



New Jersey Cannabis Regulatory Commission

Report on the 2018 Medicinal Marijuana Program

**Summarizing Efforts by the Division of Medicinal
Marijuana, Department of Health**

Adopted May 8, 2024



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Introduction

Pursuant to N.J.S.A. 24:6I-24, the New Jersey Cannabis Regulatory Commission assumed all powers, duties, and responsibilities with regard to the regulation and oversight of medicinal cannabis activities from the New Jersey Department of Health (Department). This report summarizes the efforts of the Department of Health's medicinal marijuana program in the calendar year 2018.

2018 was a year of significant change for New Jersey's Medicinal Marijuana Program (MMP). On January 23, 2018 Governor Phil Murphy issued [Executive Order #6](#) which directed the Department Health to undertake a review of the MMP and make recommendations on how to improve and expand access to medicinal marijuana.

On March 23, 2018, the Department of Health, following a 60 day review, issued the [Executive Order #6 Report](#) with recommended regulatory and statutory changes and immediate measures to begin reforming the program. Consistent with the report, the Department elevated the Medicinal Marijuana Program to be the Division of Medicinal Marijuana and appointed an assistant commissioner to lead the division's expansion efforts.

Because of these reforms, participation in New Jersey's Medical Marijuana Program (MMP) grew significantly in 2018, adding more than 25,000 new patients. This brought the total number of patients registered since the program's inception to 38,823. This also represented an almost 50% increase in new patients added over 2017 when the total number of new patients added was 16,599.

The program also added 1,189 new caregivers. And the total number of active caregivers rose to 1,587 at the end of 2018. The program added 344 active physicians in 2018. This represented an increase in the number of active physicians of approximately 57% over 2017 and brought the total number of participating physicians with active patient panels to 854.

The program served patients with 18 different debilitating conditions, including more than 15,000 who were suffering from chronic pain and musculoskeletal disorders. This report details the statistics and major developments in the program for the calendar year 2018 and provides details on the Division of Medicinal Marijuana's (Division) budget and regulatory process.

Executive Order #6 Report

The [Executive Order #6 Report](#) included three sets of recommendations on expanding the MMP: administrative actions that the Department could take immediately; regulatory actions that required adoption through rulemaking; and recommended changes to the New Jersey Compassionate Use Medicinal Marijuana Act (P.L. 2009, c.307).

Following issuance of the report, the Department's Commissioner of Health immediately adopted the recommendations of the Medicinal Marijuana Review Panel to add five new categories of qualifying conditions: chronic pain related to musculoskeletal disorders; chronic pain of visceral origin; migraine; anxiety and Tourette's syndrome.

The immediate administrative changes included the following:

- Reduction of registration fees for patients and caregivers from \$200 every two years to \$100 every two years;
- Expansion of the \$20 reduced registration eligibility to include seniors and veterans; and
- Mobile access to the patient registry.

These changes were implemented in April and May of 2018.

Regulatory action items recommended in the report included:

- streamlining the process for adding new conditions available for treatment with medicinal marijuana;
- allowing satellite locations for alternative treatment centers (ATCs);
- eliminating the requirement that minors were seen by a psychiatrist prior to enrollment in the program;
- creating separate permit endorsements for cultivation, manufacturing and dispensing; and
- allowing two registered caregivers per patient.

Finally, the report recommended changes to P.L. 2009, c. 307, the authorizing statutes to:

- allow edibles for all patients, not just minors;
- allow patients to register at more than one alternative treatment center;
- remove monthly supply caps for terminal patients;
- increase monthly allotments for all other patients; and
- remove the requirement that alternative treatment centers operate as non-profits.

Regulatory Process

In June 2018, following the issuance of the Executive Order #6 report, the Department proposed regulatory amendments, rule repeals, and new rules to N.J.A.C. 8:64 to enact the regulatory changes included in the report.

In advance of those changes, the Department issued several regulatory waivers to enable faster implementation of program expansion. The first waiver gave ATCs the ability to seek satellite dispensary locations. The second waiver authorized concentrated cannabis oils to be sold in vape cartridges provided they complied with the Department's Manufacturing Standards.

The Department also issued guidance in October 2018 that encouraged and authorized ATCs to post their prices online so patients could shop for the products that met their budgets and medical needs.

Education

To recruit new physicians and promote the MMP, the Commissioner of Health, Dr. Shereef Elnahal, embarked on a series of grand rounds at academic medical centers throughout New Jersey to inform health care providers about the Medicinal Marijuana Program. The grand rounds included a review of the scientific literature pertaining to medicinal marijuana, evidence-based advice on dosing for patients, an overview of the Medicinal Marijuana Program, and instructions for how to participate and enroll patients. The grand rounds reached several thousand health care practitioners and contributed to the increase in enrollment seen throughout 2018. Seven grand rounds, attended by more than 2,000 health care professionals, were held in 2018.

Budget

In State Fiscal Year 2018, the Division of Medicinal Marijuana received an appropriation of \$857,000, and \$1,873,168.20 in revenues from permitting and registration fees. The Division of Medicinal Marijuana expended \$2,441,515.49.

Medicinal Marijuana Review Panel

The table below lists the confirmed Medicinal Marijuana Review Panel members in 2018, their specialty area, and requirements as per the MMP Rules and Regulations.

Table 1: Medicinal Marijuana Review Panel

Panel Member	Specialty	Rule Requirement
Vacant	President, New Jersey State Board of Medical Examiners	President, New Jersey State Board of Medical Examiners
Alex Bekker, MD, PhD Chairperson	Anesthesiology	Pain & symptom management expertise/physician
Petros Levounis, MD, MA	Psychiatry Addiction Medicine	Pain & symptom management expertise/physician
Cheryl Kennedy, MD Vice Chairperson	Psychiatrist Addiction Medicine	Pain & symptom management expertise/physician
Jessica Ann Scerbo, MD	Pediatric, Hematology & Oncology	Physician
Mary L. Johansen, PhD	Nursing	Non-physician
Mary M. Bridgeman, Pharm D.	Pharmacist	Non-physician
Stephanie Zarus, Pharm D.	Pain Management	Non-physician

Additional Debilitating Medical Conditions Process

The first Medicinal Marijuana Review Panel) meeting was held May 25, 2016. During this meeting the Panel chairperson and vice chairperson were elected, the Medicinal Marijuana Review Panel bylaws were approved, and the panel received public comment from attendees.

From August 1, 2016, to August 31, 2016, the Department accepted petitions from the public requesting approval of additional debilitating medical conditions for participation in the Medicinal Marijuana Program. By the close of this period the Department had received 68 of these petitions .

A Department review of the petitions determined 45 complied with MMP Rules and Regulations and would be forwarded to the Medicinal Marijuana Review Panel for consideration. Eighteen did not meet the requirements and were returned to the petitioners. On September 14, 2016, Assembly Bill A-457 was signed into law, allowing Post-Traumatic Stress Disorder (PTSD) to be included as a debilitating medical condition under the *New Jersey Compassionate Use Medical Marijuana Act* so five petitions that were submitted for PTSD were returned to the petitioners.

In December 2016, the qualifying petitions were posted on the Department’s website and provided to the Medicinal Marijuana Review Panel. The Panel held a series of public meetings

in 2017 to consider each of those petitions and submitted their initial recommendation to the Commissioner of Health on July 21, 2017. The Panel held its final public meeting on October 25, 2017. Upon a review of the comments received, and subsequent deliberation, it recommended no changes to its initial recommendation and the initial recommendation was deemed its final recommendation.

The conditions were added by Final Agency Decision on March 22, 2018.

Enrollment Process

Patient Registry Updates

In April 2018, the Department implemented a system change to the patient registry that allowed access on mobile devices for the first time. This enabled patients to instantaneously login to the patient registry, upload documents from their mobile phone, and change their ATCs.

Also in 2018, the Department began the planning process for the redesign of the patient registry to modernize and improve the system and overall patient experience.

Enrollment Increases

Because of the addition of new qualifying conditions, the Department saw immediate increases in monthly patient enrollment beginning in April 2018 and continuing through the end of the year. Approximately 27,000 new patients enrolled in 2018.

Month	Patient Enrollments
January	839
February	927
March	812
April	1,711
May	2,788
June	2,896
July	3,075
August	3,297
September	2,630
October	3,343
November	2,730
December	2,260
Total	27,308

Alternative Treatment Centers

2018 Request for Applications

Because of the precipitous expansion of the patient population, the Department of Health issued a Request for Applications (RFA) for six new alternative treatment centers in July 2018. Applications were due on August 31, 2018. Following completeness review by the Department and scoring by a selection committee, awards were issued for six new permits in December 2018. Materials related to the 2018 RFA are available on the Commission's website.

Permit Issuances

In 2018 there was only one new permit issuance. Harmony Foundation was issued its final permit in June 2018 - seven years after the initial award in 2011. Harmony Foundation began serving patients in June and brought the number of open alternative treatment centers to six.

Revocations

There were no ATC permit revocations in 2018.

Enrollment

In 2018, ATCs had the following numbers of unique patients assigned to them:

Table 2: Unique Patients by ATC

ATC	Unique Patients Assigned
Breakwater	7,485
Compassionate Care Foundation	4,444
Curaleaf/Compassionate Sciences	14,161
Greenleaf Compassion Center	4,178
Garden State Dispensary	9,176
Harmony Foundation	2,958 ¹

Dispensing

All the ATCs dispensed a combined equivalent of 143,644 ounces of medicinal marijuana products to registered patients in 2018. This equates to 8,978 pounds.

¹ Some patients were assigned but never visited an ATC or purchased any products.

Program Statistics (as of December 31, 2018)

Table 3: Patient Registration Data

	Total	
Active Patients	38,823	
	New in 2018	Total Since Program Inception
Patients Deceased	1,362	2,223
First Time Patient Registrations	27,308	51,809

Table 4: Caregiver Data

	Total	
Active Caregivers	1,587	
	New in 2018	Total since Program Inception
Total Caregiver Registrations	1,189	3,277

Table 5: Physician Registration Data

	Total	
Active Physicians	854	
	New in 2018	Total since Program Inception
Total Physician Activity	344	1,014

Table 6: Alternative Treatment Center Investigations

	New in 2018	Total since Program Inception
Initiated	6	12
Completed	1	6

Table 7: Alternative Treatment Center Permits

	New in 2018	Total since Program Inception
Issued	1	6
Awarded	6	12
Revoked	0	0

Table 8: Nature of Patients Qualifying Condition² :

Debilitating Condition	2018
Anxiety	11,785
Chronic Pain (related to musculoskeletal disorders)	14,718
Chronic Pain (of visceral origin)	1,686
Glaucoma	217
Inflammatory bowel disease	1,010
Intractable skeletal spasticity	4,088
Lateral sclerosis	46
Migraine	2,406
Multiple sclerosis	511
Muscular dystrophy	30
Opioid Use Disorder, as an adjunct to Medication Assisted Therapy	159
Post-Traumatic Stress Disorder (PTSD)	3,080
Seizure disorder	568
Severe or Chronic pain (related to other approved conditions)	2,680
Terminal Cancer	805
Terminal Illness (with prognosis of less than 12 months of life)	202
Tourette Syndrome	84

² Patients can be diagnosed with multiple qualifying conditions and are thus included in the count for each condition.

Figure 1: Frequency of Debilitating Conditions Horizontal Bar Chart

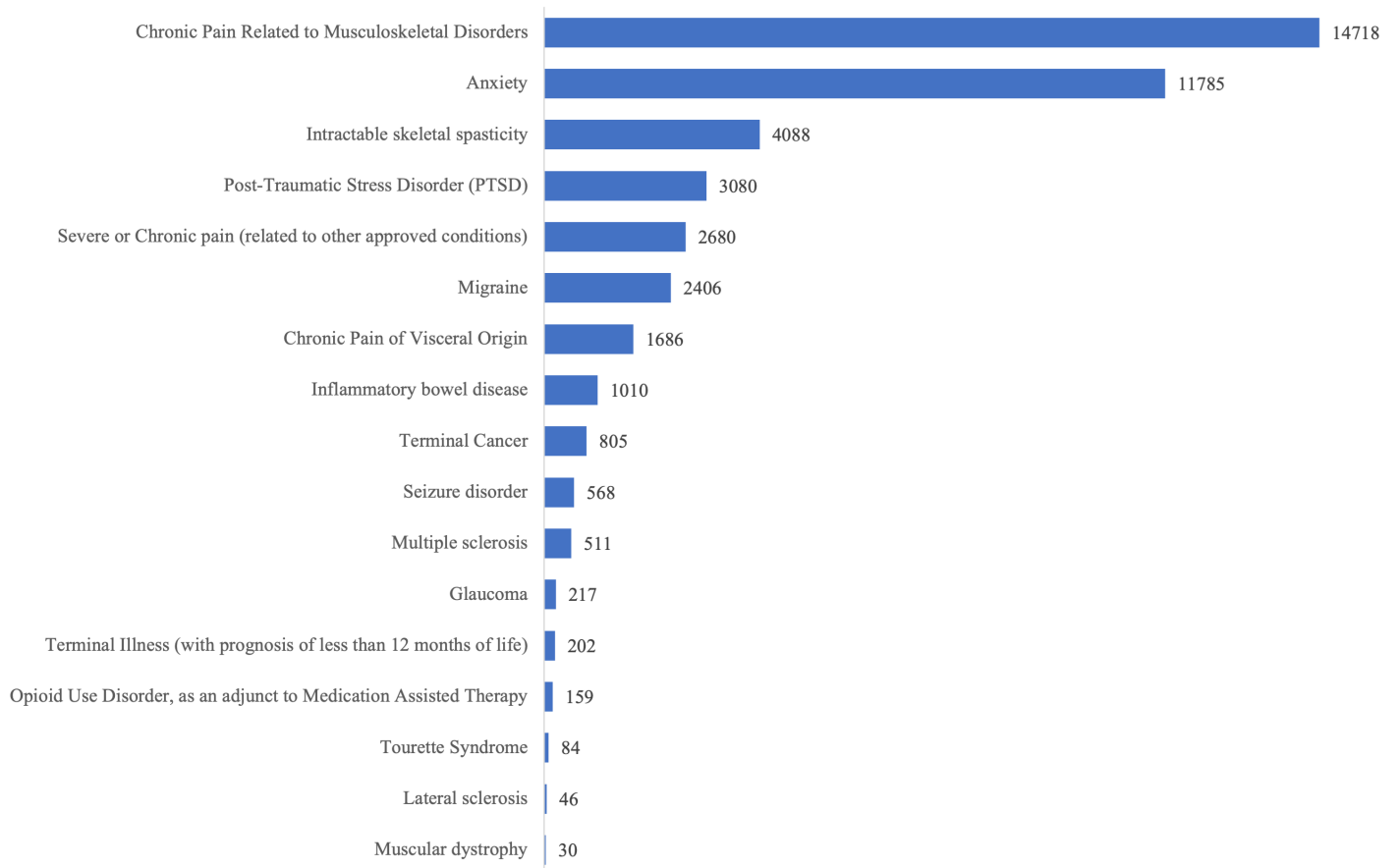


Figure 3: Physicians Enrolled in Medicinal Marijuana Program, by Specialty

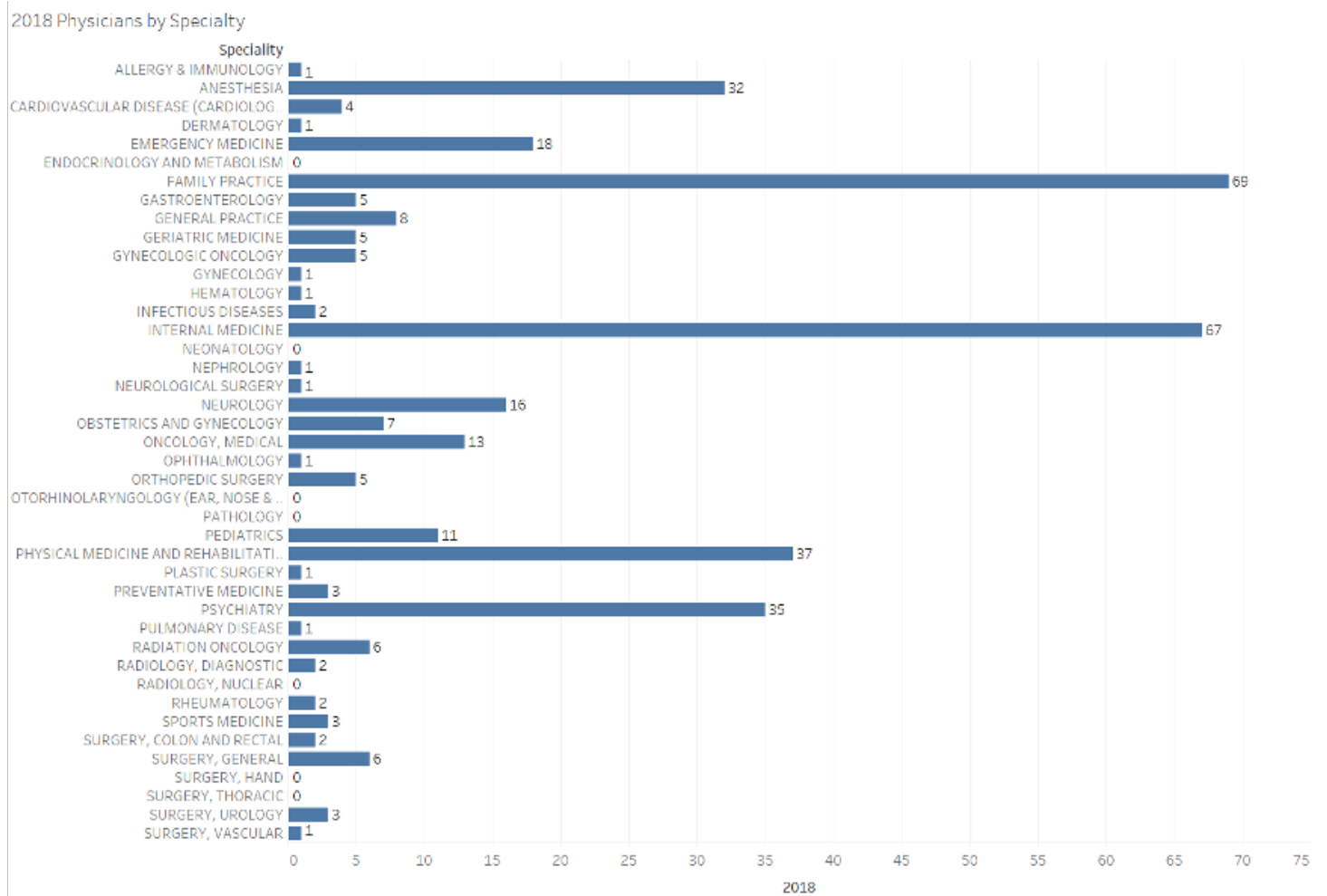
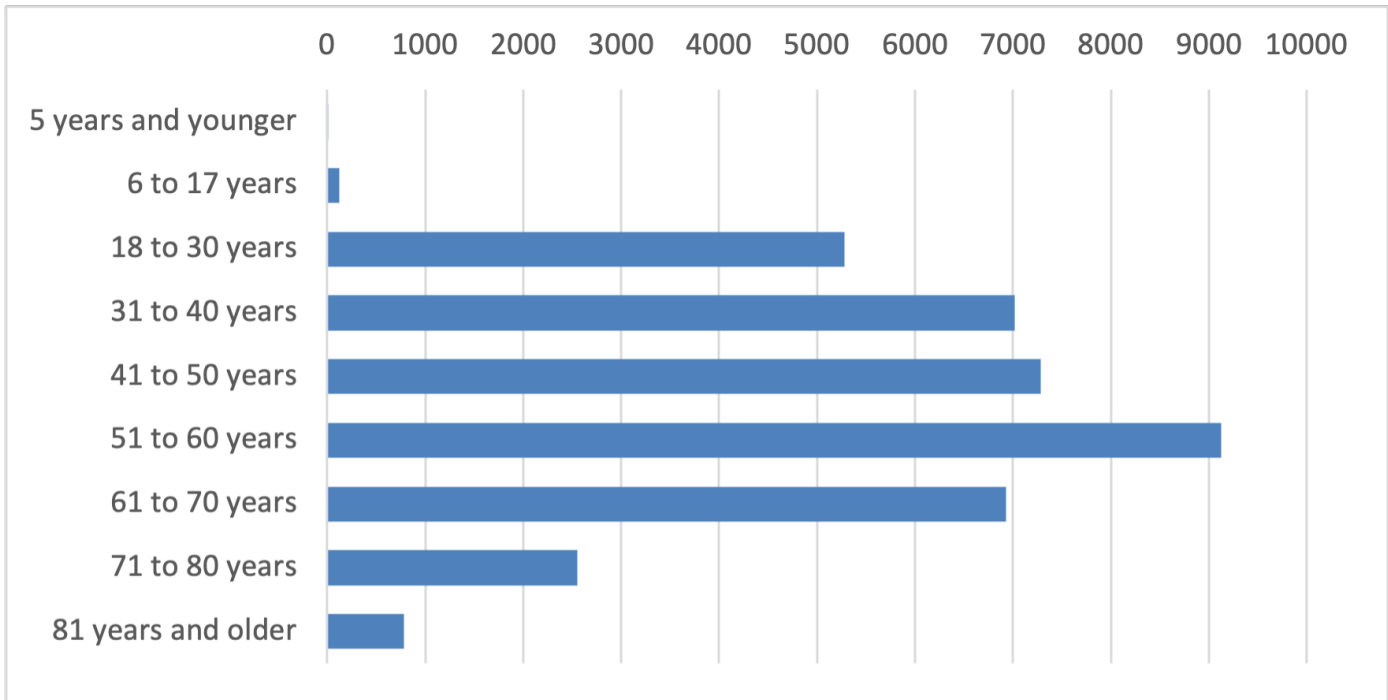


Table 9: Patients by Age Distribution

Patients by Age	Number	Percentage
5 years and younger	8	0.02%
6 to 17 years	121	0.31%
18 to 30 years	5,280	13.50%
31 to 40 years	7,016	17.95%
41 to 50 years	7,284	18.63%
51 to 60 years	9,125	23.34%
61 to 70 years	6,933	17.73%
71 to 80 years	2,550	6.52%
81 years and older	780	2.00% ³

Figure 3: Patients by Age Group Bar Chart



³ The Age & Gender tables include Expired, Inactive and Pending Approval in addition to Active Patients. As such, the total number of patients captured in these tables may not equal the total number of active patients reported for the year.

Table 11: Patient Gender Distribution

Patients By Gender		
Male	21,022	53.77%
Female	18,069	46.22%
Not reported	6	0.02%

Table 10: Patient Gender Breakdown Pie Chart

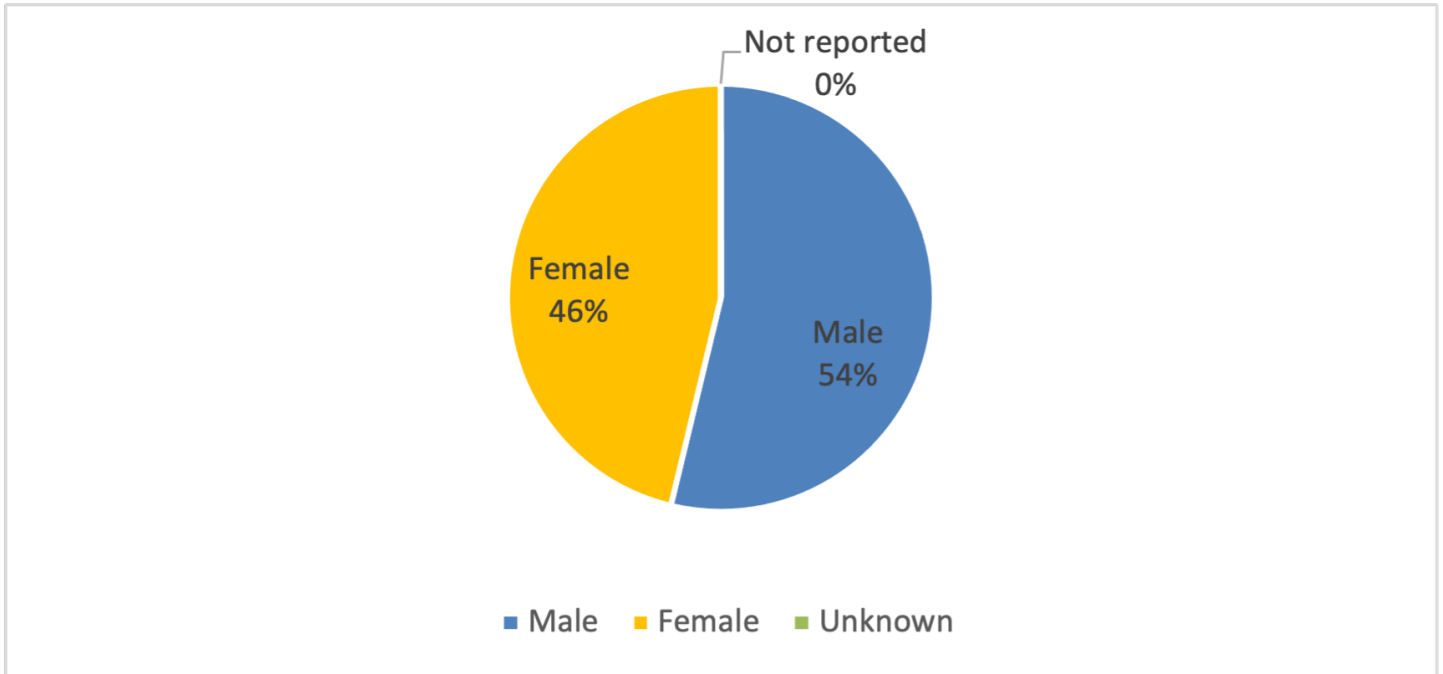


Figure 4: Active Patients by County, 2018

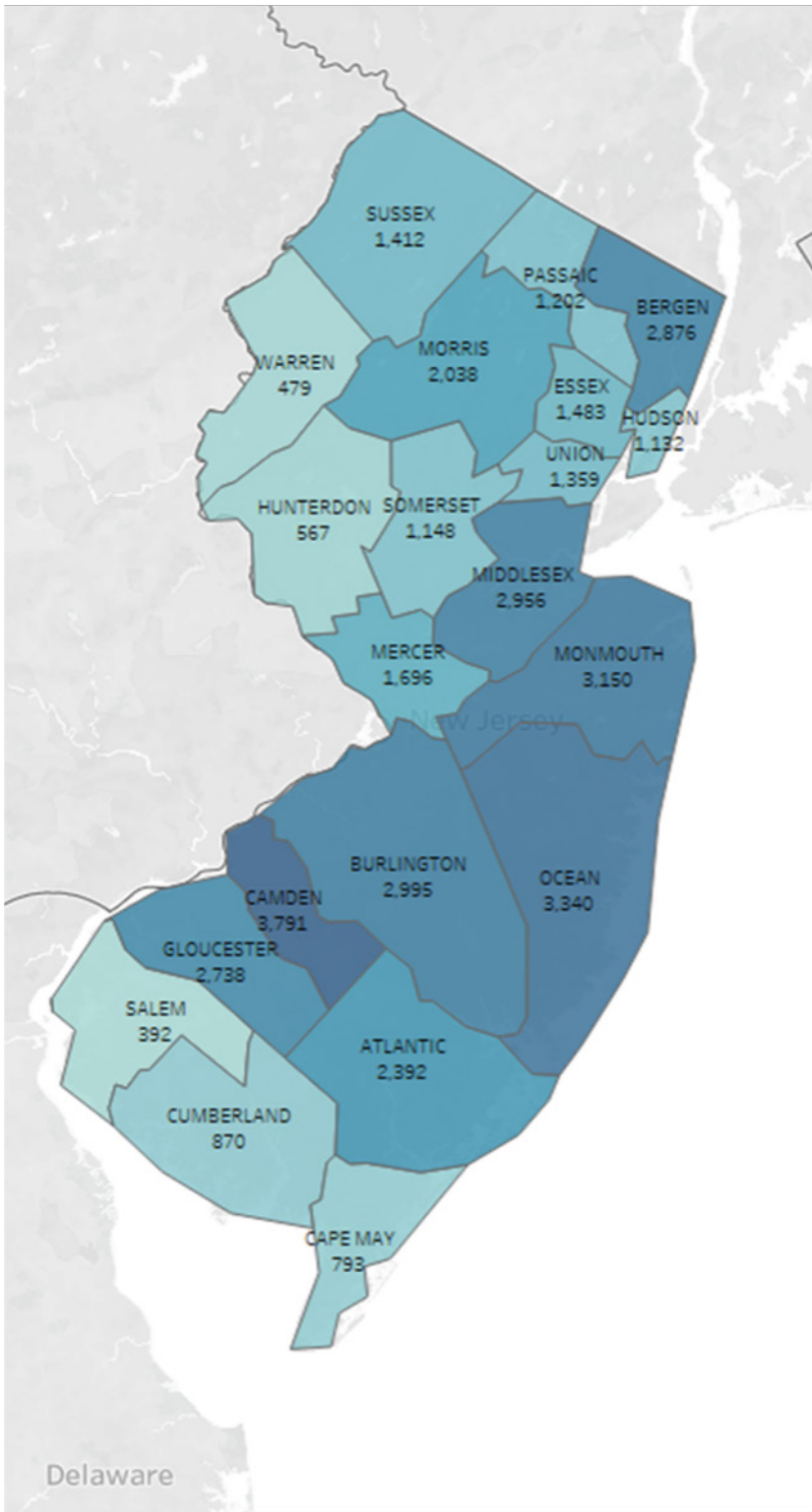


Table 12: Active Patients by County, 2018

<u>County</u>	<u>Active Patients</u>
Atlantic	2,392
Bergen	2,876
Burlington	2,995
Camden	3,791
Cape May	793
Cumberland	870
Essex	1,483
Gloucester	2,738
Hudson	1,132
Hunterdon	567
Mercer	1,696
Middlesex	2,956
Monmouth	3,150
Morris	2,038
Ocean	3,340
Passaic	1,202
Salem	392
Somerset	1,148
Sussex	1,412
Union	1,359
Warren	479
Total	38,809

Table 13: Patients by County Sorted Descending, 2018

