

New Jersey Cannabis Regulatory Commission
 Public In-Writing Comments
Public Meeting: May 8, 2024

Full Name	Meeting Date	Comment
Greg Hersly	5/8/2024	<p>When is the date you need to submit questions by? It says May 9th which is the day after.</p> <p>"You may also submit comments in writing to the Commission here. Written comments will become part of the public record. The deadline to submit written comments on the May 8th agenda is Thursday, May 9th at 5 p.m."</p>
Margarita Tsalyuk	5/8/2024	<p>We attempted to speak at the meeting today but could not figure out how to inform the meeting host that we were available. Please provide detailed instructions on how to join the meeting so as to be able to speak.</p> <p>Furthermore, our comment was that as medical operator. We think we have done everything we can but have been operating at a loss for quite some time and can no longer afford to do so. Per our statistics there will be no impact to medical patient service by not having medical specific hours. We only have about 6 medical patients a week on average. Please help us keep our doors open.</p>
Diana McElroy	5/8/2024	<p>⚠ Please CRC get more vocal with education!</p> <p>🚫 Stop products from being allowed in our state that are misleading or seemingly geared for kids! It's not recreational use for children but adult use for ADULTS!</p> <p>Thought Commissar Barker made a good point but not strong enough! Squash "creative freedom" if it means that safety is first</p> <p>My two cents for what it's worth 🗣 DiAnA A mom in Jersey</p>
Jason Kabbes	5/8/2024	<p>Currently, there exist two inherent problems in the current regulatory framework of the New Jersey Cannabis Regulatory Commission and, unless action is taken at the executive level of the CRC, the Medical Marijuana program will continue to flounder until it has been rendered defunct. Fortunately, the solution to Problem 2 will, in turn, provide the solution to Problem 1.</p> <p>Problem 1: The Medical Marijuana Program is dying. Patient Population is down 40% YOY, Medical Marijuana sales are down 45% YOY. While it is true we are seeing patients enroll, we are seeing a greater number of patients exit the program. It is easier for patients to shop in the adult use program, as they do not have enough product, geographic, or economic incentive to keep their patient card status active. Attempts to resurrect the program by simply lowering card fees and required number of physician visits are not enough to</p>

	<p>save the program.</p> <p>Problem 2: the 2019 ATC group has not been included in the Adult Use program, and their entrance fees are not equitable to any other entrant to the program. I believe the DOH/CRC retroactively imposed onerous transition fees that will do more harm to the state's medical marijuana program than good. These fees are not statutory, so their removal does not require any severability from state law. There is no regulatory or logistical barrier to removing these fees, and making base principle adult use license fees equitable to all entrants to the market. It is my belief that the DOH and CRC imposed these fees with the intention of targeting the 2012 and 2018 ATC groups, as they had a first mover's advantage on the adult use market. However, the 2019 group, which was inevitably harmed by the 26 month stall in the 2019 RFA, did not have any first mover advantage at capturing adult use market share, nor did they have the satisfaction of doing business in the state's medical marijuana program before the existence of adult use. This group is hindered by unfair barriers to the cannabis marketplace, and is in need of relief. Having wholesale access to medical dispensaries is by no means a sufficient solution to sustain a medical marijuana business, as many of the "medical" dispensaries have transitioned to adult use, and now have no economic incentive to purchase medical cannabis. Timeline of 2019 ATC group:</p> <p>7/19 - RFA announced</p> <p>8/19 - Applications due, applicants required to have municipal approval and control of real estate</p> <p>11/19 - 51 applicants disqualified for insufficient information; 9 applicants sue DOH</p> <p>12/19 - NJ appellate division grants stay of 2019 RFA, placing an injunction on DOH scoring process</p> <p>12/19-10/15/21 - 2019 ATC applicants hold real estate and burn capital, given no DOH guidance</p> <p>10/16/21 - 2019 ATC winners announced, provisional licensees given guidance from DOH that they must continually serve patient population demand before bringing surplus cannabis to AU market</p> <p>11/21 - NJ Adult Use cannabis law passed</p> <p>12/21 - NJ CRC begins aggressively licensing adult use applicants in a historic push for equity and restorative justice that sets nationwide standard for socially just cannabis regulatory framework</p> <p>3/6/23 - NJ CRC makes effective a new fee structure for ATC companies transitioning to AU. This fee structure calls for an ATC stand-alone cultivator, of which only the 2019 group has, to pay \$400,000 to enter the adult use market.</p> <p>Unbeknownst to the CRC, dispensaries from the 2012 and 2018 ATC groups have stated they have no economic incentive to purchase cannabis within the medical program. In fact, on record, my company has done initial outreach to a very large MSO that stated, without shame, they will no longer purchase medical cannabis because they "have no reason to".</p> <p>I propose joining Medical and AU programs, increasing competition and</p>
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Andrea Raible	5/8/2024	Thank you Commissioner Barker for taking action on patient accessibility. Virtual testimony would be a significant step towards including patient voices. Due to my ongoing struggles with epilepsy (and inadequate access to proper strain specific cannabis medicine) I have not been healthy enough to attend the last two in-person meetings and I would truly appreciate the opportunity to have my voice included in community discussions.