her toolbox to utilize in the facilitation in the patients health as advocates.

Patients today wish to have better options available to them that they have already tested upon themselves and have deemed it medically necessary, without the cumbersome requirements in order to prescribe and offer compassionate care to all of those in need, including but not limited to, end of life care which has been shown and proven by the Veteran's Administration to holistically effectively treat Post- traumatic Stress disorder.

The safe use of Marijuana and it's medicinal benefits to those patients suffering from pain, post-cancer treatment has undeniably been studied for over 40 years and Patented by the United States.

Please note that as a Board Certified Urological Surgeon, I treat numerous patients suffering from Prostate Cancer, Kidney Cancer, and Bladder Cancers that can and do reoccur. Also, please note that treatment is not an easy event for the patient, and, indeed, would benefit from less requirements to assist the physician in providing the least harmful of choices.

Susan Rosen, my wife, is a disabled RN of New Jersey who is a member of The American Cannabis Nurses Association in order to advocate more effectively in what we, as professionals, truly believe in. My wife also carries the Hepatitis C Virus as a result of her dedication to patient care in some of the most dangerous of areas in the State of New Jersey.

We hope that you will consider our statement and our advocacy to look very closely at this important issue.

Respectfully,

Dr Jay S. Rosen, MD

Susan Rosen, RN

NJ MMP Testimony on February 20, 2014

Jackson Stormes is a 14 year old resident of Hope, NJ. He is a current cannabis card holder. He has been treated with high CBD cannabis with great success and been able to reduce his seizure frequency, seizure duration, and seizure intensity. His video EEG is even showing normal background activity where the usual was littered with slowing and spike waves. Since beginning medical cannabis, Jackson has been able to successfully withdraw from three narcotics: phenobarbital (prescribed since 5 months old until February 2013), klonopin (prescribed since September 2001 until November 2013), and Onfi (prescribed from June 2012 to July 2013). Stiripentol, a non-FDA approved medication, imported from France was weaned as well. Jackson has also been removed from the ketogenic diet which is nutritionally deficient and requires many expensive nutritional supplements. The remaining medications are Depakote and Banzel: both 50% lower than prior to being treated with cannabis. His quality of life has greatly improved and there have been many ups and downs in learning and understanding the use and application of cannabis for epilepsy. Obviously the pharmaceuticals did not work and most likely made things worse, in addition to causing cognitive, social, and developmental delays. The damage has been done. Additional damage has been done with the two failed brain surgeries and the VNS implantation. All things have been tried with eagerness and hope, which quickly failed and turned into disappointment. As a last resort, after 13 years of grasping at the elusive hope, we began treating him with cannabis rich in CBD. The change was immediate and amazing. The challenge was to get him safely off of the addictive drugs he now cannot live without.

Following is our experience with the NJ MMP and areas of improvement necessary:

1. **Communication with patients.** When calls to the Department of Health or the Medical Marijuana Program office are made with message left for the director, he should return the call and discuss the situation or concern. Emails are also left unanswered.
2. **The existing program in NJ has been tough to access and confusing.** The three doctor requirement is overwhelming when monies are tight and an already medically fragile child needs to see new doctors. The arbitrary assignment of the doctors is unreasonable. Jackson is untestable and the psychiatrist was a waste of time, money, and energy. He has not been testable since the age of 5 and was not able to participate in pre-surgical psych testing in 2008. As a teenager, Jackson does not have a pediatrician and cannot easily obtain a letter from this doctor. AN APPROPRIATE REMEDY WOULD BE TO REQUIRE THE MINOR TO HAVE A LETTER OF SUPPORT FROM THE TREATING SPECIALIST, NOT A PED AND PSYCH.
3. **September 2013 the governor offered a conditional veto allowing for the 3 strain limitation to be removed but limited edibles to minors only.** Jackson has been suffering from seizures since October 1999 when he was only 4 months old. He requires medication, medical interventions, and oxygen to keep him safe during a seizure. He cannot smoke or vaporize for safety reasons and the inaccurate dosing is not medical recommended for such a fragile medical condition. He requires multiple forms of medication for the need presenting at that time. He needs oils, high CBD, 1:1 Cannabis, and tropical medication, in addition to edibles. *With the conditional veto, he is only allowed compassion until he is 18 years old and then no more. So, in just 3.5 years Jaxs will have to return to ineffective medications, move to another state, or break the law in NJ.* Why is compassion available when they are children but not to adults, disabled adults, those on hospice, or NJ citizens in medical need. Compassion needs to be offered regardless of age in the form of medication each child needs

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when they need it. The diseases which impact our loved ones does not discriminate based on age and neither should the NJ MMP. **The conditional veto was accepted by both houses in the NJ legislature without question as to why the limitation for minors only.** This is an important question. Is it a way to ensure very few have access to the only compassion left or hope for a future which exists? Jackson, like many others, have been through so much and to have them fight for basic items such as effective medical care is cruel and inhuman. Soon Jackson will be considered and adult and not covered by the conditional veto compassion.

4. **Veto of S1220**. Jackson was kicked out of Hackensack University Medical Center in 2013 while being a cardholder and as his caregiver; I had to choose between his fragile medical situation and being able to continue giving his life-saving medically necessary cannabis medication. Both options were dangerous. If we stayed in the safe hospital, he would have to skip his effective medication. If we went home, he was not stable enough and we were going home being setup for a potential disaster. Either way, Jackson is at risk. That was not of concern to risk management of the hospital. They reached out to the DOH and I did as well. No assistance, guidance, and answers were provided with an answer. If S1220 was signed into law, it would have established a basis for the use of cannabis for medical reasons, not recreational. It would have prevented this choice being offered, both of which endangered his life. Establishing guidelines for the medical professional in NJ is necessary for safe access to ongoing medical care within the traditional medical systems who fear the federal government and the DEA.
5. **In State Testing.** Testing for medication strength for accurate dosing with medically fragile children is necessary to consistently administer medication. At this point the administration of the cannabis is a complete guessing game when dosing is important with seizure control. A qualified lab in the state of NJ would be able to determine the strength in mg/ml for safe and consistent administration.
6. **Additional dispensary requirements not based on NJ Regulations.** Dispensaries are now requiring a waiver to be signed or they will not offer cannabis as recommended by the NJ MMP MD. The medication in the current bud form is not usable for Jackson without extraction of the medicinal elements which are infused into olive oil, butter, or foods. The NJ MMP has not taken a position as of yet about the legality of this waiver or the inability to access cannabis at the dispensary chosen. Not only is the governor allowed by law to practice medicine without a license, the dispensary lawyers should not be permitted to practice medicine by telling a qualified patient how to take, administer, and apply medication which has been deemed medically necessary.
7. **Not all dispensaries have the necessary medication and the 2 ounce limitation is arbitrary.** The needs of patients are individual and unique. With edibles, oils, and tinctures, the raw material needs are greater than 2 ounces and will be a tease at accessing compassion instead of the relief it was intended to offer. Jackson requires more than 2 ounces cannabis to make his high CBD medication with relation to his weight. With the recommended 3-5 mg/lb, this is approximately 1.5-2 pounds necessary each month. Younger and smaller children will not have such an issue, but at 100 pounds, Jackson requires more medication to be effective in treating his seizures. The ability to access all cannabis medication at different dispensaries if necessary should be allowed.

As a parent, registered NJ MMP Caregiver, pediatric RN, and citizen of NJ, I would like to see the NJ MMP succeed. The program has been difficult to access and navigate with an already fragile child in great need of compassion and care. I would like to assist and help improve the program in NJ.

Jennie Stormes, RN, Mom and NJ MMP Caregiver/Card Holder
124 N Locust Lake Road Blairstown, NJ 07825 (District 24) 209-327-3366

www.JacksonStormes.com

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Testimony of:

Sean Green
Delran, NJ
(856) 912-3674
seang1313@hotmail.com

My name is Sean and I'm a 24 year old office administrator and student from New Jersey. As far back as I can remember, I had "sensitive stomach," but I was told it was simply gastric reflux. I was diagnosed with Ulcerative Colitis at the age of 19, after months of vomiting, cramping, and frequent bloody stools following my freshman year of college. I was initially put on the Mesalamine group of medications, which only exacerbated my symptoms. This flare eventually lessoned and I enjoyed some quality of life again.

At the age of 21, my health slipped drastically, and I found myself in the hospital for two weeks. I couldn't eat or drink water without throwing it up, and I was having over 25 bloody bowel movements a day. In the months that followed, I went from an active, healthy 165lbs to a tired, weak 115lbs.It was during this hectic time of my life that marijuana was brought up, as it was recently legalized for medicinal use. I ignored the idea and went with the heavy hitting medicines. I soon found out that I was resistant to many treatments, and that many just added to my list of symptoms.

I was immediately put on Prednisone, a powerful steroid for over 18 months. I suffered from mood swings, sleep deprivation, and profuse sweating. I developed arthritis, and rapidly gained weight – up to 185lbs. After I finally weaned myself off, after weeks of migraines, I was told I had also developed Osteopenia, a precursor to Osteoporosis.

The first maintenance treatment they gave me was 6-Mercaptopurine, a chemotherapy treatment which nearly put me into liver failure. At this point, I decided to look into marijuana. I was already worried by the amount of painkillers I was taking for my constant pain. I found it to be useful for a plethora of symptoms. It allowed me to enjoy some quality of life. Marijuana helps increase my appetite so I can eat, helps me sleep, and is effective at quelling both pain and nausea.

The next maintenance treatment was Remicade, drug with a risk of hepatosplenic T-cell lymphoma, a rare and fatal cancer. I spent hours in the hospital every 4 weeks receiving the max dose of this infusion.

In June 2012, I had my entire colon removed and lived with an ileostomy bag for six weeks. At this time, my jpouch, an internal reservoir made from my small intestine was hooked up to my anus, allowing me to use the bathroom like a healthy person. My gallbladder, was also removed, as it had failed at some point during my illness – contributing to my nausea. In May 2013, I had

an emergency surgery for two life-threatening obstructions, during which time I developed PTSD.

The New Jersey program was put into place to help patients, but I believe it is progressing far too slowly, making patients suffer needlessly. Post traumatic stress disorder and unlisted gastrointestinal disorders such as gastroparesis can be helped greatly by marijuana. Edibles should be allowed for adults, as the medical effects last longer with them and it's a healthier way of using marijuana. The price for the doctor's appointments, medical card, and marijuana itself is so high that many cannot afford it. New Jersey limited this program to severely sick people, but most severely sick people I know are buried in medical bills already. This program needs to be made much more accessible so that patients can stop suffering.

New Jersey Medical Marijuana Program, Present & Future

A thorough discussion of the "New Jersey Compassionate Use Medical Marijuana Act" would start from the beginning, when the law was signed until today. Clearly, the history is well known and it's not necessary to repeat.

1. Patients must be given fair access to the necessary strains needed to treat their illness. The 3 strains with a 10% cap is a roadblock for medical care. A patient's physician must evaluate the treatments effectiveness and to make recommendations regarding continuing. As the current regulation is administered, this is an hindrance to effective treatment. There's recent studies as well as the Association of Pharmacology, that has recently established current guidelines to treatments associated with Cannabis. they're specific to dosing and strain breakdowns. This Association has been accredited and accepted as of 2013 to set industry standards.

2. Patients must be given fair access to a medical laboratory to test actual purchase product and anything produced from this product. Examples of ancillary products can include: edibles, tinctures, oils, salves or any other product form used to make the raw material (marijuana) fit for the patient. In addition, laboratory facilities or lab reports should be made available to patients/caregivers to insure the grade & standards of the product purchase. This laboratory should be independent of the ATC's & DOH. Additionally, ATC's should be able to provide patients with "usable marijuana" in more than one form other than raw material if prescribing doctor orders otherwise. It should not be a burden of the patient/caregiver to sign any agreement from the ATC's regarding the manner in which they treat illness.
Lastly, ATC's accountability regarding product offering needs to be more transparent to patients in order to make an informed medical decision in their choice. The MMP/DOH should require they submit information with each grow to be on file to be viewed by patients.

3. The requirements for multiple physicians for pediatric treatment needs to be rescinded. The 3 doctor requirement adds additional financial and emotional hardships & creates a hindrance in the child's treatment.

4. The physician registration process has to be reevaluated. The current process for physicians to qualify is tedious and the bureaucracy of the government with current new mandates enacted makes it useless. The universal medical system all Physician offices were required install makes most of the information requested by DOH & MMP already in their own computer system. To require a physician to have additional addiction requirements other than standard pharmaceutical practices in place, is a hindrance to that physician's treatment of their patient.

5. Additionally, these requirements are a hindrance to the patients. "Critical care" is important with all treatment and includes how soon the treatment can be initiated. A patient being diagnosed by one physician and have to see additional physician to qualify for treatment is a hindrance and a hardship. Again, the new universal system should streamline the process; where the original physician is the only physician necessary to issue the prescription. This is in accordance with current medical standards with pharmaceutical drugs.

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6. The qualifying conditions must be expanded to offer fair and equitable medical care. The process of adding qualifying conditions must be reevaluated. The current process is an hindrance and a hardship to physicians' treatment options for various medical conditions and patients' for prompt medical care. Again, the universal medical computer system should make this option based on the recommendations of physicians and current information in acceptable medical journal & studies. Until a new process can be established. Inclusion of additional medical conditions: PTSD, Tardive Syndrome, Rheumatoid Arthritis, Lupus, Sickle Cell Anemia should be made as soon as possible since current medical studies show the effectiveness of treating these conditions as well. Lastly, the new studies regarding AIDS should change its classification as a qualifying condition without current additional requirements.

7. Currently, there's a discrepancy in the amount each ATC charges per increment. One ATC is charging $500.00 an ounce where the other only $400.00. According to established market practices, these charges are excessive and usury based on strain information and THC ratio. This is a hindrance to patients on fixed incomes; not recognized for coverage under the Affordable Care Act.

8. Currently, some patients receive a break on the initial card fee based on their insurance. Unfortunately, the decrease fee isn't given to the caregiver. This is a hardship on caregivers, regardless of relationship to patient. This is a hindrance to the patient as well as the caregiver providing care. The discount should exist for both.

9. The background check is not representative of the medical need and is a hindrance and hardship to full medical care. A criminal record excludes a prospective patient and creates a hardship to a physician who has to prescribe a less effective treatment.

10. A committee needs to be established of medical professionals to oversee and advise the program not government regulators without any medical training or credentials. They're ill-equipped to make medical decision or educate prospective physicians regarding the practitioner's responsibility when prescribing this alternative treatment.

Stephanie Joynes-Pierce, New Jersey Chapter leader, International Womens Cannabis Coalition
10 Lincoln Ave, West Collingswood Heights, NJ 08059

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NORML New Jersey
Working towards sensible cannabis policy in the Garden State.

Evan Nison, Executive Director
(908) 812-0473
evan@normlnj.org
www.normlnj.org

Distinguished members of the New Jersey Assembly Regulatory Oversight Committee,

The National Organization for the Reform of Marijuana Laws (NORML) is a national nonprofit organization whose mission is to move public opinion sufficiently to legalize the responsible use of marijuana by adults, and to serve as an advocate for consumers. Since the 1970s, NORML has led the fight to reform state and federal marijuana laws, whether by voter initiative or through the elected legislatures. We serve as an informational resource to the national media on marijuana-related stories; lobby state and federal legislators in support of reform legislation; and are the umbrella group for a national network of citizen-activists committed to ending marijuana prohibition and legalizing marijuana.

When New Jersey became the 14th state to legalize medical marijuana in 2010 we at NORML-New Jersey were ecstatic that New Jersey would help lead the way in formulating more sensible and compassionate drug policy. Four years later six more states and the District of Columbia have joined New Jersey in recognizing the legitimacy of medical marijuana. Unfortunately the program still leaves much to be desired as New Jersey continues to have one of the strictest and most underdeveloped programs in the country. Below we've highlighted a few key areas where we feel the program could be improved through regulations.

Allow More Autonomy for ATCS

As a leading advocacy group for both consumers and producers of marijuana, we interact with both patients and Alternative Treatment Center employees on a regular basis, and as a result have a good handle on the deficiencies of the current program. As we talk to those involved in ensuring that patients receive their medicine, we have begun to question the efficacy of having the department of health regulate medical marijuana dispensaries. While health issues are certainly a central issue when discussing medical marijuana, dispensaries are also businesses which are faced with economic challenges, and as such must be given the appropriate autonomy needed to operate a functioning business. In particular, it is important to remember that dispensaries must have a self-sustaining business model. They must make sure that supply meets demand, and they must make sure they are dispensing a quality product. These important details can get lost in the discussion when the power to regulate lies solely with the Department of Health. It may be appropriate to re-assign oversight of the program, or require the DOH to receive consultations from the Division of Consumer Affairs, as other states such as Connecticut have done.

Expand and Protect Patient Population

Problems for dispensary owners become problems for patients who struggle to access their medicine. In the past, when this complaint has been brought to the Governor, we have been told that there will not be a push to expand or fix the current program because there simply isn't enough interest in medical marijuana in this state. This logic is not only circular, but also patently false. It is hard to get doctors and patients to jump through all the hoops, sign all the paperwork, and pay all the necessary fees in order to sign up for a program that has hardly gotten off the ground.

NORML New Jersey
Working towards sensible cannabis policy in the Garden State.

Evan Nison, Executive Director
(908) 812-0473
evan@normlnj.org
www.normlnj.org

The patients who are lucky enough to receive their medicine are then faced with a variety of unnerving prospects such as police harassment, arrest, and being knocked off the organ transplant list. It is our hope that the Attorney General's office focuses on better training for law enforcement agents to ensure their compliance with the law. Such training could provide patients with invaluable peace of mind and could prevent further wrongful arrests.

Our goal as advocates today, is not only to allow patients safe and affordable access. We also seek to expand the pool of possible patients, which dispensaries need to survive. While there is a plethora of qualifying conditions we would love to see added to this program, today we will highlight just two: Post Traumatic Stress Disorder (PTSD) and chronic pain. As PTSD reaches epidemic levels among US veterans.

While some may roll their eyes at the idea of treating chronic pain with cannabis, it is well documented that it can be a safe and effective pain management medication. Our communities are increasingly plagued by opiate addiction. Worse still, we are finding that these opiates, and not marijuana, are a gateway drug to harder drugs. It is our belief that, beyond expanding the patient population, offering patients an alternative to these opiates would reduce instances of addiction, reduce overdoses, and in general, provide patients with a safer option to treat pain.

We thank you for your time and look forward to working with you on ways to improve New Jersey's current program.

Sincerely,

Evan Nison

Evan Nison
Executive Director, NORML New Jersey

Evan@NORMLNJ.org
(p) 908-812-0473

Marianne Bays, Ph.D.
78 Cotswold Circle
Ocean, NJ 07712

February 20, 2014

Testimony for NJ Assembly Regulatory Oversight Committee

4 years into NJ's implementation of CUMMA:

- The state has not met its mandate to establish safe access to medical marijuana for legal patients
- Only three ATC's are operating and, from all reports, only one of them is operating capably. The others have had major production problems. Patients report poor quality goods and too limited supply.
- We finally have a go ahead for production of the variety of cannabis strains and edibles that can meet patient needs - though only edibles for those under the age of 18, which makes no sense. The dispensaries are not yet up to speed on edible production, however, nor do we have cannabis testing capability that is needed in order to calibrate dosage in infused products.
- No additional medical conditions have been considered for coverage under the law

4 recommendations for improvement of NJ's implementation of its Medicinal Marijuana Program

1) Take action to implement the law's requirement for an initial minimum of 6 ATC, two north, two central and two in southern NJ. It is unreasonable to allow conditional permit holders an unlimited amount of time to get their act together when the whole point of the law was to permit patients safe access to medicine. It is time to move ahead and revoke provisional permits of those who are not capable of setting up and operating to meet patient needs and to grant additional ATC permits to those who can. Regulations should be amended to require permit holders to become operational in a limited time period, or lose their conditional permits. Consideration should be given to issuing additional permits beyond the minimum as well.

2) Establish professional resources to improve utility and quality of ATC products. Develop the state's cannabis testing capability so that we can assure safe infused products with reliable dosage information. Consider issuing permits for cannabis infused product producers (tinctures, oils, concentrates, foods, beverages) who could service all of the ATC's.

3) Open hearings for additional medical condition coverage by the law. Many NJ citizens who would be legal medical marijuana patients in other states are forced to the black market in NJ because our law's coverage is so restrictive. PTSD, Rheumatoid Arthritis, Fibromyalgia, and pain, for example, are all conditions covered by other states because they are conditions that medical marijuana has been shown to help. Many patients in NJ suffer from these conditions. We are two years past the time that our regulations state that additional conditions will be considered. DOH should open hearings on this.

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4) Reconsider the costs to patients or, at least, lay in plans to systematically reduce them as other states, such as Colorado, have done when economics allowed it. Help the ATCs find ways to help patients living on disability to afford the medicine. Each of the ATCs was supposed to have a discount plan for those on public assistance, but we have not seen any substantial discounts offered. The fee for registering a caregiver in NJ's program is particularly egregious. A discount is provided to patients on public assistance on their program registration fee, but it is not offered to their caregivers. Given that we can't deliver medical marijuana in this state (despite a law that clearly permits this), disabled patients have little choice but to rely on a caregiver. And many of them can't afford to pay a $200 fee for that caregiver card.

Biography

Marianne Bays is a medical cannabis business advocate in NJ. Her goals are to help businesses assure patients' safe access to appropriate medical cannabis for their medical condition, based on physician recommendation and in compliance with local law; and to help establish and run successful businesses in the legal cannabis industry. She led an effort during NJ's medical marijuana regulatory review process to provide NJ's DHSS with constructive feedback on the business problems seen in the draft regulations. A non-profit organization, called the Association of Safe Access Providers – New Jersey (ASAP-NJ), was temporarily formed and Marianne provided written and verbal testimony to DOH and the Senate Health Committee, reflecting the views of its membership. This group foresaw many of the problems that the NJ Medicinal Marijuana program is now facing. Marianne also led the effort to redraft the proposed business regulations for the program for CMMNJ, providing input to a set of improved, fully rewritten regulations given to Senator Scutari's office in 2011. This work product is also being provided to the Assembly Regulatory Oversight Committee today by Ken Wolski , Executive Director of CMMNJ.

Marianne brings over 20 years of experience consulting with major organizations on process, performance and structure improvement, human resources and information systems management and measurement to the medical cannabis industry. She holds a PhD in Business – Organization and Policy Studies from CUNY Graduate Center in NYC.

In addition to experience in the private sector, Marianne has also had substantial experience in leadership of an international non-profit professional organization and guiding the set up and formal organization of several non-profit charitable organizations. She is currently an advisor to the NORML NJ Women's Alliance and also participates in the activities of the Coalition for Medical Marijuana, NJ.

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To: Assembly Regulatory Oversight Committee

Re: Medical Marijuana Program (MMP)
(Created by the Compassionate Use Medical Marijuana Act "CUMMA")

Date: February 20, 2014

Submitted by: Anne M. Davis, Esq.
Former Executive Director, NORML NJ
(National Organization for the Reform of Marijuana Laws)

I am an attorney, the former Executive Director of NORML NJ, and recently, a qualified patient of the MMP having Multiple Sclerosis.

The CUMMA mandated the effective date for implementation of the Program as October 1, 2010 providing for six Alternative Treatment Centers (ATCs) established to serve patients, two in the Northern region, two in the Central region and two in the Southern region of the state.

The DOH continues to delay, refuses to respond to OPRA requests to avail the public to the ongoing progress of the program, refuses to file annual reports, and refuses to follow the mandate of the Legislation. There is demonstrable failure in the program by only having three of six (ATCs) more than three years past the legislatively imposed deadline and 99% of the physicians in the State declining participation in the program. The simultaneous resignation of BOTH the Commissioner of the Department of Health, and the Deputy Commissioner of the Department of Health the same week that those six ATCs were selected, may be more than just a coincidence.

I. FOUR YEARS AFTER THE ENACTMENT, THREE OF SIX ATCs OPEN

On March 21, 2011, the DOH announced the licensing of six non-profit ATCs. That very week, DOH Commissioner, Dr. Poonam Alaigh and Deputy Commissioner Dr. Susan Walsh resigned from their positions in the DOH, purportedly for personal reasons.

Of the three ATCs that are open, Greenleaf only has appointments one day a week and serves less than 150 patients.

The CUMMA required the DOH to approve or deny an application within sixty (60) days after receipt of a completed application. The DOH still has not approved or denied three of the six lingering ATC applicants since March 21, 2011, the date on which the six (6) applicants were selected to operate alternative treatment centers. It may be reasonable to have delayed the vetting process; however, nearly three years is inexcusable.

The three remaining must be denied and new ATCs selected. The DOH has known or should have known since Oct of 2011 that Foundation Harmony will not pass through vetting process. A telling article by Amy Brittain appeared in the Star Ledger on October 23, 2011 which revealed the numerous misrepresentations of the application, including that two of the directors were bankrupt, the foundation was linked to a school in Colorado that was suspended, one of the medical advisors faced allegations of

insurance fraud, and that they had misrepresented status as a 501(c)3 organization. (See copy of Star Ledger article attached, Exhibit A).

The DOH still contends to date on its website that Foundation Harmony's site is still "pending". If they were selected in March of 2011, and 3 years later do not have a location, they need to be rejected and another applicant selected to serve the needs of the patients.

II. NO ANNUAL REPORTS HAVE BEEN FILED

The CUMMA, *N.J.S.A.* 24:6I-12 required the Commissioner to report to the Governor and to the Legislature no later than one year after the effective date of the Act (October 1, 2010) on the actions taken to implement the provisions of the Act. The first report was required to be filed October 1, 2011, the second on October 1, 2012 and the third on October 1, 2013. DOH has failed to file the legislatively mandated reports. As of February 20, 2014, the DOH has failed to file <u>any</u> reports.

Not only is the failure to file reports a willful violation of the legislation, not only does it show a total disregard for its obligations, the lack of the filing the report is significant because it impacts the rights of patients procedurally.

Patients were also permitted to petition the DOH to add more qualifying conditions pursuant to N.J.S.A. 24:6I-3(5). One common request by veterans in New Jersey is to add PTSD. The Rules as promulgated by DOH, limit that ability until after two annual reports have been filed. Pursuant to the legislative directive to add qualifying conditions, and even pursuant to the Regulations promulgated by DOH, patients should have been able to petition the DOH to add qualifying conditions by October 1, 2012. Thus the failure of DOH to file the annual report prevents patients from filing petitions as contemplated by the legislature. Indeed, the CUMMA as written did not impose ANY time limitation on patients' right to petition. The failure of DOH to file any annual report, has prevented patients from filing for four years, on an issue that had no time limitation imposed by the CUMMA at the outset.

III. DOH REFUSES TO MAKE INFORMATION PUBLIC

I was denied documents regarding the progress of the MMP by OPRA requests. Going back to January 2012, in response to my OPRA requests, I was handed a bill for $6,475.52 wherein I was advised by the DOH:

> The fact that we have identified records potentially responsive to your requests does not mean that these records are necessarily government records subject to public disclosure. Therefore, once we conclude our review of records we identify as potentially responsive, we may determine that some or all of these may not be releasable to you. However, it will be necessary for you to reimburse the Department for its extraordinary expenditure of staff time in this effort, regardless of whether the Department ultimately determines which, if any, records are releasable. (Letter from DHSS, now DOH dated January 12, 2012 attached as Exhibit B).

The DOH basically said, pay us and maybe we will give you some information. Ultimately, I filed a lawsuit on behalf of two patients and a physician, alleging intentional delays and attempted to get discovery through litigation but due to government immunity were denied.

IV. Physician registry

There is demonstrable failure in the program shown by 99% of physicians in New Jersey declining to register with the MMP.

V. Executive branch exceeding its authority

A patient had the opportunity to ask Governor Christie publicly about the status of the Program during the September 27, 2012 show "Ask the Governor" on 101.5, to which Governor Christie responded:

> "This bill was passed in a rush in January of 2010 because they wanted to get it in under the wire while Governor Corzine was still here. The bill was without much thought – they didn't know how they were going to enforce standards or anything else. **We essentially had to remake the bill by regulation because it was so poorly written**...It was signed at 3 o'clock in the morning by my predecessor on the morning I was being sworn in as Governor." (emphasis added)

The executive branch does not have authority to "remake the bill"; rather, the DOH has an affirmative obligation to implement Program as contemplated in the CUMMA.

State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

January 12, 2012

Anne M Davis, Esq.
Law Office of Anne M. Davis
74 Brick Blvd., Bldg. 2, Suite 103
Brick, NJ 08723

Re: Government Records Request Number W63203, W63103 and W63587

Dear Ms Davis:

This will confirm my advice to you during our telephone conversation on Friday, January 6, 2012. As Mr. Walter Kowalski of this Office discussed with you, the referenced requests are very broad, overly burdensome, and improper in other ways. Nonetheless, as you previously discussed with Mr. Kowalski, without waiving our objections to your requests, we have attempted in good faith to try to respond to your requests by assembling the electronic mail of the persons you identified for the period you identified. In an earlier email, we specified a per-page copy cost without regard to any special services charge.

Our efforts to respond to your requests have proven to be substantially disruptive of agency operations and extremely time consuming. The enclosed invoice identifies the special services charges incurred to date by the Department in the assembly of these emails and the initial review thereof as to their responsiveness and the applicability of exceptions to their disclosure under laws governing access to records. This is an ongoing effort.

The fact that we have identified records potentially responsive to your requests does not mean that these records are necessarily government records subject to public disclosure. Therefore, once we conclude our review of records we identify as potentially responsive, we may determine that some or all of these may not be releasable to you. However, it will be necessary for you to reimburse the Department for its extraordinary expenditure of staff time in this effort, regardless of whether the Department ultimately determines which, if any, records are releasable.

Please advise whether you wish us to continue in this effort. If so, please forward a deposit in the amount we have incurred thus far, as specified in the enclosed invoice. If you wish to narrow your requests to make them less burdensome, please let me know.

Sincerely,

Geneviève E. Raganelli

Geneviève Raganelli, Regulatory Officer
Office of Legal and Regulatory Affairs and
Custodian of Records
Office of the Commissioner

Enclosure

Exhibit B

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SPECIAL SERVICES INVOICE AS OF JANUARY 10, 2012

EMPLOYEE	CIVIL SERVICE TITLE	FUNCTIONAL TITLE	TASK DESCRIPTION	HOURLY RATE	TIME SPENT	COST
Robert Penn	Network Administrator 1	Information Security Officer	Investigation and research former Commissioners and staff email retrieval project	$45.77	20	$915.4
Peter Casano	Administrative Analyst 1 Data Processing	Supervisor of Email and Deskside Services	Manage database restoration team	$54.53	2	$109.0
Andrea Martinez	Information Systems Technician 1	Email Administrator	Email access	$44.63	1	$44.6
Andrew McDaniel	Network Administrator 1	Backup Administrator	Restore monthly backups and convert to email document format	$42.54	72	$3,062.8
Karen Smith	Secretary to the Commissioner	Senior Executive Administrator to the Commissioner	Assemble O'Dowd email	$34.82	13	$452.66
Eric Lieberman	Research Scientist 1	Program Manager	Compile Consumer, Environmental and Occupational Health (CEOH) program email	$59.11	6	354.66
Joseph Eldridge	Senior Executive Service	Director	Compile CEOH program email	$61.17	8	$489.36
Walter Kowalski	Legal Specialist	Legal Specialist	Review DEEOH program email	$44.81	7	$313.67
Genevieve Raganelli	Regulatory Officer 3	Regulatory Officer	Assemble and review Tan email	$56.40	13	$733.20
					Subtotal	$6,475.52

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The Big Green Doomsday Machine: NJ Gov Christie and Corporate Marijuana

It is 2012 and a team of political super-villains is plotting to keep marijuana illegal in the USA forever. The steady march to make holistic marijuana therapy available in the US is on the brink of being taken over and exploited indefinitely.

This subversive and nefarious attack is most apparent in states like California. The federal storm troopers smashing up dispensaries and beady-eyed IRS guys seizing property are simply the henchmen.

The new strategists include corporate interests and Big Pharma. These sharks smelled the cash in the water and have quickly allied themselves with old school prohibitionists for a full scale market takeover.

This evil scheme isn't just happening in the West where legal, upstanding dispensaries are closed by the dozens; it's a national coup with a powerful command post on the East Coast.

The State of Christie

New Jersey is a celebrity state for which most have a certain familiarity. Watching a Kevin Smith flick, singing along with The Boss and following Snooki on Twitter makes anyone feel like they have an intimate knowledge of the Garden State.

Sandwiched between New York City, Philadelphia and Washington, DC, there is a kind of unique, center-of-the-storm mentality to true New Jerseans. Citizens are diverse and generally wear their residency with a certain weary pride.

Yet New Jersey is the septic tank of American politics – housing some of the most off-balance, drama-filled, high-dollar and just plain sleazy elected officials in the country. Leading the pack is our Tony Soprano-like governor: Chris Christie.

Large, loud and generally angry, Christie's most distinguishable feature is his comic-book proportions. He isn't slightly rotund–he's extremely obese. Yet he is light on his feet and quick with a smile. Christie possesses that superpower charm that politicians must hone in order to succeed. In fact, his girth is disarming; it distracts you from the real monster underneath.

Chris Christie has always been a political animal. A stint as a county freeholder paved his way to the State Assembly but local Republicans smacked him down at the polls. Without an elected seat, Christie haunted Trenton as a professional lobbyist. In 2000 he found his niche raising campaign cash for George W. Bush and getting chummy with Karl Rove. In 2001, Christie was tapped by President GW Bush to be the US Attorney for New Jersey.

Each state has federal prosecutors assigned and appointed by the President. The job of the US Attorneys is to fight the most serious crimes on behalf of Uncle Sam: mobsters, gangsters and Ponzi scheme operators.

This job also taught Christie all the inside baseball he would need to leverage federal prosecutors over medical marijuana later in his career.

The Gray Area Grows

US Attorney General Eric Holder, the boss of all the US Attorneys,issued a cryptic communique in 2009 concerning medical marijuana. Drafted by Deputy Attorney General David Odgen, it is now commonly referred to as the "Ogden memo."

Forced to define a position on medical cannabis for the Obama administration, Ogden created an important outline: federal resources were not be used to prosecute individual American citizens using marijuana for a serious illness.

But Ogden had to admit, in the same memo (and in formal legalese), that US Attorneys should uphold federal law and shutdown cannabis facilities even if they were fully regulated by state law. The contradiction has created a complete circus ever since.

These wide-open loopholes left the US Attorneys, US states, and even the cannabis industry to their own interpretations. Dispensary owners viewed this protection to the individual patients as applying to their businesses. They were in for a rude awakening.

The Golden State of CA is currently experiencing its most serious sweep of dispensary shutdowns under the direction of US Attorney Melinda Haag. Like Christie, Haag's appearance speaks volumes, and exudes a certain "cackling evil witch" quality. She aligned all of her federal resources – The Drug Enforcement Administration (DEA), The Internal Revenue Service (IRS) and even The Department of Homeland Security (DHS) – to rabidly go after individual dispensary businesses.

While other US Attorneys in Michigan, Oregon and Colorado have taken some similar action, Haag has stood alone in her dogged and maniacal pursuit of federal marijuana prohibition. That gray area of conflict between state and federal law gives Haag full discretion to act how she pleases.

The No Garden State

On January 18, 2010, one day before he left office after one term,former New Jersey governor Jon Corzine signed the Compassionate Use Medical Marijuana Act (CUMA) of New Jersey into law. Patients were promised full implementation within six months. Sponsoring legislators heralded it as the most "restrictive" law of its type in the nation, much to the chagrin of local activists.

New Jersey's law was the first to eliminate home cultivation by registered patients. Instead, all qualifying residents would be forced into an approved Alternative Treatment Center (ATC) for their legal pot.

And while strict in measure, the law still lacked needed regulations and a formal structure. That was left to the incoming administration and has proven to be an unfortunate opportunity for conservative prohibition enthusiasts. On January 19, 2010, Chris Christie was sworn in as Governor,on the heels of serving as US Attorney.

Pill Pushers See Green

The old saying that politics makes strange bedfellows was probably invented outside of a cheap motel on the NJ Turnpike.

Bristol-Myers Squibb, Pfizer, Johnson & Johnson and Merck all have major research laboratories in New Jersey. Some of their major corporate offices are based here –and not because they like Bon Jovi.

These pharmaceutical mega-giants have spent decades and billions of dollars lobbying in Trenton. This has paid off in the form of tax-breaks, favorable zoning and contracts with state academic institutions, like universities. And they aren't the only ones: insurance companies and major hospital groups have also worked hard to make the Garden State a very comfy base for their global businesses of chemical-based healthcare.

While these mainstream medical groups have kept marijuana at arm's length elsewhere, they have a different angle in New Jersey. The component cannabinoids within the natural cannabis plant have long been the Fort Knox of the pharma industry. This potential money-making drug is kept under lock and key by the Feds. But in New Jersey, they are drilling into the vast and wealthy vault of pharmaceutical derivatives.

Governor Chris Christie's first move on medical marijuana showed why he is so dangerous. In 2010 he bought time for his corporate plan to solidify and then corralled the support of the NJ Legislature. The same politicians who had fought for years to get the compassionate law passed instantly acquiesced to Christie.

They smelled the cash too.

Christie and his administration have been able to create the cannabis program at their own pace and to their own design. What has emerged, almost three years late, is a Soviet-style system that is the biggest threat to the small business, holistic medical marijuana industry in America today.

Welcome to the ominous beginnings of Corporate Cannabis controlled by Big Business.

The super villain master plan is about to bring this show on the road, coming to a town near you.

Hammer and Sickle Time

Chris Christie's designs for medical marijuana seem like they were crafted over a dinner with Josef Stalin. A set of 128-page regulations was dropped like a ton of bricks in 2010. The Department of Health, the Department of Consumer Affairs, The Office of the State Attorney General and even the Governor's Counsel [even the State Police] would have their hands on every step of the process.

This is government at its biggest and most intrusive; the polar opposite of the conservative "hands off" Republican ideals that Christie claims to harbor.

To advocates and patients, the rules for the ATCs were nothing short of draconian. They limit growing to only three strains of cannabis per ATC and none can exceed 10% THC potency.

Patients are also limited to just 2 ounces of this mid grade pot per month. It cannot be delivered to a patient's home; the seriously ill resident or a single designated caregiver must visit the ATC to purchase their medicine. The only three forms of cannabis allowed to be sold by a New Jersey ATC are raw plant material, lozenges and a topical cream.

No hash, no edibles, no tinctures, no genetic variety. Sterile and homogenized; NJ's castrated cannabis has become barely medicine and barely accessible.

But it didn't stop there. The politicians who sponsored the law said that they didn't want a "California or Colorado" type of program, implying that anyone with a common cold could have easy access. So NJ physicians are now forced to join a special registry in order to recommend medical marijuana. Seriously ill residents cannot even apply for their ID card unless they go through one of the handful of approved doctors.

The Garden State Pot Doctor List opened in late 2011 and only about 150 of the 30,000 physicians in New Jersey signed up. When the patient registry was opened in August 2012, this concept proved itself a dismal failure. Only 18 qualifying patients registered after a week, proving if you close enough doors, few will enter.

The Soprano System

While NJ regulators starved the patients in need, they happily tossed juicy bones to corporate interests involved with mainstream medicine. Only six Alternative Treatment Centers will be providing all of the legal cannabis for a state of nine million people. This was the birth of an exclusive, state-run cartel.

Making sure to keep it in the family, Christie's DOH awarded the NJ Alternative Treatment Center's contracts to business groups with deep connections to Big Pharma and machine politics.

Freedomisgreen.com filed an Open Public Records Act request to obtain the ATC applications. Analysis revealed that the winners plan to invest as much as $70 million to start up each site. Much of the capital will be spent on laboratory equipment and scientists'salaries to conduct private research on cannabinoids.

The brother of former Republican NJ Governor Christine Todd Whitman, Mr. Webster Todd Jr., is the CEO of Compassionate Sciences Inc. Todd used to be the Chairman of the National Transportation Safety Board, a far cry from being an experienced cannabis provider.

But the buddy system doesn't stop there. As of this writing,only one out of the six NJ ATC facilities has a full permit to grow marijuana: Greenleaf Compassion Center. NJ Assemblyman Thomas Giblin, a Democrat, is on their Medical Advisory Board. Giblin is the only sitting state elected official in the nation to be involved in this capacity at a medical marijuana facility.

*Note – As of 11/16/2012 Greenelaf has still refused to begin selling cannabis to patients citing tax concerns – even though they are the only facility fully permitted to do so.

Playing Chicken with the Fed

Chris Christie figured out how to concentrate the cash but the Stalin-style regulations weren't enough; he had another card to play.

With his knowledge as a US Attorney, he manufactured a new conflict between New Jersey's CUMA and federal law.

Christie claimed that he feared that NJ state employees could be at risk of federal prosecution. Using all of his expertise and power, Christie was making the ultimate move into the gray area of medical cannabis laws.

The Governor directed NJ Attorney General Paula Dow to send a letter to US Department of Justice. Christie was making President Obama and the US DOJ clarify their position on state authorized medical marijuana facilities so he could capitalize on the response.

This was all pure politics. Republican conservatives cheered. The Obama administration squirmed. The medical marijuana industry in America, rightfully, held its breath.

Deputy US Attorney General James Cole issued a new memo on June 2011 in response to New Jersey but directed to all US Attorneys. Freedomisgreen.com was the first to obtain the document and distributed its full text to the public.

Here's the critical section:

The Odgen Memorandum was never intended to shield such activities from federal enforcement action and prosecution, even where those activities purport to comply with state law. Persons who are in the business of cultivating, selling, or distributing marijuana, and those who knowingly facilitate such activities, are in violation of the Controlled Substances Act, regardless of state law. Consistent with the resource constraints and the discretion

you may exercise in your district,such persons are subject to federal enforcement action, including potential prosecution.

State employees ran no risk of federal arrest. Still the USDOJ was obviously speaking directly the medical marijuana community. In layman's terms: Ogden said that spending tax dollars to have federal prosecutors and DEA soldiers attack an American in a wheelchair smoking a joint (or growing in a closet) was a waste. But the DOJ firmly upheld the shutting down of any shop that provided that cannabis.

The Cole memo provided steel-enforcement for zealots like Melinda Haag. That was Chris Christie's plan: provide anti marijuana US Attorneys extra ammo to go after legitimate, small-business dispensaries and make room to install their own corporatized cartel scheme.

The End Game

We used to worry that Reefer Madness-style opposition would roll back state medical marijuana laws. But the new take-over strategy relies on them being in place. Replicating the New Jersey law and the subsequent regulations is the new opposition key. Delaware and Connecticut are the most recent states to pass compassionate use: nearly exact copies of NJ. With all the built-in giveaways to corporate medical interests, this blueprint is an easy sell [to slick politicians].

Political pressure is also being put on state legislatures and even down to the county level to amend or re-regulate existing medical cannabis laws. (Guess which model they're pushing?)

The current medical marijuana industry in America could be on the edge of a real doomsday. The next move from the likes of Haag and Christie is to shut down every single small-business cannabis garden or dispensary operation and replace them with corporate cartels. Imagine just six medical cannabis facilities for all of California.

To maximize the long-term profits, the big corporations will likely use their significant lobbying clout to fight national marijuana legalization. Given enough time to conduct secret research under exclusive state contracts, they will likely develop synthetic copies of natural cannabinoids in pill form. Those drugs would be perfectly legal and patent-able, just like Marinol (the 100% synthetic THC).

Hope still lingers. State-level pro-marijuana politicians like Assemblyman Tom Ammiano in CA and Diane Russell in Maine are pushing hard for freedom from these constraints. Longtime supporters in Washington DC like Reps. Barney Frank (D-MA) and Ron Paul (R-TX) are retiring but a savvier generation is getting elected. Congressman Jared Polis (D) of Colorado is a good example.

Awareness of the opposition plan gives us tools to fight it.

The immediate pressure coming down on California from US federal agencies can be alleviated immediately by Congress or the President.

But now, only a President and/or federal legalization of cannabis will stop the corporate medical marijuana cartels run by the states.

Their next move is to go international with this wretched scheme.

Unless we focus our efforts like a laser-beam on President Obama's stance, the prohibitionist villains will prevail.

Chris Goldstein is a respected marijuana reform advocate. As a writer and radio broadcaster he has been covering cannabis news for over a decade. Questions? chris@freedomisgreen.com Note – This article was originally published on October 1, 2012 in Skunk Magazine, in print only.

ADDITIONAL APPENDIX MATERIALS
SUBMITTED TO THE

ASSEMBLY REGULATORY OVERSIGHT COMMITTEE
for the
February 20, 2014 Meeting

Submitted by Kenneth R. Wolski, Executive Director, Coalition for Medical Marijuana New Jersey:
Ken Wolski, "Marijuana bill restrictions mitigate its usefulness," *The Times of Trenton,* June 23, 2009.

Ken Wolski, "Opinion: N.J. should allow medical marijuana home cultivation," *The Times of Trenton,* June 27, 2011, © 2011 NJ.com.

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Submitted by Anne M. Davis, Esq., representing National Organization for the Reform of Marijuana Laws New Jersey:
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