

Department of Consumer Protection
Public Hearing for Proposed Regulations concerning the Palliative Use of Marijuana

William Rubenstein: My name is William Rubenstein, the Commissioner of Consumer Protection. I'd like to formally open this Public Hearing on Proposed Regulations concerning the Palliative Use of Marijuana. Today is April 22, 2013, and the time is 10:00 a.m. This Hearing is taking place in Room 126 in the State Office Building, 165 Capitol Avenue, Hartford, Connecticut. A couple of housekeeping matters – if people make sure their cell phones are on silent, that'll help everybody along the way. There's quite a number of people here today. We've set up an overflow room in Room 119, which I understand is also substantially full. In the overflow room, there will be full audio and video feed so they will hear and see everything that happens. There will be, I think, about a one minute delay between here and there but everything should be broadcast as if you're in this room. If anybody is wishing to speak, there is a signup sheet. There's a signup sheet here in the front of the room and there's also a signup sheet in Room 119. We've already had a substantial number of people signed up to speak today, so I'd appreciate everybody's cooperation in helping this go smoothly. I think we're going to have a fairly long day, given the number of speakers, and so we're committed to being here and listening to all of your comments. During the course of the day, it may be necessary for a different Hearing Officer to hear to part of the testimony and that Hearing Officer will be Michelle Segal, the Deputy Commissioner of Consumer Protection, and so you may see her up here from time to time. So let me get to some of the formalities.

On March 19, 2013, the Department published in the Connecticut Law Journal A Notice of Intent to Adopt Regulations Concerning the Palliative Use of Marijuana. These regulations are being proposed in accordance with the authority granted in Chapter 420-F of the Connecticut General Statutes. I will enter a copy of the Connecticut Law Journal Notice as Exhibit A. I will enter a copy of the proposed regulations as Exhibit B. Pursuant to Connecticut General Statute Section 4168-A, this Department prepared a Fiscal Note, giving the estimate of the cost and revenue impact of the proposed regulations and I will enter that Fiscal Note as Exhibit C. Pursuant to Connecticut General Statute Section 4168-A, the Department considered methods that would accomplish the objectives of the applicable statutes while minimizing the adverse impact on small businesses. The Agency has specifically considered the five methods listed in Section 4-168-A [per and 10:03:12] B. We notified the Department of Economic and Community Development and the Committees of the General Assembly have a cognizance of the subject matter of the proposed regulations, of its attempt to adopt these regulations, and we created a Small Business Impact Statement and I'll enter a copy of the Small Business Impact Statement as Exhibit D in the

record. As of the close of business on Friday, the Department has also received seven written comments regarding the proposed regulations and I'll enter those comments in the record. Exhibit E will be comments from Cook Consulting, LLC. Exhibit F will be comments provided by Mark Brownstein. Exhibit G will be comments submitted by Pullman and Comley. Exhibit H will be comments provided by the Law Offices of Amatuzzi & Villmer. Exhibit I will be comments provided by the Marijuana Policy Project. Exhibit J will be comments provided by Jason Nickerson of Greenbelt Management and Exhibit K will be comments provided by [CannaMed 10:05:00].

So at this point, we're going to begin. The individuals have signed up on the speaker sheet to sign in, to speak and I want to let everybody know that we'll also hold the Record open until the close of business, until 4:30 p.m. on Friday, April 26, and we will accept written comments right up through that point. We're asking, given the number of speakers who intend to speak today, we're asking speakers to limit their testimony to 10 minutes or less. I will also ask to the extent that you are speaking about specific portions of the regulations. It's helpful to us if you can identify the section of the regulation that you're speaking to so, if that's possible, we would appreciate that to the extent you have specific language that you think would better reflect the objectives of the regulations, that's always helpful as well. So let me not spend too much time with me talking because we have a fairly substantial number of folks signed up. The first speaker on the signup list is John Gadea, Director of the Drug Control Division in the Department of Consumer Protection. Mr. Gadea?

John Gadea:

Thank you. I am John Gadea, Director of State Drug Control Division of the Department of Consumer Protection. The Drug Control Division is the Division within the Department responsible for implementing DCP's medical marijuana regulations. I want to thank everybody for coming today to offer us your comments on the proposed regulations. We look forward to hearing your thoughts. Before we begin, I would like to provide an overview of the proposed regulations and offer some context on how we envision the medical marijuana regulations will fit into DCP's overarching responsibility to regulate controlled substances in Connecticut. Broadly speaking, the regulations are designed to create a regulatory structure for the certification of patients and the production and sale of marijuana that parallels existing structure for the prescription production and sale of other controlled substances. The regulations can loosely be divided into 14 subject areas. I will discuss each in turn.

First, Sections 2-5 set out the requirements for physicians who certify patients for palliative use of marijuana. Physicians are essential to the success of Connecticut's medical marijuana program, as they are the gatekeepers who are tasked with ensuring that only qualified patients who meet the strict requirements of the statute can be registered with the Department. Among other things, the regulations provide that a physician

can only certify a patient if the physician is properly licensed and authorized to prescribe controlled substances. Schedule 2, in addition, the physician must have a bona fide physician/patient relationship with the patient and be of the professional opinion that the benefits of the marijuana for the patient outweigh any health risk. The regulations also require that the physician maintain appropriate medical records and not have a financial interest in a dispensary facility or producer.

Sections 6-11 establish the requirements for qualifying patients and primary caregivers who seek to register with the Department under the statute. Among other things, the regulations require that patients and caregivers meet the standards set out in the statute before they will receive a registration certificate. The patient, for example, must demonstrate to DCP that he or she is at least 18 years of age and a resident of Connecticut. These Sections also explain what circumstances may cause the Department to deny, suspend, or revoke a patient or caregiver's registration and they set out the expectation that patients and caregivers will act responsibly to prevent the theft or diversion of marijuana and protect against the misuse of their registration certificate. Finally, these Sections require that the physicians, patients, and caregivers notify the Department of any changes relevant to their registration.

Section 12 set outs the process for members of the public to petition the Board of Physicians to recommend any addition to the list of debilitating medical conditions that qualify a patient for palliative use of marijuana under this Act.

Sections 13-18 set up the criteria for awarding dispensary facility permits and set up the requirements for the operation of a dispensary facility. Overall, the objective of these regulations is to establish a dispensing system that parallels the current pharmacy system so that medical marijuana will be dispensed in a way that is similar to how pharmacies dispense other controlled substances. With regards to awarding dispensary facility permits, our intention is for these permits to be awarded on a competitive basis with relevant factors including, among other things, the location of the proposed facility and the ability of the owners to operate the facility in a responsible way so as to minimize the risk of theft or diversion.

William Rubenstein: Mr. Gadea? Can you move the microphones closer to the speaker? Both, the tall microphones.

John Gadea: Oh, the tall ones. Okay.

William Rubenstein: Right because that's the ones that should be picking up both of them for both the video feed and for the speaker system. Are people able to hear in the back at all? Okay, it's good. Good. Okay, thank you.

John Gadea:

In addition to regulations set out, the requirement is for the dispensaries to notify the Department of any changes at the dispensary facility including personnel changes or changes in the location or physical design of the facility.

Sections 19-23 set up the criteria for awarding producer licenses and the requirements for operating a production facility. Like dispensary facility permits, the producer licenses will be awarded on a competitive basis. Relevant factors and selection will include, among other things, the ability of the owner to responsibly provide an uninterrupted supply of medical marijuana and the measures proposed by the applicant to prevent the adulteration, theft, or diversion of marijuana. Overall, the Agency expects that production facilities will operate in a manner similar to other drug manufacturing facilities in terms of having a process in place to ensure that medicine produced at the facility is not contaminated and that appropriate measures are in place to prevent diversion, prevent theft or diversion. Also, like the Sections related to dispensary, the regulations set out notification requirements for producers in the event of personnel or other changes in the production facility.

Sections 24-28 set out the license, permit, and registration types that will be issued by the Department under the Statute and the fees that will be associated with each. Issuing a license, permit, or registration for everyone associated with the dispensary facility or production facility will enable the Department to consider the background of those seeking to be involved in the medical marijuana industry and ensure that those who will be dispensing medicine and interacting with patients are properly trained.

Section 29 sets out the terms for the escrow accounts or letters of credit that each producer is required to establish. In addition, it sets out milestones that, if met, can result in reduction in the escrow account or letter of credit. The purpose of this requirement is to not penalize producers but rather to incentivize producers to do what is necessary to succeed in providing an uninterrupted supply of marijuana for patients by creating a financial penalty for those who receive a license but fail to create a sustained supply of medical marijuana.

Sections 30-32 set out the reasons and process by which the Department may refuse to renew or otherwise take disciplinary action against a license, registration, or permit.

Section 33 provides that patients, patient-specific information shall be treated as confidential and only made available in limited circumstances such as for law enforcement purposes or for purposes of providing patient care.

Sections 34-51 relate to the operation of the dispensary facilities and appropriate training of dispensary facility staff. The intent of these Sections is to ensure that dispensary facilities operate in compliance with the statute and to create a dispensing system for marijuana that is similar to the pharmacy system that exists for other controlled substances.

Significant portions of these Sections are based on the pharmacy laws and regulations that the Agency already enforces.

Sections 52-61 set out the requirements for the operation of a production facility and the handling, laboratory testing, and transportation of marijuana. These regulations are designed with two primary goals in mind. One is reducing the risk of theft or diversion of marijuana and, two, ensuring an unadulterated supply of medical marijuana for patients. One aspect of these regulations that is unique to Connecticut but that is particularly important to our objective of treating marijuana similar to other medications, is that, is the requirement that all marijuana be separated into homogenized batches and tested by a laboratory for certain harmful contaminants and for the purpose of conducting an active ingredient analysis. For all other medications, there is an expectation that the product will be unadulterated and that the active ingredient profile will not change from month to month. We believe no less should be expected by patients using medical marijuana.

Sections 62-65 contain requirements related to security, disposal, and inventory of marijuana by dispensaries and producers.

Sections 66-68 prohibit false or misleading advertising of marijuana products and the marketing of marijuana in a way that could encourage the recreational use of the product or use by the product by anyone under 18.

Finally, Sections 69 and 70 contain recordkeeping requirements and set out the authority of the Department to inspect dispensary facilities and producer records.

William Rubenstein: Thank you for your comments, Mr. Gadea. If we could get these microphones kind of pointed down and closer to the speaker. If somebody could do that, that'd be great. Because I understand, while we can all hear in this apparently, in the overflow room, it's a little, move them closer and in closer. Right. Let's see if that works. All right. Well, we'll see if we can get that. The next speaker I have is Tracey Fanning.

Tracey Fanning: Okay, I have no idea which microphone I'm supposed to speak in.

William Rubenstein: How about just talk to me.

Tracey Fanning: Much better.

William Rubenstein: All right.

Tracey Fanning: I've never done this before so I know for the record I'm supposed to state my name. My name is Tracey Gamer Fanning and this time I'd like to add [Schimer 10:16:23] to my last name because I was married 36 hours ago.

William Rubenstein: Congratulations.

Tracey Fanning: And this is my husband. I am so nervous to come up here but I've waited for such a long time to do this and I was really nervous this morning and I sat on the couch and I figured I'd turn on the television so I wouldn't nervous and I was on the television, which I got even more nervous about and so I turned on a movie and I promise there's a point to this. I watched a movie with Julia Roberts and I remember the movie that I saw probably 20 years ago called Stepmom that had Julia Roberts and Susan Sarandon and Susan Sarandon is sitting on her porch or on her patio or something and Julia Roberts came to see her and she was smoking a joint and turned, she turned to Julia Roberts and said, turns out smoking pot is legal. You just have to have cancer to do that. And I remember probably being 20 when I saw that movie or 19 and thinking, hey, that's cool, you know? And now I'm 42. I'm a 6-¹/₂ year brain cancer patient. I am the President and Co-Founder of the Connecticut Brain Cancer, Brain Tumor Alliance. I am also on the Board of Directors and Patient Guardian for Vintage Foods, Limited and I wanted to come here today to represent not only myself as a brain cancer patient but every patient who's afraid to come here, who's afraid to come on camera or embarrassed or physically can't do it to thank you for what you're doing today. These rules and regulations that you're coming up with is helping us with the privilege that you're giving us now to use this drug when we've tried so many drugs before. Cancer is terrible to live with. The drugs on this list of 11 diseases, the drugs that we have to take, these illnesses are terrible and these drugs are even worse and hard and I found that the drugs kept me in bed. Not only did I have brain cancer, I couldn't be what I wanted to be anymore. I couldn't have a career. I wanted to be a mom. I wanted to be able to spend time with my friends and my family. And the drugs were making it very hard. I felt *very* isolated and sedated and alone and scared and I suffered from terrible pain and shaking and all the things that these patients who I hope will come talk to you today and talk in the future about this share with you guys because you should all know that this is what we're going through. Sometimes those drugs take even more away from you than [Phone rings] It's okay. It's actually giving me a chance to laugh for a second because I'm so nervous. Cancer and illness takes your quality of life away from you. Drugs are supposed to be able to give some of that back to you. Unfortunately, some of the side effects of those drugs leave you sedated and leave you alone and I wasn't at the dinner table. I was in bed with a tray and I wasn't a mom. And I wanted to come here to say to you that these rules and regulations you're setting up, I promise you as a patient, we will not let you down. We will follow them. And the doctors that you've entrusted, they will do their jobs. Thank you for doing this. Thank you for listening to all of us. [Phone rings] Can we talk to that person on the phone? [All laugh]

Audience Member: Sorry. I'm turning it off now.

Tracey Fanning: No, I just want to say hi. I don't have ten minutes worth of things to talk about. I don't have a written statement. I never come up and talk with facts and figures and numbers on lists. I just wanted you to hear me.

William Rubenstein: I appreciate your coming today and it's, what we've tried to do is develop a program here that serves your interest and, hopefully, what we've done, aided by the comments that we get here today will kind of give you the promise that you hope this legislation has so thanks for coming today. I really appreciate your comments.

Tracey Fanning: Thank you. And I think Connecticut is setting up something that the rest of the country will look at because I think we're doing it right here and I'm glad to be a part of it.

William Rubenstein: Thank you.

Tracey Fanning: Are we supposed to ask if there's questions or something? I've never done this before.

William Rubenstein: If I have questions, I'll ask.

Tracey Fanning: Okay.

William Rubenstein: I heard you loud and clear and I really appreciate you coming.

Tracey Fanning: Thank you.

William Rubenstein: So the next person I have on the list is David Kimmel and Tracey who has not done this before intuited the right rule, which was if you can give your name and, before you testify, that would be helpful to us. Thank you. Mr. Kimmel?

David Kimmel: Good morning. My name is David Kimmel and I am Founder and President of Vintage Foods, Limited, a patient-driven medicinal cannabis grow, manufacturing, and farmer-based research and development corporation. Vintage Foods has been advocating for this moment since 2010. We are honored to be here today. Admittedly, and with complete transparency, I do look at these rules and regulations through business-colored glasses, as my company will be making application for potential licensing. Vintage Foods, Limited has previously submitted to the Office of the Department of Consumer Protection, our thoughts on these draft rules and regulations and we gratefully acknowledge that opportunity. I would like to emphasize that there is no doubt in mind that this has been a daunting task for the Department of Consumer Protection and I commend them for their efforts to date. Still, there are sections and specifically

issues within those sections that create a pause for concern and, with a bit more consideration, we might better serve the patient. Some of these devilish details include lab equipment specification and protocol standards, as well as ongoing certification for that equipment, weight and scale standardization and their ongoing monthly certification to ensure that the patient is getting a square and fair deal, medication expiration dating methodology and producer standardization, flexibility in allowing patients to use more than one dispensary location, formatting and standardization of patient feedback on medication efficacy by state-specific disease and to disseminate that information to all the parties involved and better lines of closer communication between patients, dispensaries, physicians, growers, and dispensary technicians. Some other issues that are even of greater concern include the lack of an online or other patient, physician and industry resource center for all cannabis medication available in the state, the inability for the dispensary technicians to discuss cannabis medication with the patients, certainly, while not encroaching on the physicians or dispensary's legal obligations under these rules and regulations. Other great concerns include banking and cash handling issues and, of course, the escrow dollars and letter of credit requirements. Speaking for a moment, please, to the escrow issue, I think I understand the intent of this rule; however, I question if this is the best way to resolve the State's concerns. As example, if a producer is doing something illegal, then they should be treated like anyone else would be treated in a similar illegal situation in a pharmacy or pharmaceutical scenario. Secondly, if a producer does not meet their production obligations or if they simply fail, seemingly, the loss of their business and investment might be punishment enough. And what if a business failure is based on uncontrollable circumstance or if the producer doesn't produce enough medication by State standards for fear of unforeseen federal interdiction? Needless to say, this becomes a slippery slope. Whatever resources are required to satisfy the State in this escrow regard, it would be that much less money that a producer can use to successfully operate their business. Furthermore, my sense is there will be no lack of those waiting in line to take the space of a failed or from a producer whose license has been revoked. Next, I would like to comment as an aside regarding recent testimony given at the Finance, Revenue, and Bonding Committee Public Hearing. Testimony was made by an individual who represents [inaudible 10:28:13], a national organization for the legalization of recreational marijuana and the Connecticut Medical Cannabis Business Alliance. The position being lobbied for was for taxation on the medicinal cannabis industry in conjunction with expanding the State's disease-specific list to include chronic pain. I have strong concerns about any suggestion on taxation on medicinal cannabis. Separately from the position advocated by these organizations, there was a time when I thought taxation might be advantageous.

William Rubenstein: Mr. Kimmel, you're aware that the proposed regs don't have a taxation element to them?

David Kimmel: I am prepared and aware of that, Commissioner. I bring it up because there is a concern that that's something that's on the horizon. It does [create 10:29:16] concern. My thinking is if, in fact, the percentage of the tax revenue were allocated to the flow of the towns that permitted medicinal cannabis in their communities and if a percentage of that revenue were allocated towards patient research and development, it would make sense to me. The process of adding a new debilitating disease to the State-specific disease list is clearly outlined under these rules and regulations. The physicians' board [wants 10:29:50] fully functioning, has the responsibility under the auspices and approval of the Department of Consumer Protection to review any such requests and I believe that until this process is proven dysfunctional, it should be implicitly followed. From my seat, the concern that if we as an industry put other motivations ahead of the patient's needs, we are not only stepping off on the wrong foot but it's not in either the spirit or the intent of the law and possibly when this medication becomes insurable, it may open a more viable doorway for the discussion about taxation.

Commissioner, I would like to now remove my Vintage Foods hat and share with you my personal vision for Connecticut's medicinal marijuana program and for the patients who are being so dutifully served by both the State and the Department of Consumer Protection. Gazing into my crystal ball, I can foresee Connecticut as a leader in patient-driven cannabis education, research, and development, creating a pathway and setting a template for other states and ideally the world to follow. Without education, research, there would be no penicillin and no light bulb. And to be more Connecticut-specific, there would be no can opener, cotton gin, submarine, frisbee, vulcanized rubber, or ESPN. This vision could not be realized by any one individual, company, or entity but by a united, patient-driven effort from all of us here today in this room. As trailblazers, there are going to be many opportunities ahead of us and, in the name of the patients here today as well as the over 150,000 other patients currently covered by this legislation throughout the State,...

William Rubenstein: You're at 10 minutes. Could you just finish up?

David Kimmel: Thank you. Some of the opportunities could include developing international relationships with physicians and physicians-based organizations like the Canadian Consortium of Cannabinoids, engineering cannabis strains for disease-specific treatments, in concert with medical and agricultural faculty from instate universities, creation of a credited instate university medicinal marijuana dispensary program in concert with the Connecticut Pharmacists Association that will train dispensaries and dispensary technicians...

William Rubenstein: We have a lot of people backed up so I...

David Kimmel: Two minutes for [one 10:32:56]?

William Rubenstein: No, no more minutes. We have a lot of people behind you so but I'd be happy to accept whatever comments you have in writing between now and Friday would be great.

David Kimmel: Thank you. Connecticut is on the eve of a remarkable journey. My crystal ball may not be working perfectly but we look forward to the implementation of the program.

William Rubenstein: Okay. Thank you. Thank you for your comments.

David Kimmel: Thank you very much, Commissioner. I appreciate being here.

William Rubenstein: The next speaker on the list is Erik Williams.

Erik Williams: Good morning, Commissioner.

William Rubenstein: I just, I know we are kind of minute delay and there are some people in the overflow room, so to give them the opportunity if they're on the speaker list to get down here in a timely way, I'm going to kind of read the next three names on the speaker list so people can be prepared. After Mr. Williams will be Meg Sanders, Tom Macre, and Matt Cook. Mr. Williams?

Erik Williams: Good morning, Commissioner Rubenstein and to the members of the Board and staff here. My name is Erik Williams and I am here today speaking as a member and on behalf of the Connecticut Medical Cannabis Business Alliance as its President. The Connecticut Cannabis Business Alliance is professional trade organization created to educate patients, providers, policymakers, and the public about the palliative and curative health benefits of medical cannabis, to develop industry standards and the best practices, and to ensure quality products and distribution channels and facilitate access to authorized and qualified cannabis-based remedies in Connecticut. I'm a member of the Alliance representing our company [in Gaia, 10:34:37] Connecticut and I'm also Executive Director of Connecticut NORML. I felt it was very important today to testify with my business alliance hat on because it is now time for those who want to participate in the industry to really step up to the plate and do everything they can to make this program a success. We at the Alliance understand that the very heart of the success of this program is the patients and safe, reliable access to the highest-quality medical marijuana with the services they need and the dignity they deserve. First and foremost, I'd like to

thank you all and I'm sure many of the other staffers who have put in so much time and effort in crafting those regulations. They're well thought out and comprehensive and already serving the nation as a model. We do have some concerns of the Alliance and they are as follows:

First and foremost, the testing and laboratory requirements. I'll speak generally about our concerns as I know others can speak much better to the various technical issues. Overarching the details is the reliance on a testing facility to be approved and locate here that is willing to take on this work, a contingency plan for the State in case no such businesses come forward, have a [inaudible 10:35:48] contingency plan to assure that there is no stoppage in the flow of medical marijuana to patients if, in fact, there's not a laboratory willing to handle or are able to handle the flow of testing. Any kind of contingency plan would be greatly appreciated and necessary, sir. Further, the testing guidelines may be unduly or prohibitively detailed, particularly in the ingredients for brand-naming of marijuana strains. Considering the differences in CBDs, CBDAs, THC, and THCA that can occur within a single plant's buds, the 97-103% range is too restrictive. We believe there must be a [inaudible 10:36:25] to better keep the brand qualities as well as the testing qualities and initial application as proposed within these regulations along with a written certification from the producer that the genetics are the same for each subsequent batch in addition to the individual batch testing for the key ingredients mentioned above is one solution.

Next on background checks. Throughout the proposed regulations, there are references to backers and those with controlling or financial interests being subjected to background checks, security clearances, etc. On the usage background checks to keep unsavory elements out of the business, we feel, however, there should be a minimum threshold for such background checks. We have proposed that anyone with either a 5% or greater financial interest or who has a direct operational management role should be subject to background checks in addition, of course, to any and all employees. This would greatly reduce the amount of unnecessary paperwork for the DCP and the industry. Additionally, with background checks for every investor or persons with financial interest, smaller investors or crowd source investing are going to be shut out or at the very least marginalized. We feel strongly that this minor adjustment would provide a great benefit to the smooth and efficient function of the program and ensure that DCP does not get buried in a paper avalanche. Along the same lines, we want to applaud the addition of Subsection B to 21-A-408-28 allowing the adjustment of fees as necessary to ensure functionality of the medical marijuana program. We believe it is imperative that the program have the necessary funding to carry out its charge.

On the escrow accounts in the amounts of 2 million dollars, the Alliance has [inaudible 10:38:12] concerns about the need for the funds to be held in a Connecticut financial institution, which we hope will be clarified. More importantly, and I know there will be much talk of the 2

million dollars, but more importantly for the Alliance is the draw-down amount of the escrow once a producer has shown that they are fulfilling the terms of the producer's license and satisfying the spirit of the 2 million dollar provision. Ensuring that the producers who were granted a license safely produce [and provide 10:38:37] high-quality medical marijuana to patients, that the State of Connecticut has determined it is their license to lose. We would strongly recommend, strongly advocate a reduction in 21A-408-29-A from 2 years to 1 year and Subsection B of the same Section be reduced from 5 to 3 years. At the very least, adding in more discretion of the Commissioner to reduce the escrow amount would be more acceptable than reducing the dates. I think even just the past week and I'm sure more will bring up an awful lot of what-ifs and I think the Commissioner would be the best person to handle those what-ifs as they arise rather than having something set in stone.

On the number of dispensaries and producers as to how they relate to the patient population, we understand and appreciate the reason, particularly on an ongoing basis, but we recommend a more free market approach to the initial granting of licenses. Thus far, there has been a reluctance on the part of many doctors to write recommendations due to the fact that there is not a safe place where medical marijuana can be obtained. Thus, we believe that based on the initial number of dispensaries, the producer licenses should take this into account. Another potential flaw in this population basing for granting of license locations, we believe rural locations and populations will be underserved almost as a matter of course. Again, we argue that market [focus 10:39:58] should better dictate whether or not someone wants to take the risk of opening up a location that might otherwise seem to not fit in with more obvious profitable metrics.

On packaging, we believe that if proper manifestation instituted procedures that the Department has put in place that individual packaging could and should be able to take place at the dispensary level. All information necessary could be more easily and efficiently managed and done at the point of dispensing in more understandable manner for the patient. Continuing on the dispensary side, we believe there should be made more, there should be made available for inspection by patients an amount of unpackaged or loose marijuana flowers at each store. They should not be available for resale but shall be used specifically so that patients can better inspect and choose the medicine that they want to buy. Along the same line, for the better educated patient, Section 21-A-408-43, seems to limit the dispensary's technicians ability to counsel the patient on the qualities of the strains. A strong relationship and solid communication between dispensers and patients will not only serve to benefit the patient but lead to more information gathering for the greater good of a well-regulated system.

The last issue of concern is the processing of [trim 10:41:18] materials for ancillary or derivative products. We believe that greater

range of products and a more sustainable business model would result from allowing the arrangements when producers may distribute an equivalent, may be distribute for derivative processing to other distributors, to other producers, so long as they are given back an equivalent amount of the manifested amount.

Section 21-A-408-52-B, Sub 4 prohibits the selling, delivering, and transporting or distributing of marijuana except to a dispensary facility so that's where the technical fix would be needed and simple regulations that would allow the transfer for processing, we believe, that we could come up with easily.

William Rubenstein: Let me, let me just ask you something about...

Erik Williams: Please.

William Rubenstein: ...the transfer between producers because under the Statute, the Statute is very specific on to whom producers may provide the product and other producers are not in the list. Would you see a need for a statutory change for us to do that?

Erik Williams: I don't think that there's a statutory need because it's not that they are distributing or selling, it's mere processing and they're getting, being returned back the product.

William Rubenstein: Okay.

Erik Williams: Yes. And I'm almost finished as well. I believe that these are all relatively minor changes or issues within the proposed rules, that some have large impacts on the ability of the program to run as smoothly and efficiently as possible and would suggest the changes are certainly well within the spirit of intention and intention of the law. I thank you for your time and would be happy to answer any questions you may have, Commissioner.

William Rubenstein: I appreciate your comments. You know, we have a long way to go and so we're hoping that we can get everybody in so I heard what I said so thank you.

Erik Williams: Thank you very much.

William Rubenstein: So before, the next speaker is going to be Meg Sanders. Before Meg starts, I know that we're having some degree of technical difficulty in 119 with the mic cutting in and out so it's not an ideal place right now. I want people who are in 119 to know that we're working on that technical problem and we're really hoping to have that fixed soon for everyone. Meg?

Meg Sanders:

Hello. Well, I want to thank you, Commissioner Rubenstein, and the members of DCP. My name is Meg Sanders. I'm the CEO of Gaia Plant Based Medicine, which is a medical marijuana company based in Denver, Colorado with dispensary locations throughout the state. By way of background, I have [inaudible 10:44:10] in [inaudible 10:44:10] nonprofit business leadership and extensive management experience in financial compliance for private equity companies. An active industry leader, I served as an Executive Board member of Cannabis Business Alliance. I am a member of the Chambers of Commerce in each of my licensed locations in Colorado and recently I served as the only industry representative appointed to Governor Hickenlooper's 24 member Amendment 64 Taskforce charged with [integrating 10:44:36] the adult recreational use of marijuana. I have played an integral role in directing laws, current legislation, ordinance, rules, and regulations from local to state level and I'm excited to speak to you today. The draft regulations before us clearly represent the hardworking thoughtfulness of the DCP and I thank all who worked on getting this done. It is overall a tremendous piece of work and I have just a few points I'd like to cover along with some possible suggestions.

First is testing and laboratories. According to the regulations, one major factor on which the implementation of this law hinges is the existence of suitable laboratories within the private sector who are willing to take on testing for medical, for the medical marijuana industry. I hope that there will be these businesses but for producers and dispensers to take, to stake the millions of dollars on their company without a backup plan in place for the State in case no such laboratories can meet the criteria set forth is a big risk. It is imperative that the Commissioner have sufficient discretion to implement testing requirements as testing facilities become available, they're able to prove consistent results, and are capable of meeting turnaround times to ensure product gets to market.

Testing as related to brand-naming. I am pleased to see the implementation of brand-naming in these regulations, as I think it will lead to a better educated consumer and protect the hard genetic work that is going on throughout our industry. However, the limitations of 97%-103% for key ingredients such as THC, THCA, CBD, and CBDA are overly restrictive and most deviations could occur within the same plant and, certainly, from batch to batch. As long as the ingredients are listed from the batch sample and the patient knows the characteristics of the registered brand, the [inaudible 10:46:19] what I believe are the goals of this provision would be protected. Certifications from the producers that the genetic strains are the same as those that are registered should be relied upon with as much certainty as any other certification from the producer to the DCP.

DCP administration.

William Rubenstein: Sorry, I, let me just ask you...

Meg Sanders: Oh, yeah.

William Rubenstein: ...question about the brand naming issue. I guess the fluctuation from batch to batch, which we set at 97% of the active ingredient levels. You think there should be no variation threshold or you think that it's just that 97% is too restrictive?

Meg Sanders: I just think it's too restrictive. I think that there's...

William Rubenstein: So are you proposing something different?

Meg Sanders: Yes. And we can provide that too in our written statement as well.

William Rubenstein: Great. Thank you.

Meg Sanders: With some testing that goes along with that.

William Rubenstein: All right. Thank you.

Meg Sanders: Thank you. The next piece is for regarding the DCP administration, which, again, I have a lot of experience working directly with our regulatory body. I've seen firsthand how extremely important it is for the industry to be a strong partner with the state and enforcement division and the key to that is a smooth and subtle flow of communication and mandated data between the two. From experience, I can tell you submission of unnecessary paperwork hurts everyone involved. I suggest you limit the threshold for background checks to those with either direct control of your business and employees and persons with financial interests of at least 5%. This would certainly satisfy the [inaudible 10:47:53] and allow a greater focus on those who could actually impact businesses. This can easily be addressed in the definition section by redefining dispensary facility backer, financial interest, and producer backer. I do not believe this limitation should apply to the physician section. I agree with the restrictions on their ownership. And just a small note on that, in our company, our goal is to provide profit sharing for our managers and so we just want to make sure that we're able to do that without crossing any lines there as far as ownership in the company.

On fees, the addition of the section allowing for adjustment of fees to ensure financial stability for the administration of the program is a good one and I only ask that the Commissioner consider adjusting lower as well as higher when necessary.

Next section is regarding the escrow. I can sum up my comments on the escrow with three words – greater Commissioner discretion. As I'm sure you are aware, the medical marijuana industry has a difficult time

dealing with financial institutions, so discretion should be used on what constitutes a financial institution so long as the Commissioner is satisfied that the interests of the State are protected. On releasing and taking of funds, we also ask that the Commissioner have greater discretion. The hard dates of 2 and 5 years locks up significant amount of capital for a long period of time, whereas the Commissioner will know much sooner than those dates as to whether a producer is operating successfully in a manner that positively impacts the patients and the program.

Regarding dispensaries. On the admission of selection of the amount and location of dispensaries based on patient population, I ask that the DCP take into account the anticipated patient population and with a great deal of the risk to the dispensary owner. [Health 10:49:34] patient population centers are not necessarily the best or most desirable places for some business owners and the perfect place for others. Further, business plans are being drawn up and work being done on a stabilized market model not the numbers of patients being registered while a nonregulated market is still the only one that exists. Dispensaries...

William Rubenstein: Do you read the regulations as not permitting that kind of flexibility in...

Meg Sanders: It just seems unclear exactly how it's going to be determined where dispensaries can be located and how many there're going to be and we're just recommending that that, you know, market can determine that.

William Rubenstein: Okay.

Meg Sanders: Dispensaries should be allowed to have loose marijuana flowers available for inspection and selection. It's important to patients that marijuana should not be for sale and should be returned to the producer for trashing and destruction after a period of time so that the patient would actually receive the prepackaged amount but they're able to inspect the flower that they're purchasing.

William Rubenstein: So perhaps you can comment a little bit about why inspection of the plant material is necessary for this product when inspection of the other flow for other controlled substances is not necessary?

Meg Sanders: I think that the biggest difference is that this is a plant. It's not a processed pill. It's not, it's not something that's in a capsule in a sealed bottle. It's a flower, a bud that patients actually like to see and smell because there is some type of importance as far as how that patient is going to enjoy the medicine and so that is important. I just think the inspection process has been part of what our patients have experienced in the past and it's just an important part that continues.

This section is regarding dispensary employees. The number of employees of a dispensary should be determined by actual need. If

anything, a minimum number of staff should be mandated, not a maximum number. Notifications on changes of employee information in Section 18-B should be done on a monthly or quarterly basis. Dispensary techs seem to be limited in what they can and cannot say or discuss with patients. Our [concern is 10:51:47] these are not doctors and never give out advice but they are extremely knowledgeable about the plant and are constantly kept up to date on products and communication at the dispensary should only be encouraged.

Ancillary products. The processing of ancillary products takes a tremendous upfront capital expense, as well as a steady supply of usable plant materials for processing to ensure a greater diversity of non-[inaudible 10:52:10] products, I encourage the Department to allow for transferring of plant material between producers for processing purposes only. The producer that is processing would retain a corresponding amount of process material and would charge a fee for doing so, ensuring non-smoked alternatives, edibles, topicals and the like are available to the patient population, was certainly the goal of the legislator and this minor change will help make sure that happens.

Minor changes. 34-G. We ask instead of referencing an opiate bag at dispensary, we request that you change to a more general packaging term. 35-D prohibits consumption of food or beverages at dispensary facilities by qualifying patients and caregivers. We ask that this be removed. We strive to make our patients comfortable and being able to offer personal suffering and debilitating conditions beverages such as coffee or tea or snacks while they wait is the least we could do. Further, we routinely hold support groups or other community meetings and we would like to do so in Connecticut as well. Section 50-B...

William Rubenstein: You think it's a key point to provide food and beverage but as accommodations. You're not saying that you need to sell food and beverages?

Meg Sanders: No, sir. No, sir. We're just saying we're able to offer it. Sometimes the wait times can be, you know, significant and could be 15, 20 minutes so just it's important they're kept comfortable in a comfortable environment.

Section 50-B-1 and 10 references the DEA and ID numbers. I want to be sure that this is feasible.

Sections 53-C-3, pocketless clothing. We ask that this refer only from the point of harvest on. Those working in the actual grove would [we see 10:53:57] that their pockets or aprons filled with any numbers of clippers, tools, ties, etc. and are integral and trusted members of our team. I recommend that certain employees in designated areas such as harvest/cure areas, packaging areas are allowed to wear pocketless clothing.

William Rubenstein: I know I took up some of your time by asking questions but we're at 10 minutes...

Meg Sanders: Great. I'm, I'm finished. Thank you so much. That was perfect timing.

William Rubenstein: Thank you. The next speaker will be Tom Macre. I hope I have that right and the next three speakers will be Matt Cook, Jose Zavaleta, and John Davian. I hope I'm not butchering names too much.

Tom Macre: I'm Macre. That's fine.

William Rubenstein: Macre?

Tom Macre: Macre.

?: Excuse me while I'm moving...[moving microphone]

Tom Macre: Good morning, Commissioner.

William Rubenstein: Good morning.

Tom Macre: My name is Thomas Macre. I am the owner and principal of MedTech Healthcare Solutions based out of Orange, Connecticut. MedTech Healthcare Solutions is a durable medical equipment company serving the State of Connecticut and their patients. Medtech specializes in chronic pain management therapies. I personally have over 15 years in the State of Connecticut dealing with chronic pain and movement disorder patients and physicians and providers and, as such, I believe I have an understanding of both the patients and the providers that are going to be served by this therapy. I have assembled a team of experts in the cannabis industry that I believe will ensure the safe and effective rollout in the therapy in the State of Connecticut to the appropriate patients. I personally do believe that your efforts so far will become the benchmark going forward for states to follow and I commend you and your team on those efforts. Medtech has submitted in writing on March 19 some comments relative to the regulations so I will defer and yield to Matt Cook who is a member of our team to go through and address some of those issues. I did want the opportunity, though, to thank you for your efforts and your team's efforts and I'm looking forward to going through the process and the teamwork going forward. So, thank you, sir.

William Rubenstein: Thank you and thank you for your comments and I will say that the efforts that we've undertaken are only made better by the feedback that we're getting at today's Hearing and otherwise so we really appreciate anybody coming down to provide that insight, thank you.

Tom Macre: Thank you, sir.

William Rubenstein: Mr. Cook?

Matt Cook: Good morning, Commissioner. My name is Matt Cook and I own and operate Cook Consulting, LLC, a national regulatory consulting company. Just for the record, I do reside in Denver, Colorado. I am the former Sr. Director of Enforcement for the State of Colorado, built the statutory scheme for medical cannabis in Colorado and I'm also the author of the ensuing rules there in Colorado so I have a true appreciation for what you're going through here today and I'm probably one of the few in the room that can say I've been there and done that. It is truly why God made alcohol, I believe. [Room laughs] With that said, I'm honored to be here on behalf of MedTech, LLC and assisting Mr. Macre and the regulatory rollout of an ensuing application for Medtech. And we have a few minor comments concerning your proposed rules, understanding the balance of trying to validate a new and emerging industry and dealing with the traditional public safety concerns associated with this product is very much a daunting task. With that said, though, we have three very minor comments and we did submit a letter to the Commissioner on March 19, 2013, and just for the record, was that received?

William Rubenstein: It was received and it's been marked as an Exhibit.

Matt Cook: Thank you, Commissioner. Knowing that, again, I'll keep this very brief. I know you have a very long day but here's what relates to our comments. We have three, as I have said. The first one deals with Section 21-A-408-59, the brand name, and it deals with the 3% variance that you've heard testimony on today. I can tell you at least when you're dealing with the flower side of this commodity that the chemical profile in the plant varies from different portions of the plant and in Colorado we had four labs that routinely tested and were performing essentially the same test. While they did not have a statutory baseline from which to work, using similar or the same methodologies, we saw upwards of a 20% variance from the same plants using the same test.

William Rubenstein: Right. The regs as we wrote them required testing from homogenized batches so does that not solve that problem?

Matt Cook: It potentially would but I'm just speaking to the flower itself and the label. Okay. Thank you. As it relates to Section 21-408-20, um, 21-A-408-52, dealing with the 2 million dollar escrow and line of credit, certainly, we recognize the Commissioner has a lot of discretion in this area and, again, just for the record in Colorado it does still remain nationally a Schedule 1 controlled substance and banking is very difficult. We have seen a number of issues surrounding the banking issue in the State of Colorado,

including robberies of business owners at their homes, their children held at gun as the result of the inability to engage in banking and, certainly, when banking institutions find out that they're dealing with the cannabis industry for whatever reason, they discontinue doing business with them and so putting 2 million dollars potentially in an escrow account, it would certainly be a red flag and an invitation for potential [inaudible 11:00:15] on down the road. The last comment that I have deals with the timeframe and while 180 days is certainly very generous, we would just ask that the Commissioner exercise discretion because oftentimes during build out, dealing with land use issues, local governments, those timeframes can certainly be stretched and we'd ask some for consideration in that area.

William Rubenstein: Our statute limits the number of producers in the State to 10. What're the numbers of authorized producers in Colorado?

Matt Cook: Commissioner, we have what's called a vertically integrated system as well and we started out with a little over total 1,100 business licenses in the State of Colorado. We recognized and anticipated approximately a 40% consolidation reduction. Those that wouldn't qualify for a number of reasons, they had backgrounds that were not suitable, they certainly had no business acumen, some didn't know how to grow, others had the retail side but not the grow side and the vertically integrated piece was truly brought in to legislate [late at the 11:01:16] 11th hour and so people had a very short time in order to, if you will, get married to get in business and, as a result, personalities caused many of those divorces as oftentimes happens but we currently have just under 500 active licenses in the State of Colorado. That would be 500 centers and we also have at least 500 retail, I'm sorry, producer licenses as well we call optional premise cultivation licenses in Colorado. Many facilities have more than one producer license. It's an extremely fragile plant. If it gets above [a certain humidity 11:01:52] another contaminant, the entire row can go down, which can absolutely devastate these business and so many of them buy a lot of insurance and acquired more than one license.

William Rubenstein: Okay. All right.

Matt Cook: Any other questions I could answer for you, Commissioner? I'm happy to be a resource for you going forward.

William Rubenstein: You know, as you know, you provided insight to us in the past and you're, you have written comments and now you've testified, so I appreciate your coming today and thank you for your comments.

Matt Cook: Thank you, Commissioner. Good luck.

William Rubenstein: Next speaker will be Jose Zavaleta.

Jose Zavaleta:

Good morning, Commissioner. My name is Jose Zavaleta. I am here representing Peer Analytics. It's an analytical laboratory and I personally have a Master's Degree in Analytical Chemistry and over 10 years' experience in analytical chemistry laboratory. I've worked for major pharmaceutical companies and biotech companies as well so, with that in mind, I wanted to first thank you for producing thorough medical marijuana guidelines. Personally, I believe that it's about time for the government bodies to take such [seriously 11:03:17] as protecting medical marijuana patients by requiring thorough testing of the medical marijuana and I am pleased to see that the great State of Connecticut is serious about submitting medical marijuana to [inaudible 11:03:29] other medical drugs in the pharmaceutical industry and, most specific, it is very important that the safety of medical marijuana patients is not jeopardized. The guidelines put forward by this committee are very appropriate. One example, the lack of safety enforcements. As you might be aware, from the State of Maine, where medical marijuana producer was caught using harmful pesticides in an unregulated matter. In this case, it was an employee and not the State that, that brought this report and the use of agricultural pesticides on medical marijuana is a serious issue, which I believe these regulations successfully address as we look to states like California, where there's absolutely no control over the chemicals that are used on the production of medical marijuana, we can certainly again find places where Connecticut [has excelled requiring that the goal is to sell 11:04:29] of all the medical marijuana they produce and that they labs conducting the testing are also required a more rigorous standards. This requirement will make sure that the consumer's safety is everyone's number one priority so I definitely applaud you for that. One aspect, however, one aspect regarding the [revelations 11:04:52] that I would like to bring to your attention is of the heavy metal content test, Section 2, 21-408-58, page 65. Because of water limits for two of the four heavy metals, cadmium and lead that the medical marijuana batches will be tested for are already higher than the limits allowed for drinking water here in Connecticut according to the Water Quality Standards, which was published back in 2011, so by these regulations we would like to suggest that the limits be revisited because the number of licenses will be limited at the beginning, failed heavy metal portion of that quality testing due to using untreated local water, patients might not be able to obtain their medicine in a timely manner.

The second issue that I would like to raise is the strain profile [notification 11:05:55], which is addressed in Section 21-A-408-59 because a troponin and active ingredient vary between fluctuating growing conditions from batch to batch, a permanent profile would be very difficult to archive as was released by prior speakers so from my own experience, [being the 11:06:27] local commission laboratory, [I would show 11:06:29] instead of straight numbers, I will show between troponins

and/or active ingredients is an alternative or sequencing of the plant, you know, would suffice as well, so I greatly urge this committee to do not succumb to any outside pressures to drop or water down the testing regulations. If the medical marijuana industry wants to obtain a serious and credible standing with the public, then it should be held to the same standards as another pharmaceutical company in the business of making medical drugs.

William Rubenstein: Thank you.

Jose Zavaleta: Thank you.

William Rubenstein: I appreciate your comments. Mr. John Davian and the next three speakers will be, oh man, Dana Pelliccio, I think, very good, okay, Karolin Regan and David Lipton. Mr. Davian? Did I get that close?

John Davian: Davian. My name is John Davian.

William Rubenstein: All right. Okay.

John Davian: I'm the chairperson of the New England Abuse Prevention Alliance, CT MAPA. I would like to start by saying and congratulating the first person to testify, Tracey, newlywed Tracey. This is the exact kind of person that we feel this program was meant for and we're looking forward to the kind of relief she can get from this medicine. However, CT MAPA in regards to these proposed regulations, on Act 1255 is to limit as much as possible the likely increase in youth marijuana abuse in Connecticut. To allay any doubts that youth marijuana use here in Connecticut will likely increase as a result of Public Act 1255, I'd like to point to just two [new 11:08:27] national statistics on the on this issue. First, states with laws that allow marijuana to be prescribed as medicine have one of the highest rates of youth marijuana use in the country. In 2008-2009, federal estimates of state drug abuse show that 4 of the top 5 states and 14 of the top 18 states with the highest percentage of [inaudible 11:08:45] marijuana users ages 12-17 are states with medical marijuana programs. The second, youth in states that, with laws that allow marijuana to be prescribed as medicine have increased access to marijuana. As an example of that, 74% of youth in treatment for addiction to marijuana in Denver, Colorado report getting it packed from people who have been issued state marijuana cards. So it's a little problem. One final note on this increasing access to marijuana. Already in Connecticut, following national trends, our youth [and their] [inaudible 11:09:22] use of marijuana as their perception of risk towards marijuana decreases. And while this is not just a result of laws from other states or the twittering and blogging and everything else online about marijuana, it's also the result of some of the laws that Connecticut has also passed related to decriminalization and [medicalized piece 11:09:44] of

marijuana. As an [inaudible 11:09:46] regional action counselors here in Connecticut, I can report that in the few years between 2009 and 2012, the youth perception of risk towards marijuana use decreased 15%. This is the just the clock ticking for increased use that you're about to see. So because of these real issues and ongoing concerns for increased marijuana use in Connecticut as a result of treating marijuana as medicine, CT MAPA has identified six key areas in the regulations the Department of Consumer Protection has drafted that we believe will have the greatest effect on increasing youth access to marijuana leading to increased youth, rates of their use. So these six areas are: Limiting the number of dispensaries and producers that are allowed to operate. The number dispensaries and producers must be limited to ensure that quantities of marijuana at a production facility or dispensary facility do not exceed demands. [Inaudible 11:10:45] dispensaries and producers having a problem in other states that prescribe marijuana as medicine and limiting the number of these were 'less problems for our communities and fewer opportunities for increased crime.' Marijuana products should be limited to products that will not appeal to youth and encourage the recreational use of marijuana. Proposed products should have to go through a Department review process to ensure products will meet these restrictions. Proposed regulations and marketing practices should be strengthened to avoid youthful targeting messages and placements. We have learned a great deal from the tobacco and alcohol industries and their youth targeting marketing practices, which should allow us to avoid some of these same pitfalls regarding marijuana. Number four, the proposed regulations should be strengthened to more tightly monitor excess marijuana at the production, dispensary, and patient levels. Number five, regulations need to require public education of physicians, dispensaries, patients, and the general public of the dangers of marijuana use and the potential side effects of using marijuana as medicine. And finally number six, stricter security protocols at the production, dispensary, and patient levels will decrease marijuana access to youth and discourage recreational use of marijuana. [Inaudible 11:12:03] provide some details on a couple of these and some of my colleagues will get into some other ones as they have an opportunity to testify...

William Rubenstein: Can I just...

John Davian: Yes.

William Rubenstein: ...ask you a question because I'm actually very familiar with techniques used prevent marketing of both tobacco and alcohol to youth and my thought was that the regulations actually limit the number of ways the prohibitions and that we, therefore, have the tools available to track it very much like we have the tools to track targeted marketing of alcohol to kids and tobacco as well, so to the extent we're hoping next week, we won't be

able to provide it now, but any particular language that you think will be better...

John Davian: Yes.

William Rubenstein: ...we'd be happy to hear it because we share your goal.

John Davian: I do and so on the marketing piece, in the original draft regulations that the Department issued back in January, they proposed a 45 day review period for all ad tools or all advertisements meet these standards. That was dropped in the version that came out in March. The Connecticut Marijuana Abuse Prevention Alliance would like to ask the Department to, I mean, we're talking about Section 21-A-408-66 C and D where the former section was, we'd like to see that reinstated so that all advertisements needs to be reviewed prior to the advertisements dissemination because, of course, once these advertisements hit the streets, by the time the review can happen, the damage is already done with these bad advertisements for our kids.

William Rubenstein: Understood. We're, you know, please also understand that we have to produce our regulations in compliance with the First Amendment.

John Davian: Yes.

William Rubenstein: And that's sometimes abrupt for us.

John Davian: I get it.

William Rubenstein: All right.

John Davian: That review panel should also include an [RP 11:14:08] in public health addiction in youth advertising experts, so a panel that reviews all advertisements should include those people. And I have 10 copies of written testimony that I'm happy to submit.

William Rubenstein: Great.

John Davian: Finally in that marketing practicing piece, I'll just say that, again, our experience is from the big alcohol and tobacco, uh, alcohol industries and big tobacco as well as from [inaudible 11:14:34] documents that have been released in the past several years demonstrate the knowledge of the importance of the youth market to the long-term profitability of their addictive products and those industries have targeted youth and specific demographics among youth to [hook 11:14:50] their products and brands so as to ensure both these long-term market shares and profit abilities. Moving back to the products issue. The proposed regulations regarding

live marijuana products should be related to products that [monitor abuse 11:15:07] or encourage recreational use of marijuana but both products should also need to pass a department review process to ensure these strict standards are met. In Section 21-A-408-55-A of the regulations, of these regulations, there are provisions for marijuana products, in our opinion, that actually violate Sections 21-A-408-55-B to B, C, and D of these regulations. For example, allowing extracts that could lead to products such as sodas in cans, such as gummy bears and other so-called medical marijuana [inaudible 11:15:49]. These baked goods can lead to things like energy and granola bars, brownies, etc. 60 Minutes Overtime reported on these products in an October 2012 article entitled *Marijuana like You've Never Seen It Before*, which you can view online. These products would clearly appeal to youth as well as encourage recreational use of marijuana and also used for [other medical 11:16:14] and debilitating conditions. Making medicine into food and beverages is, again, a slippery slope that will lead to [inaudible 11:16:23] marijuana abuse as in other states that have allowed these products. We don't make other medicines into products that mimic everyday food and beverage products and we should not start now. Studies into adolescent [inaudible 11:16:35] confirm that that youth would be the least able to distinguish between potentially dangerous products and everyday food items. Since many Connecticut communities, some of who are here today, are already experiencing increasing youth marijuana use and a decline that may be a predictor of future marijuana use, the perception of risk, it's important that we reduce mixed messages to our youth about the dangers of marijuana so Marijuana Abuse Prevention Alliance believes that Section 21-A-408-55-A should clearly state that no marijuana food or beverage products will be produced by Connecticut-licensed marijuana producers or dispensaries.

William Rubenstein: So, so we may end up disagreeing about the food portion of it but I think our thought as we went through this was to make beverage and confections as a category but we'll take a closer look at the language.

John Davian: That would be great. And we also request that the Department of Consumer Protection include any regulations under the same 408-55-A a provision for all marijuana products not in [well 11:17:38] form to be reviewed and approved by the Department prior to the production of said products in order to enforce these standards. Again, I think it's up to the State to ensure its laws are not misunderstood by vulnerable populations.

William Rubenstein: You've got more?

John Davian: I have one more if I have time.

William Rubenstein: You have a half-a-minute so...

John Davian: The proposed regulations should be strengthened to more tightly monitor excess marijuana at the production and dispensary and patient levels. Section 21-A-408-61 of the regulations, Connecticut State Agencies must clearly identify based on the number of issued cardholders and amounts of marijuana supply allowed for each cardholder [are ranged 11:18:20] for the quantity of marijuana that a producer allowed to produce on a monthly basis. And there should be penalties for exceeding these productions levels, they should be established and enforced through regular inspections of the production facilities. We also believe that the Department should specify a regular schedule of inspections by the Commissioner's authorized representative, which includes the proper disposal of excess marijuana by each producer and dispensary.

William Rubenstein: Thank you.

John Davian: That's it.

William Rubenstein: You're going to submit the testimony as well?

John Davian: Yes, I do. I have it right here.

William Rubenstein: I appreciate your comments and you should know that we've had at the forefront setting up a regulatory structure that minimizes the spillover of this product into our young population.

John Davian: Thank you.

William Rubenstein: Dana Pelliccio?

Dana Pelliccio: Hi, good morning. My name is Dana Pelliccio and I'm the Prevention Coordinator and Licensed Professional Counselor at Guilford Youth and Family Services in Guilford, as well as a member of the Connecticut Marijuana Abuse Prevention Alliance. Regarding the proposed draft regulations for the palliative use of marijuana, my concern with my colleague, John Davian, is of youth, specifically Guilford's youth. I am part of a broad coalition of groups in Guilford trying to change the culture of teen abuse of alcohol and drugs in our town and we're working very hard to change a terrible situation. In both 2010 and 2012, we conducted surveys of every student in Guilford in grades 7-12. It appears the medical marijuana legislation enacted last year contributed to Guilford kids' belief that marijuana is not a problem. In 2010, 22% of Guilford kids in grades 7-12 believe there is no risk or slight risk for using marijuana regularly. After the medical marijuana legislation, that percentage has increased to 35%. There was no similar increase for alcohol, prescription drugs, cocaine, heroin, or other illegal substances. Also of note, the [youth view 11:20:39] marijuana as medicine seems to have contributed to a significant

reduction in the youth's perception of the harms and risks of marijuana use. In addition to our community's risky data, I believe there are some important points to consider before moving forward with the regulations, which have not been accounted for as they were written. Furthermore, we are very concerned about the residents of our Guilford community if these regulations are approved. First, we are concerned about marijuana's psycho or physiological dependence liability. Studies have consistently shown a very strong association between marijuana use and mental illness especially schizophrenia and psychosis, but also include an increased risk of anxiety, depression and even suicidal thoughts. When compared with those who have never used cannabis, young adults who began using the drug at age at 15 are younger are twice as likely to develop a psychotic disorder and 4 times as likely to experience delusional symptoms. I have citations for those as well, which I'll provide in a written testimony. [Inaudible 11:21:41] studies throughout the world have found that using [youth that have tried 11:21:44] cannabis by age 18 are significantly more likely to be diagnosed with schizophrenia than those who have not used the drug and approximately 15% of cases of schizophrenia could be avoided if cannabis use was provided. Overall, marijuana is linked to schizophrenia and cannabis use increases the risk for adult psychosis in genetically variable individuals. As a clinical mental health counselor in Guilford, I have seen firsthand the detrimental effects of marijuana on those with a genetic predisposition to anxiety. I have counseled clients who initially came into treatment as highly functional but after using marijuana reported chronic feelings of panic and anxiety. According to the Anxiety and Depression Association of America, anxiety disorders are the most common illness in the U.S., affecting 40 million adults in the United States aged 18 and older. That's 18% of the US population. Anxiety disorders also cost the U.S. more than 42 billion dollars a year. That's almost 1/3 of the country's 148 billion dollar total mental health bill according to the Economic Burden of Anxiety Disorders, which was a study commissioned by the ADA and published in the Journal of Clinical Psychiatry. Practitioners who are not in the [present 11:23:06] field or do not have a special interest or specialization in mental health or psychopharmacology often do not understand the impact of marijuana as a trigger for psychosis and/or anxiety. As the regulations stand, marijuana's psychic or physiological dependence liability does not seem to be addressed. Second, marijuana's risk to the public health does not seem to be addressed in current regulations. Marijuana use can be associated with dependence, respiratory or mental illness, poor motor performance, and impaired cognitive and nervous system functioning among other negative effects. In addition, one of the most comprehensive studies in marijuana use to date, researchers found that persistent marijuana users who started smoking at a young age have lower IQ scores as adults. These users were also significantly more likely to have attention and memory problems later in life than those who abstained. Even when they stopped using marijuana

for a prolonged amount of time, the effects of a lower IQ were still observed. Overall, I strongly believe that if prescribing physicians don't have an extensive psychopharmacology background and are not psychologically trained, they should be required to be trained in the potential side effects and drug interactions before being able to prescribe marijuana as a medicine. Lastly and we really feel this is an important one, I propose that physicians be required to screen all medical marijuana candidates for a full history of anxiety or psychosis before administering a prescription.

William Rubenstein: Okay. Thank you for your testimony. So, I mean, I think what the changes that you'd like to see are centered around the physician piece of what we're doing?

Dana Pelliccio: Yes. Yeah. I think as a trigger for anxiety and psychosis, if there is a screening process, that they could screen candidates and we'd really be avoiding triggers for anxiety and psychosis quite a bit.

William Rubenstein: Do we have similar limitations and education requirements in screening for other types of drugs that may cause similar side effects?

Dana Pelliccio: No. I don't know in terms of the training and education because I'm not a physician but I do know that we work with psychiatrists [inaudible 11:25:29] who, you know, just as an example, I know that he knows in a clinical [inaudible 11:25:38] what could be prescribed together and what couldn't.

William Rubenstein: Yeah. I was just looking for regulatory analog that we could look to to see whether or not it's viable and if you have something to suggest to us, if you could provide it to us, that'd be great.

Dana Pelliccio: That'd be great. Absolutely.

William Rubenstein: Great. Thank you.

Dana Pelliccio: Thank you.

William Rubenstein: I appreciate your time. Karolin Regan?

Karolin Regan: Good morning. My name is Karolin Regan. I'm a licensed clinical social worker and program director at Guilford Youth and Family Services in Guilford, Connecticut. I'm also a member of Connecticut MAPA. I'm here today to speak on the DCP regulations concerning the palliative use of marijuana. Not to repeat what Dana just speak on but I just want to say that the survey that Guilford youth took in 2010 and 2012, children grades 7-12, it appears the decriminalization of marijuana contributed to Guilford

kids' belief that marijuana is not a problem. In 2010, 22% of Guilford kids believed there was no risk or slight risk from using marijuana regularly and after decriminalization, that percent increased to 35% and what I want to just say to that is with the decreased perception of harm, increased, it means increased use. I'm here today to protect the youth in Guilford and the State of Connecticut by having a voice in this matter to prevent unintended access and appeal to youth and to encourage and urge scientific studies on the risks and benefits of palliative use of marijuana. Marijuana has a significant potential for abuse. Children and teens are 6 times likely to be in treatment for marijuana addiction than all other legal drugs combined. More than 2/3 of treatment issues involving those under the age of 18 said marijuana as their primary substance of abuse, more than 3 times the rate of alcohol and more than twice for all other drugs combined. Overall, marijuana is the most commonly abusive illicit drug in the United States. And just to touch upon what John Davian spoke about earlier, regulations on marketing practices should be strengthened to avoid youthful messages and the 45 day review period originally envisioned in the 2013 draft regulation Section 21-A-408-66-C and D should be adopted. I also would like to speak on clinical trials that identify the risks and benefits of the palliative use of marijuana need to be conducted and if it's deemed the medicine, proper dosing needs to be identified and Section 21-A-408-1 of the draft regulations, dispensing error, means an act or omission relating to the dispensing of marijuana that results in or may reasonable be expected to result in the injury or death of a qualifying patient resulting in detrimental change to the medical treatment for the patient. It has great potential for abuse concerning how dosing may be identified, how adverse effects be identified, and contraindications with other medications. If marijuana is deemed a medicine, further research, scientific studies, and clinical trials are necessary before moving forward with those regulations. Cannabis impairs cognitive and psychomotor performance. The effects are similar to those of alcohol and benzodiazepines and include slower reaction time, motor coordination, specific defects in short-term memory, difficulty in concentration in particular impairment in complex tasks which require undivided attention. The effects are [inaudible 11:28:50] related but can demonstrated after relatively small doses. In addition, there are long-term effects of chronic use. There is considerable evidence that performance in chronic cannabis users remained impaired even though not actually intoxicated. These impairments especially in the patient and the ability to process complex information can last for many weeks and even years after cessation of cannabis use. With this evidence of impairment, it is critical that clinical trials are completed to identify risks and benefits of the palliative use of marijuana. The following statements from local organizations regarding prescribing marijuana as medicine. I also have this written testimony that I'll provide. The American Glaucoma Society states that marijuana's mood-altering side effects and short duration of

action coupled with a lack of evidence that its use alters the course of glaucoma preclude recommending this drug for the treatment of glaucoma at the present time. The American Academy of Health Management states that no scientific evidence has been found that demonstrates increased benefits and/or diminished risks of marijuana used to treat glaucoma compared with a wide variety of pharmaceutical agents made available. The [inaudible 11:30:00] Cancer Network has stated that the use of marijuana is not recommended for any treatment of cancer [such as 11:30:04] nausea and vomiting. It is not approved by the NCC in clinical practice guidelines of Oncology [inaudible 11:30:11] and there's other ones but my point is really just to make sure that we're looking at all the side effects as well as benefits of its use. On Section 21-A-408-2, physicians' requirements for issuing a certification to the Department states that the physician be reasonably available to provide followup treatments for qualifying patient including but not limited to physical examinations to determine efficacy of marijuana for treating the qualification illness or debilitating medical condition with the symptom of the debilitating medical conditions for which the written certification was issued, explain the potential risks and benefits of the palliative use of marijuana to the qualifying patient. So how will physicians determine the efficacy of marijuana for treating the patients debilitating condition, what are the potential risks and benefits of the palliative use of marijuana for each debilitating condition defined in the regulations, and how have they been identified, the research that was used. In Section 21-A-408-11, dispense or dispensing means those acts of processing marijuana for delivery or for administration for qualifying patient pursuant to a written certification consisting of (a) providing the directions on the label with the instructions on the written certification, if any, to determine accuracy, the selection of the appropriate marijuana product from stock, the affixing of the label to the container and the provision of any instructions regarding the use of marijuana. I guess my questions are how the directions and how will be determined? Who will define the [inaudible 11:31:41] marijuana from stock will be? Who will define the instructions regarding the use of marijuana and how will dosages be determined? Section 21-A-408-1, one month's supply using all means necessary to ensure an uninterrupted availability of supply for [inaudible 11:31:56] for qualifying patient. Again, what is the current available research that DCP will use to determine one month's supply? Thank you for your time. I respectfully request that further clinical trials on the palliative use of marijuana be implemented to determine risks and benefits associated with marijuana use. I also recommend that if marijuana is to be used as a medicine that further clinical studies are done to identify appropriate dosing. I ask that regulations on marketing practices be strengthened to avoid youthful messages and a 45 day review period, which you envisioned in the 2013 draft, be adopted.

William Rubenstein: I appreciate your comments. Thank you for coming. The next speaker will be David Lipton and be followed by Jay Czarkowski, Keith Maynard, and Betsy Dean.

David Lipton: Hi. Good morning, Commissioner. My name is David Lipton and I am with Connecticut Wellness Centers. I am here today because I am interested in opening up a medical marijuana dispensary. I'd like to thank you for putting forth such well-written and thorough regulations. I have, as well, entered comments in writing and I am the Treasurer of the Connecticut Cannabis Business Alliance. I promise to be very brief. I would like to ask for clarification on Section 21-A-408-35-B, which states no products other than marijuana products and paraphernalia are to be sold at a dispensary. We believe that the dispensary should be able to offer other services for the community. For example, marijuana educational services, this product is very new to Connecticut and we believe there would be a need for personal education. We would like to offer other non-marijuana products and services that would benefit Connecticut patients, such as nutritional counseling, massage therapy, and other wellness modalities. If we are restricted to marijuana and paraphernalia, it would limit the relationship we will have with the registered patients who visit our dispensary. Lastly, I would like to ask about Section 21-A-408-66-A, which states there shall be no direct or indirect cooperation between producer and dispensary that would influence a person's choice. We would like to assist those patients that are under Connecticut or federal financial assistance to help them receive their medicine at a more affordable price. We would like some cooperation between the dispensaries and the producers, this might be prohibitive. Do you have any thoughts on how to assist residents that are unable to afford their medicine? Thank you for your time.

William Rubenstein: Are you suggesting that producers be able to fund the reduction in cost to patients based upon their inability to afford it? Is that it? Is that what you're suggesting? I'm not sure what you're suggesting.

David Lipton: I don't clearly have a solution. It's more about if there are patients who cannot afford their medicine, they come to a dispensary, how does the dispensary help that patient? We have to buy the product from the producer. Is there some method or system in place for a certain amount of patients who are on financial assistance to be able to get the product at a more affordable price to and pass on the savings to a patient? That's...

William Rubenstein: All right. I appreciate your comments.

David Lipton: Thank you.

William Rubenstein: Jay Czarkowski?

Jay Czarkowski: Good morning everybody. Good morning Mr. Commissioner. My name is Jay Czarkowski and I am speaking on behalf this morning of myself and my partners from Advanced Grow Labs here in Connecticut. We intend to apply for a cultivation license. First I'd like to say just how wonderful it is to be here in my home state to be taking part of these regulations. I have been an operator of a cultivation facility and a dispensary in Colorado since 2009. I feel this is probably the best set of regulations to truly treat this wonderful plant as a medicine that I've ever seen and I believe Connecticut will set the example for other states to follow. In addition to being a founding member of the National Cannabis Industry Association, we've been able to provide this plant to sick people in Colorado since 2009 and, having reviewed the regulations, I have three points that I'd like to make, three recommendations that I think will make the regulations less confusing and more beneficial for patients, as well as ensure a reliable supply of this medicine. The first Section I'm going to talk about is Section 21-A-408-59, the branding. I think Mr. Williams did an excellent job of addressing that so without going through all the math again, I'd like to give a couple of examples of that 3% differential, you know, what we've seen, and an example of how I think it could cause confusion for patients. We have a strain that we've provided the patients, let's call it Strain A.

William Rubenstein: What do normally call it?

Jay Czarkowski: We, it's normally a Durban, a Durban strain. It's a pure African sativa. Strain A is a strain that patients from all over Colorado have come to our dispensary for because they claim it's the only thing that's ever been able to help them with truly debilitating migraines. The 3% differential, if we had to rename Strain A to something else, then at the next harvest we'd possibly have to name it something else, I think that would cause confusion amongst the patients and I believe it could potentially cause a patient to not access...

William Rubenstein: Would patients be more confused if Strain A in January and Strain A in February had different ingredient profiles?

Jay Czarkowski: Well, on that point, we took a top bud of Strain A. This is the single bud from a single plant to the lab and we had that bud broken into three different pieces. Then we had each piece tested separately and all of the results were clearly outside of the 3% differential.

William Rubenstein: All right so, I mean, the regs, this is an area that we thought a bit about so having a little bit of dialogue is helpful to us. Why doesn't what the regs call for, which is an homogenization of the batch, solve the point to point differential in the plant so that you have a batch that's homogenized

whether you're taking it from the right side of the bud, the left side of the bud or the topside of the bud or the bottom of the bud on the plant when that's all homogenized, it creates a homogenized profile?

Jay Czarkowski: This might be a great time to maybe clear it up for everybody the definition of homogenized. Are you suggesting that possibly an entire batch be ground up and blended?

William Rubenstein: One way to homogenize it, yes.

Jay Czarkowski: To that note, I think that certainly would provide for a more consistent ingredient profile across the batch. The issue is, at least culturally right now with patients, patients like to see that flower. They like to study that flower, the component of the plant. That just seems to be where the industry is at right now, so homogenizing a batch by grounding it up, that would be a new thing. That would be new to the industry to some degree.

William Rubenstein: Okay.

Jay Czarkowski: So our suggestion for fixing that, possibly expanding the percentage to a higher number. We certainly agree that testing and having a testing profile for each strain is clearly important, clearly important to test for contaminants such as pesticides and fungicides. Again, this is medicine for sick people so testing for contaminants, I think, is important. The next Section I'd like to talk about is 21-A-408-35-F and 28-A-408-53-F. These Sections establish a limitation on access to the dispensary and production facilities. The practical effect of this language is to prohibit repairmen, subcontractors, and suppliers of material from the premises unless a waiver from the Department is obtained prior to entry. This requirement will create some practical issues regarding the scheduling of these services and certainly for emergency services. An example I'd like to give – say we have an indoor flower room with 90 lights. These lights, even if vented, really give off a tremendous amount of heat and if an air conditioning unit were to go down in the summertime while the lights were on, that room without cooling will quickly climb up to above 100 degrees. Now we could certainly through alerts be on top of it and shut all the lights down but if such an event were to happen on a Friday and we had to get a waiver from the State to have our HVAC guy come in, we could have a room down for a weekend that could cause a problem for the harvest. It could impede production in medicine availability. We believe a better approach would be to allow a dispensary or production facility just to provide notice, prior written notice, to the State. Here's a situation and here's who's coming and to document the visit with a log book and a visitor badge. Section 21-A-408-53-C, 1 and 2 specifically prohibit production employees from moving between compartments or departments within a production facility. We feel this prohibition is not

practical, given that most employees will be cross-trained and will be utilized in various departments engaging in numerous activities throughout the production process. We believe some liberalization of this rule is necessary. Our suggestion is that the production employees should be able to move throughout the production facility, regardless of compartment or function, and nonproduction employees, such as processing and trimming, perhaps, could be prohibited from entry into the growing areas. We believe employees within the production process needs to be unlimited. Those are my three comments on the regs. If I have time, I would like to make a comment regarding diversion and teen use.

William Rubenstein: You have time.

Jay Czarkowski: Thank you. I'm a parent of three children so, as you can imagine, it's an interesting position to be in, running a large cannabis production facility and having a dispensary and having three kids, two of whom were high school. So, obviously, I'm all for there never being diversion to kids. I think most people in this room are. A couple of weeks ago, there was a meeting in Boulder, Colorado and our District Attorney who I knew originally to be very much against medical marijuana showed up and I'm thinking to myself, well, Stan Garnett, I wonder why he's here. It's a cannabis industry event. Well, I soon found out because in about 15 minutes Mr. Garnett got up to speak to the group of cannabis operators and I was surprised pleasantly to hear what he had to say. Stan has turned 180 degrees in the last three years and is now a very strong supporter of this industry in Boulder, Colorado. We expect him in the next election cycle to successfully run for Attorney General. What Mr. Garnett told the group, the reason he is now a supporter of this industry, is all based on statistics. He's a numbers guy. He said that teen use in his county, Boulder County, has dropped since 2009. And in Boulder, Colorado, we have dozens, dozens of dispensaries just in our town of 100,000, dozens of commercial grow ops, and if you believe some of the numbers, probably over 1,000 home-based grow operations and caregiver operations yet Mr. Garnett, our District Attorney, says that teen use has dropped. He's also happy for another reason. He says despite all the grow operations and dispensaries, he says crime is down and he says as long as those two things remain in place, he's going to be one of our biggest supporters. Thank you.

William Rubenstein: All right. I appreciate your testimony today. Keith Maynard?

Keith Maynard: Good morning, Commissioner. I'm applying for a permit to grow marijuana and I just have a few questions. The first question I have is is it going to have a shelf life on it like any other medication or food or whatever?

William Rubenstein: No. The purpose of today's hearing is to hear your comments and to provide...

Keith Maynard: Okay. Well, I was wondering...

William Rubenstein: Well, if you have a concern about...

Keith Maynard: I did have a concern.

William Rubenstein: ...and if you could articulate that what that is and we'll go back and look at the regs and see if they address your concern.

Keith Maynard: Okay.

William Rubenstein: All right. Thank you.

Keith Maynard: In 408-19, the criteria for issuance of additional producer licenses do not mention the consideration of economic liability of producers for which licenses have been granted. Will such a consideration be taken into account? We're not sure. Section 408-20-7, in light of the uncertainties regarding medical marijuana under federal law and otherwise as a new but heavily regulated activity, does the Department of Consumer Protection anticipate providing further specifications concerning what might constitute acceptability, substantial compliance of a producer with regulations, particularly with the respect of the entire entry of producers into production within 180 days of an issuance of a producer's license. In Section 408-21, will the original business and marketing plan vary due to good faith considerations from the plans initially submitted to the Department of Consumer Protection? Section 408-23, upon regulatory compliant notifications by a licensed producer to the Department of Consumer Protection regarding the non-renewal of a producer's license, will the amount held in escrow be returned or released to a producer? Section 408-52, will a producer's location requirements contemplate compliance at the time of producer license approval only or do the contemplate relocation of a producer if a school or otherwise inappropriate proximal use should arise after the grant of a producer license? Section 408-53 and -64, what type of destruction does the Department contemplate, specifically destruction that one might realistically and pragmatically anticipate conducting on the site versus offsite destruction of the marijuana. And my last question is on 408-61, which type of storage sites and vaults does the Department contemplate? Does the Department anticipate issuing required designs, descriptions in the immediate future? Those are the questions that we're concerned about.

William Rubenstein: I appreciate your comments and we'll look at the regs and match it up to your comments and see the extent to which some clarification might be in order.

Keith Maynard: All right. Thank you very much.

William Rubenstein: Thank you, sir. So our next speaker is Betsy Dean followed by Kayvan Khalatbari, I hope I'm close on that, Kristin Brooks and Matt Villmer.

Betsy Dean: Hi, Commissioner. My name is Betsy Dean and I work with Durham Middlefield Youth and Family Services and I'm also a member of the Connecticut Marijuana Abuse Prevention Alliance. The topic that I had was marketing, which we've already really talked about, so I guess I would just like to reiterate two recommendations that were mentioned and the regulation 21-A-408-66 is the regulation that was in place in January 2013 ensuring that the advertisements meet strict standards and there is a 45 day review period kept in place and the other piece to that is we feel strongly that we would like to see a review panel for this 45 day period that would include someone from the public health addiction and youth advertising experts and I'm not going to go through all the other things, which you've already heard, but I do have written testimony.

William Rubenstein: Okay. Submit that and I'll look at it and consider it.

Betsy Dean: Thank you.

William Rubenstein: I appreciate your coming today. Kayvan Khalatbari?

Kayvan Khalatbari: You did very well on the name, by the way.

William Rubenstein: Thank you. Better to be lucky than good.

Kayvan Khalatbari: Yes, sir. So thank you for having us here. My name is Kayvan Khalatbari. I am a principal of Denver Relief Consulting. I also own the second oldest continuously operated medical marijuana center in Colorado and we are doing a lot of consulting in other states, primary Massachusetts, Arizona, now getting into Washington and Connecticut here. We also sit on the advisory board of the only center in Vermont that's currently open and I'm excited that the regulations here are definitely more strict in most states and I think that's great. If we're going to be talking about marijuana as a medicine, it certainly needs to have that tone to it and these regulations certainly do so very well done on that. I'm going to touch on some things pretty much people have spoken about already and they're really with the testing and the branding. The first thing and nobody's really brought this up so far is that in order to test for marijuana, in order to get the standards to test marijuana properly, you

need to have a DEA license and you cannot have a DEA license if you're testing marijuana so those don't quite go hand in hand.

William Rubenstein: Why do you need a DEA license in order to have the analytic ability?

Kayvan Khalatbari: To obtain the standards for that. It's impossible to get those. They, and that all goes into the variations that exist in the plants because if you can't get standards that you can rely on, people are creating their own and that's what's happening in Colorado and these other states. They're creating their own baselines...

William Rubenstein: You're not talking about creating, what...I'm trying to understand this. So, I mean, what the regs require, as I understand it, is an analysis of the ingredient in the, ingredient level, and we're suggesting that what also needs to be done is to create a standard for what the product should be, right, is that what you're suggesting?

Kayvan Khalatbari: The standards exist but they're only able to be obtained by folks that have a DEA license.

William Rubenstein: I think that's different than knowing what is in the product.

Kayvan Khalatbari: Right but the only way to know what's in it is to have that baseline to test from.

William Rubenstein: Well, okay. I understand your testimony. Okay.

Kayvan Khalatbari: So, as far as homogenizing and if we're talking about the efficacy of marijuana, homogenizing it, if we're talking about blending it or grinding it down, it does take away some of that efficacy. It does degrade that product so that's something to be taken into consideration but with having the variance of 3% in either direction, if you can't create that baseline or if you don't have that baseline that has been tested and verified, then you could homogenize the batch and you could have two different tests of the same homogenized batch and they could still fall outside of that because those baselines do not exist to test from.

William Rubenstein: But you're suggesting there's a, there needs to be a baseline that is independent of the baseline for the particular product or strain?

Kayvan Khalatbari: I'm talking like CBDA, for instance, the acid in marijuana, pre-decarboxylation, pre-activation.

William Rubenstein: Right.

Kayvan Khalatbari: Those standards can only be obtained by folks that have that DEA license but you cannot test marijuana if you have DEA license. These people are making their own baselines and standards.

William Rubenstein: Okay.

Kayvan Khalatbari: We were recently, not recently it was 1½ year ago, the focus of an LA Times article and we took on the testing labs in Colorado, all 5 of the testing labs that exist and we took a homogenized batch. We did grind up a single bud from a plant and gave it to these testing laboratories and because they create their own baselines, they were wildly all over the board. We had THC percentages go from 13% to 29%.

William Rubenstein: And are you suggesting a change or modifications?

Kayvan Khalatbari: I'm just suggesting that you look at it because (1) I think homogenizing as far as grinding isn't the answer but also that the testing needs another look at.

William Rubenstein: Right but you're not advising us what you think it should say.

Kayvan Khalatbari: We have, I [a Dickerson 11:55:12] letter and we're also going to be producing another one this week.

William Rubenstein: Oh, okay. Great. Thank you.

Kayvan Khalatbari: But I'll go into that a little more.

William Rubenstein: All right.

Kayvan Khalatbari: It's just not as cut and dry and I don't think anybody that's talked about testing has really brought that up yet. I certainly agree with testing for heavy metals, pesticides, fungicides, residue, mildew, and mold. I do agree with Mr. [Perez 11:55:27] said a little bit ago and I think most testing labs would agree with this, that ratios are more important than the content itself. We're talking about medicine, CBD, obviously, is the more therapeutic of the two and it's those ratios that need to be quantified more so than the actual content of those products because that's where the full therapeutic effect is in that ratio.

William Rubenstein: Is the ratio something other than a mathematical comparison of the ingredients, of the numbers that are currently in the regs to be supplied? I mean, it's...

Kayvan Khalatbari: To an extent but it should be focused on that ratio and not necessarily on the contents.

William Rubenstein: Okay.

Kayvan Khalatbari: As far as the branding goes, just to touch on that, the 6% again, copy what a lot of people have already said here today that you could have the top of a plant that tests out at 20% THC and the bottom that could test out at 15%, creating a wide variance and if the only way to cure that, to make that right, is to homogenize it by grinding it up then you're degrading that product quality. So just keep that in mind. If you're talking about the efficacy of medicine, wanting to make it as powerful as possible, that's not happening through homogenizing that medicine and grinding it up.

William Rubenstein: Well but how would you suggest a patient be able to evaluate from month to month whether or not the product, the ingredient profile that they're getting is comparable...

Kayvan Khalatbari: Require that, require that places test and that they do provide these test results but not that you have to create a separate brand and spend all this money to create something that is, in effect, the exact same thing as something else you paid \$1,000.00 to identify it differently. It just doesn't, it doesn't really make a lot of sense.

William Rubenstein: Okay.

Kayvan Khalatbari: And we would recommend as opposed to homogenizing, take a batch, a batch, how we define it in Colorado is a strain that follows the same, that follows a similar just harvest timeline so if we harvest [inaudible 11:57:38] today it's a different batch than if we harvest [inaudible 11:57:38] next week. Those are all tested so what we do is we'll take certain pieces of that batch, five or six samples, test those, average them, provide that average and the minimum and maximum to the patient so that they can then find out what's in that medicine as opposed to homogenizing it because, again, that degrades the medicine quality.

William Rubenstein: Okay.

Kayvan Khalatbari: To touch on the teen use folks that are here. The Center for Disease Control, if we're actually going not talk about statistics, went over what's happened in Colorado the last two years since our regulations into effect and teen use has actually gone down in the Colorado, the most regulated market in the nation and, well, it's nationwide, so while we don't have as tight a system as you have here in Connecticut, we do definitely agree that there should be limits on advertising towards children but I don't think we need to go all out and ban all advertising because we do a lot of advertising in Colorado and teen use has gone down, well, it's gone down nationally, so I just don't want people to think that the sky's going to fall

if we legalize this. And then to touch on just the indigent program again, I was on the Board of Directors for Medical Marijuana Assistance Program of America and we base our indigent patient program Colorado indigent care program so people were, people went through an application process that found their level of indigence whether it's [inaudible 11:59:11] percentages 40%, 50%, 60% and then that in turn with the State's program verified them for what they in turn got as a discount in our medical marijuana center or the facilities that they worked with.

William Rubenstein: Is there anything that prevents dispensaries from providing indigent care program?

Kayvan Khalatbari: Not at all but most states like Massachusetts requires it, that you have some sort of indigent patient care program in place so...just as an addition.

William Rubenstein: So you're advocating requiring it?

Kayvan Khalatbari: I'm just making a recommendation that you might want to take a look at it.

William Rubenstein: Okay.

Kayvan Khalatbari: I'm offering that as a solution to issues other folks brought up.

William Rubenstein: Okay.

Kayvan Khalatbari: But other than that, I think everybody has already spoken about things that I wanted to talk about which was the testing and the branding.

William Rubenstein: Great. I appreciate your coming in today.

Kayvan Khalatbari: Thank you.

William Rubenstein: And your comments. Kristin Brooks?

Kayvan Khalatbari: And, by the way, really quick, I'm a medical marijuana patient in Colorado and, although it might anxiety in some folks, the education is a big thing because I actually use it to decrease my anxiety, which is why I'm sweating profusely up here.

Kristin Brooks: Good afternoon. My name is Kristin Brooks and I coordinate the Federal Drug-Free Community's Grant in Clinton. The grant-funded Coalition partners and community, which has existed since 1990 with the mission of enhancing the wellbeing of the people of Clinton by empowering to connect, talk and take action. We focus on decreasing youth substance

use, mainly alcohol and marijuana through environmental strategies, which means changing community norms, practices, and policies. We are concerned about marijuana use, which has increased in Clinton since 2005, especially in 9th graders, which is an issue because that is a major transitional period for young people. In 2008, 10.6% of 9th graders reported smoking marijuana in the last 30 days, a statistic that has increased to 12.3% in 2010 and to 21% in 2012. I understand that the numbers have decreased in Colorado but we're not talking about Colorado, we're talking about Connecticut and I think that the data that myself and my colleagues have presented show that marijuana use among youth is an issue here. We believe that the current legislation in Connecticut regarding marijuana both decriminalization and medicalization have contributed to Clinton kids' belief that marijuana is not a problem. In 2010, 72% of Clinton in grades 7-12 believed that there is a moderate or great risks in using marijuana regularly. Two years later, in a survey done in October 2012, that percentage has decreased to 60. The palliative marijuana programs sends mixed messages to young people that marijuana is a medicine prescribed by a doctor, which in their young minds means it's safe. Instead, marijuana is Schedule 1 drug both federally and on the State level, meaning that it has no recognized medical use. Data from Clinton and other communities show that perception of harm is decreasing while marijuana use is on the rise. According to SAMSA, the Substance Abuse and Mental Health Service Administration, 4 of the top 5 states with the highest percentage of past month marijuana users aged 12-17 also have medical marijuana programs. This trend is alarming and led to Clinton's involvement with the Connecticut Marijuana Abuse Prevention Alliance or Connecticut MAPA. Today you have heard from members of Connecticut MAPA that our goal is to ensure that the regulations for implementing Public Act 1255 will protect our state youth while allowing doctors to prescribe marijuana to those adults who would benefit from it. We know that marijuana use rates are highest among young people in states with laws allowing for the palliative use of marijuana. Our belief [is making 12:03:12] Connecticut's regulations meaningful and enforceable in order to prevent unintended access and appeal. Connecticut MAPA would like to respectfully make recommendations to six areas within the proposed regulations that we feel can be strengthened or amended in order to prevent unintended access and appeal of marijuana. Research in 2012 found that, alarmingly, 74% of kids in treatment for addiction in Denver report getting their pot from medical marijuana cardholders. In order to avoid similar, unintended access in our state, regulations must (1) set a maximum number of dispensary facilities and producers for the state. Currently, the regulations do not establish a maximum number of dispensary facilities. The law states that there should be a minimum of three and a maximum of ten producers, which we feel is too broad of a range. We propose that the regulations limit the number of dispensary facilities to five, one per

Connecticut service region. Also, we believe that the state must conduct a trial period to define the number of producers through which they can determine how many cardholders will be in the state and how much marijuana is needed to meet their needs. Ultimately, this trial period and limiting the number of dispensary facilities and producers will also help to prevent the production of excess marijuana that could be accessed by young people. We would also suggest that the regulations should be strengthened to more tightly monitor excess marijuana at the production, dispensary, and patient levels. Again, a trial period would be necessary in order to determine how much marijuana is needed to meet the palliative use of Connecticut patients. And, third, to avoid unintended access to strengthen and maintain the proposed regulations to ensure proper security protocols that will tightly regulate marijuana access at the production, dispensary, and patient levels. We believe that this should include an outline of consequences for cardholders whose marijuana ends up in the wrong hands. As my colleagues have mentioned before, a [inaudible 12:05:13] special in October 2012 called Marijuana as You've Never Seen It Before depicted so-called pot products in other states with palliative marijuana programs. These [dispensaries 12:05:25] have created pot soda, pot candy, pot body oils and more. For these reasons, we must prevent the unintended appeal of medical marijuana to young people through regulations that prohibit the creation of baked goods and extracts that could lead to the production of marijuana-laced granola bars, candy, and soda that have plagued other states because they appeal to youth and encourage recreational use. We request regulations include a provision for all marijuana products not in [vial 12:05:50] form to be reviewed and approved by the Department of Consumer Protection prior to the creation of any new products. We recognize it is a delicate balancing act but we also suggest that the proposed regulations on marketing practices should be strengthened to avoid youth-friendly messages and placements. We request the regulations the original 45 day review period to ensure that all advertisements meet strict standards. Once the government [inaudible 12:06:19,] if they do not meet the standards outlined in Section 21-A-408-66-B, the damage from these advertisements will already be done. We also request that a review panel including public health, addiction and youth advertising experts be created to evaluate these advertisements in the 45 day review period. Lastly, we suggest that the proposed regulations require public education of physicians, dispensaries, patients, and the general public on the dangers of marijuana use and the potential side effects of the palliative use of marijuana. In closing, we have seen the negative effects on youth of palliative marijuana programs in other states. The Colorado Fatality Analysis Reporting System found that after passing medical marijuana legislation in the state, drivers who tested positive for marijuana in fatal car crashes doubled between 2006 and 2010. We know that marijuana users are highest in the states that have palliative marijuana programs and that children and teens are 6 times likelier to be in treatment

for marijuana than for all other illegal drugs combined according to the National Center on Addiction and Substance Abuse. Connecticut must take steps to bypass the same fate. We do not want our palliative use of marijuana to allow increased access or recreational use of the drug in our state, especially by youth. This is why we would respectfully ask that the Department of Consumer Protection amend the regulations to limit the number of dispensary facilities and producers to ensure protocols that tightly the marijuana for the program, to prohibit the creation of products that could contribute to increased recreational use and to ensure that advertising does not appeal to young people. We hope that you take our suggestions into consideration and thank you for your time.

William Rubenstein: Thank you for your comments and they echo some of the previous comments and we continue to make sure that people understand that when we designed these regulations, we did have in the forefront of our mind assuring that the product remains available for adult patients who are certified by their physicians and we'll continue to try to look at these regs to make sure that we can achieve that goal. Thank you. Matt Villmer? And then the next three after that will be Scott Guilmartin, Joe Palmieri, and Eric Nunes.

Matt Villmer: Good afternoon, Commissioner. My name is Matt Villmer. I'm at the Law Offices of Amatuzzi & Villmer out of Ridgefield, Connecticut. Our firm has several clients with their application and regulatory compliance [issues 12:09:08] with House Bill 5389 and we want to raise kind of one important issue today. We submitted a written statement that is Exhibit H to the testimony today, that is local zoning regulations and their effects upon medicinal marijuana sales and distribution in Connecticut. In short, we believe that the current proposed regulations don't adequately address the [prevention 12:09:29] of local Connecticut municipality zoning ordinances and these ordinances are surely going to be passed by communities throughout Connecticut, local municipalities and cities. They're going to have the goal of banning the sale and production of marijuana throughout Connecticut on a city-by-city, municipality-by-municipality basis. Throughout the country there is local municipalities that attempted to thwart state legislatures and medicinal marijuana legislation by passing these types of zoning, restrictive zoning ordinances. They typically ban the cultivation and sale of marijuana for medicinal purposes outright and without addressing that issue, we feel that the Commissioner would be doing a disservice to the people of the state of Connecticut. If you look to the state of Washington and just do a city-by-city survey of types of individual municipalities that have just banned the sale of medicinal marijuana outright, what they typically do is one of two things. One, they will restrict zoning land use throughout the county or throughout the city to ban medicinal marijuana sales or they will not issue business licenses to various businesses that wish to open up dispensaries

or production facilities. These local ordinances [filed 12:10:38] legal action as the result of various judicial rulings and Attorney General opinions throughout the country and I'd like to address just two of those briefly. One is a judicial ruling in Washtenaw County Circuit Court where a judge in the state of Michigan was asked to decide whether state law trumped conflicting Washtenaw County law after the passage of Michigan's medicinal marijuana legislation, Washtenaw passed a zoning regulation that restricted the growing and sale of medical marijuana in various zones throughout the city. In reviewing the County's regulation in the light of Michigan's conflicting law, the Judge stated in his ruling, "There are no provisions in Michigan's medicinal marijuana legislation or regulations that prohibit municipalities from adopting zoning ordinances regulating where medicinal marijuana caregivers can grow and dispense marijuana for other patients" and he upheld that county's zoning ordinance banning the sale in various portions of the county of medicinal marijuana. On the other end of that spectrum, if you look in Massachusetts, the Massachusetts' Attorney General just struck down a local ordinance recently, I believe it was just last week, banning the sale of marijuana within [all 12:11:46] local zoning districts. The Attorney General found that a Wakefield Falls zoning ordinance that prohibited the sale of marijuana through zoning purposes "frustrates the purpose of Massachusetts' medicinal marijuana legislation and that the State's medicinal marijuana laws legislative purpose could not be served if a municipality could prohibit treatment centers within its borders for if one municipality could do so, all could do so." So these two specific examples along with various other municipalities' restrictive ordinances demonstrate the legal morass that the DCP is going to encounter if they don't address this issue in the regulations. What we're proposing is the current language contained within the regulations don't adequately address these zoning issues and they're sure to arise in the future so by addressing that issue within the regulations, that they ultimately adopt, the DCP is going to avert a future legal nightmare with all various counties filing and passing their own restrictive ordinances that conflict with state law.

William Rubenstein: Okay. Thank you very much. Scott Guilmartin?

Scott Guilmartin: Good morning, Commissioner.

William Rubenstein: Good morning.

Scott Guilmartin: I drew the short straw. I'm here representing...

William Rubenstein: As did I.

Scott Guilmartin: I'm here representing Hydrofarm this morning and we thank you for the opportunity to testify before you today. Hydrofarm is a special purpose

company in formation for the specific purpose of growing medical marijuana per the proposed regulations. The efforts to develop these regulations have been substantial and the staff should be commended for the work completed. While the regulations provide a workable basis for initiate and administer the enterprise, there are four areas of concern that we would like to discuss. The first would be the escrow requirements. Since federal law is in conflict with the state, there is a risk of seizure of assets. An account with 2 million dollars or a letter of credit would be at substantial risk should the federal government seek to levy against it. We encourage the Commissioner to consider utilizing other surety instruments as well to accomplish the same outcomes without exposing licensees to a high level of risk.

William Rubenstein: For example?

Scott Guilmartin: Surety bonds, performance bonds.

William Rubenstein: And, I mean, doesn't the surety bond run the same risk?

Scott Guilmartin: It would be much more difficulty to levy.

William Rubenstein: Okay.

Scott Guilmartin: License term and commencement of 180 day requirement for commencement of operations should be automatically extended due to forced [inaudible 12:14:35] or delays imposed by governmental bodies with jurisdiction in the process. It shouldn't be open-ended but we would hope that the Commissioner would exercise some judgement in extension if there is a reasonable delay beyond an applicant's ability to avoid. Number of licensed patients. The current level of licensed patients does not come close to supporting the establishment of three growing operations. Economic viability should be considered when licenses are issued, as qualified entities will not pursue an established growing operations when revenue will not return, provide a return on investment. The Department should give thought to tying issuance of growing license to registered patients to support three growers. We think there should be a minimum of 3,000 registered patients or about 1,000 per license.

William Rubenstein: Wait, I'm not sure what you're suggesting, that if we have less than 3,000 that we shouldn't issue three licenses? Is that what you're suggesting?

Scott Guilmartin: We would, I realize there may be an issue with the legislation but we would if there is the ability to tie it to patients, we would certainly encourage you to do so. Finally, pricing. While there may be reluctance to set pricing and allow the market to work, the unique nature of the product suggests that some oversight be considered. We recommend that

floor or minimum pricing be implemented, as it will minimize the likelihood of efforts to access high-grade medical marijuana for resale illegally.

William Rubenstein: Wait, run by what you're suggesting. You're suggesting that we set a minimum price for the product?

Scott Guilmartin: Yes.

William Rubenstein: And why would that be important?

Scott Guilmartin: Well, because if the price is relevant, if you will, to the existing market what we don't want to see is the price of legal marijuana become far, far less than what is illegal.

William Rubenstein: Well, it seems to me it's the other way around is the problem that what you don't want to do is incent patients to go into the black market to purchase.

Scott Guilmartin: I agree but it can work both ways and I think, ultimately, the quality of the product that would be achieved as a result of medical marijuana production is going to be much, much higher than what you're going to find on the black market. And I think people would be looking...

William Rubenstein: Well, I understand that you're going to tell me that there's risk in the licensed product, there's not quite as much risk as in the black market.

Scott Guilmartin: Agreed.

William Rubenstein: All right. Okay.

Scott Guilmartin: You may want to give and you can give some thought...

William Rubenstein: I appreciate it.

Scott Guilmartin: ...to that but we think that there needs to be at least some price guidance.

William Rubenstein: Understood. Okay, thank you for your comments. If you have written comments, just provide them up here and we'll get them in the record. Mr. Joe Palmieri?

Joseph Palmieri: How are you today?

William Rubenstein: I am well today. How are you?

Joseph Palmieri: Good. Joseph Palmieri, Palmieri Farms. We're intending to become one of the growers here in the state, a producer. Everybody did a great job today bringing points up to you so it's not to go over things again. On the 2 million dollar count, I had just a gentleman prior to me just hit a good point of it and one of the things we're going to bring is going to a bond. Having the access of the money so easy by the feds and losing it kind of prevents people from having an interest to put it up. Also, we want to review too private holdings within the state, real estate, the establishment of the people that are doing it here in the state already. Some of us already have substantial local businesses that are here with real estate and holdings in that manner that could go directly to the state and not be open to federal seizure.

William Rubenstein: That'd be subject to the same seizure risk.

Joseph Palmieri: Yeah but not as easy as he said. It's not as easy to obtain it [inaudible 12:18:55] gone in a heartbeat. And you'll see it coming more so. So that was basically it. And we're providing something to you in writing as well. Again, not to reiterate what everybody did a great job already today providing so many comments, so it's not to repeat anything that's already been gone over.

William Rubenstein: I appreciate your consideration regarding that.

Joseph Palmieri: Okay. Have a great day. Thanks.

William Rubenstein: Thanks for your comments. So Eric Nunes is up next followed by William Huhn, Marghie Giuliano and Colleen Higgins.

Eric Nunes: Thank you, Commissioner. So I've really been enjoying the testimony thus far from what seems to be a lot of the business front, which is a reality of the matter that we do need infrastructure that will provide safe and reliable access of marijuana so just to kind of change the tone, I'm going to provide just some brief testimonial from a patient, as well as from a scientific researcher in the field. So, when we begin, hopefully I won't take too much time, feel free if you have any questions and you have scientific utility that would be helpful to please feel free.

William Rubenstein: [Inaudible 12:20:12].

Eric Nunes: All right. Good morning, Commissioner. Thank you for the opportunity to express my thoughts, comments, and future optimism for the successful implementation of the medical marijuana program here in Connecticut. Hopefully, it will be a [inaudible 12:20:32], well-groomed, and elegantly executed and be a good model for other states to follow suit. Foremost and of important consideration, however, is that the ultimate goal of this

endeavor is not the sanctioning of recreational use of the psychoactive substances per se. On the contrary, the goal of this legislation should be to provide safe and reliable access to punitive therapeutics, which demonstrate medical utility in treating the symptoms of many debilitating medical conditions. Indeed, all of the currently approved debilitating conditions for medical marijuana in the state have no known cure. As a result, this often presents a complex and difficult pattern of symptoms for both the patient and caretaker to manage. The complexity and lack of pharmacological treatments for diseases such as Parkinson's disease, [perplexia 12:21:25], and posttraumatic stress disorder are in part due to action on the brain and central nervous system. Despite recent advances in neuroscience and the launch of Brain, a federally funded project to map the entire human brain, relatively little is known about how the brain is affected in these debilitating medical conditions. Nevertheless, extensive evidence supports the use of a cannabinoid-like drugs, including marijuana, in treating the symptoms related to all 11 listed debilitating conditions. For example, glaucoma is a disease of the central nervous system whereby the optic nerve degenerates, resulting in vision loss and blindness. The American Glaucoma Society and the Canadian Ophthalmological Society do not officially endorse the use of marijuana to treat symptoms relating to glaucoma. Nevertheless, extensive evidence supports the use of marijuana in reducing intraocular eye pressure, a critical symptom to manage in glaucoma patients. Discussion of a scientific evidence supporting the use of marijuana in treating these symptoms related to all approved debilitating medical conditions is beyond the scope of this brief testimonial. Instead, I will focus on an attempt to highlight the use of cannabinoid-like compounds like tetrahydrocannabinol and cannabidiol in treating a few of the symptoms present in many of these debilitating disorders. Furthermore, I will make reference to other brain illnesses that have a [parable 12:22:59] establishment for the palliative as well as medically relevant use of phytocannabinoids present in the marijuana plant. As a neuroscientist and scholar in brain illnesses such as major depressive disorder and bipolar depression, I have particular interest in these illnesses that affect the brain with downstream effects on our thoughts, words, and actions. For example, my scientific research interests are these symptoms present in most of these debilitating brain illnesses, which include central fatigue, psychomotor slowing, and inertia. Besides scientific interest in these symptoms, I have personal interest in these illnesses as well. Perplexia, approved by the state of Connecticut for marijuana use, is a general wasting away of the body and mind. Its symptoms include loss of weight, muscle atrophy, central weakness, central fatigue, and significant loss of appetite in someone who is not actively trying to lose weight. A close family member suffers from symptoms related to perplexia. Daily struggle with these symptoms are sometimes too much for her to bear and the quality of life many times diminished. Doctors are wary of these

symptoms. Coupled with poor treatment options, these symptoms make for a disconcerting and poor prognosis. When these symptoms in particular become difficult to manage throughout the course of her illness, a particular, a few drags of a marijuana cigarette is all that it takes and is required to stimulate her appetite, quiet her mind, and lift her spirits. When [the deal 12:24:42] is not enough, a pint of Ben and Jerry's late-night snack always seals the deal. More importantly, these phytocannabinoid, tetrahydrocannabinol, and cannabidiol found in marijuana are of a great benefit to her and improving her overall quality of life. Of course she suffers more but as a caretaker I suffer in my own unique way. Watching a loved one waste away as a result of a brain illness and trying to care for them is often physically and mentally draining. As the saying goes, the apple never really rots far from the tree. I as well suffer along with other family members with my own unique brain illnesses. Marijuana is but a critical component along with other prescription medications, which enables me to be a better research scientist, a better scholar, and most importantly a better human being. Despite sharing overlapping brain mechanisms and cluster of symptoms with perplexia, already approved by the state, other symptoms that affect myself and my other loved ones are not. I encourage and beseech the State and its acting public serving officials to hear this often insightful testimonies from fellow citizens. Driven by the current research strategies and goals of the Institute of Health, there is clearly occurring a [inaudible 12:26:09] shift, a restructuring of the way we treat and define human brain illness. Rather than focusing on strict diagnostic criterion per se, emphasis is now on identification of clusters of symptoms, as well as their underlying brain circuits, to guide treatment-based approaches. In a time when evermore present, tragedies affecting our nation and its citizens will present healthcare professional with more and further unique and complex challenges in treating anxiety-based illnesses such as posttraumatic stress disorder. Medical marijuana is but one pharmacological tool we have in our medical cabinet that has demonstrated palliative and medical use in treating and easing the discomfort caused by all of these 11 debilitating symptoms. For a [inaudible 12:27:04] in compassionate implementation of this program, I am hopeful and precociously optimistic. I am looking forward to the day that my family and I will have a safe and reliable source of marijuana in the state of Connecticut. Thank you very much.

William Rubenstein: Can you just state your name for the record because I'm sure I butchered it.

Eric Nunes: For the record, my name is Eric Jonathan Nunes.

William Rubenstein: Thanks. I did get it right. Okay.

Eric Nunes: Thank you very much.

William Rubenstein: So next up is William Huhn.

William Huhn: My name is William Huhn. I'm at 465 Clapboard Hill Road in Guilford, Connecticut. I am commenting on the labeling requirements in Section 21-A-408-40-56 and 66-68. I am a retired attorney and was employed by Pfizer, Inc. in Groton and in New York City for 25 years so I'm familiar with the extensive palliative safety requirements applicable to pharmaceuticals. I am submitting this comment as a member of MAPA and Developmental Assets for Youth, a group located in Guilford, which is dedicated to changing the teen culture of alcohol and substance abuse in our town. Based on surveys submitted from students in grades 7-12 in 2010 and 2012, we've compiled data on substance abuse and the attitude of our teens towards marijuana. In 2010, 22% of Guilford kids in grades 7-12 believed there was no risk or slight risk from using marijuana regularly and this is related to the labeling issue. Following the passage of the medical marijuana legislation, there was a substantial decline in teen perception that marijuana posed a health risk. In the 2012 survey, 35% of the students believed there was no health risk or slight risk associated with regulating marijuana use. For that reason, in addition to the basic requirement that patients be given notice of all potential risks of a pharmaceutical, it's imperative that the labeling requirements in Section 40 and 56 of the proposed regs be clarified to highlight the existing requirements for adverse effect labeling under Connecticut's Food, Drug, and Cosmetic Act. The proponents of medical marijuana advocate for its general use as a harmless [inaudible 12:30:01] organic substance. The Connecticut legislature has authorized marijuana use as a medicine but did not find it to be harmless. The Department of Consumer Protection is charged with establishing the necessary regulations for the safe use of marijuana as a medicine for certain specified diseases. The DCP has the broadest possible authority to [inaudible 12:30:29] under the 2012 legislation Public Act 12-55, Sections 9 and 10 give you that authority. [We would 12:30:39] consider the medical marijuana law to be a sham, it enables widespread recreational use without fear of prosecution. In fact, the Connecticut legislation is extremely [frivolous 12:30:49]. Marijuana use is to be treated as [inaudible 12:30:53] medicine. The proposed regs correctly point out that marijuana is subject to the requirements of the Uniform Food, Drug, and Cosmetic Act in Sections [21-A-11 through 21-A-20 12:31:06] but this mention should go further and specifically outline the scope of the requirements applicable to marijuana under the Food, Drug, and Cosmetic Act. This is particularly the case because many of the proponents of medical marijuana believe the entire process is a sham and may be in denial of the extent of the Bill as applicable to new pharmaceuticals. The DCP would bear the burden of the approval process for medical marijuana since the FDA has not approved this new drug. If marijuana is to be classified as a prescription medicine, it is subject to the

requirements of Connecticut's pharmaceutical laws. A typical pharmaceutical undergoes years of clinical trials to establish efficacy and safety. Since marijuana is a new drug, the Department of Consumer Protection must require similar testing or explicitly waive such requirements and substitute a comparable evaluation of potential side effects of the new drug. The risks and the proper dosage information must be included with the labeling and the package insert for the medicine. Since the FDA will not undertake the regulatory evaluation, this will be the responsibility of the Department of Consumer Protection and this be conducted before medical marijuana can be marketed. [Inaudible 12:32:37] the producers must provide comprehensive adverse health effect information from the scientific literature and adequate label for review and approval by the DCP. The proponents will not wish to prepare such information and the DCP will not wish to verify it but such is required by [CGS 21-8-91 12:33:00]. This is a new pharmaceutical and not a recreational substance. As a member of public safety, the labeling should be comprehensive and accurate. Much information, much misinformation has been generated by the proponents of medical marijuana. They see a very profitable business opportunity but clearly do not consider themselves to be responsible for determining the safety of their product or for preparing an adequate pharmaceutical label. [Inaudible 12:33:32] of Connecticut's Food and Drug and Cosmetic Act but the DCP is required to [inaudible 12:33:38]. [The ingredients of this marijuana 12:33:42] need to be classified as a pharmaceutical. The legislature agreed with that. [Inaudible 12:33:44] pharmaceuticals. The proposed regulations should highlight the requirements of various pharmaceuticals under the state's existing drug laws, not [in addition in 12:34:00] in passing and outline the existing requirements for pharmaceuticals should be inserted in Sections 21-A-408-56 and 40 to clarify that the existing law imposes very substantial duties on the producers of medical marijuana. This is not a bureaucratic freedom for the [purveyors 12:34:20] of marijuana from the DCP. This is a matter of public safety. If the DCP must take the place of the FDA in requiring the producers to address the safety issues and [inaudible 12:34:34] the pharmaceutical. There have been extensive and [inaudible 12:34:38] calls for the safety of marijuana by the producers and the trade association. The time for [inaudible 12:34:44] has ended once the pharmaceutical goes to market. [Inaudible 12:34:49] safety or danger of marijuana use during pregnancy. Extensive information is available in the scientific literature regarding the addictiveness of marijuana and users are entitled to [inaudible 12:35:03] on the potential for addiction. Likewise information on demotivation caused by marijuana in studies related to psychosis and schizophrenia should be [pressed 12:35:15]. Other potential adverse side effects such as lung cancer should be evaluated and disclosed. Now all this is covered by existing law and the DCP may consider it redundant to highlight the requirements of the Food, Drug and Cosmetic Act with these regulations. Nevertheless, the medical

marijuana situation is unusual due to the legislative mandate to approve marijuana as a pharmaceutical. It is not only appropriate to emphasize the applicability of the Food, Drug and Cosmetic Act or their requirements, it's necessary to do so. The producers must be informed of the serious requirements to be addressed before marketing the pharmaceuticals. Thank you for your consideration.

William Rubenstein: Thank you for coming. Marghie Giuliano?

Marghie Giuliano: Good afternoon, Commissioner. My name is Marghie Giuliano and I'm the Executive Vice President of the Connecticut Pharmacists Association. First, I'd like to commend the Department on their thoroughness and thoughtfulness with which these regulations have been drafted. They truly represent the intention of the legislature to safely and securely provide access to patients who need a very controversial drug product. If implemented properly, I do believe that we will become the model for other states to follow. The Connecticut Pharmacists Association supported the efforts of the Department throughout the process. We've encouraged the use of our distribution system currently in place, namely with pharmacies and pharmacists, and, at this time, I really just want to make a few comments and observations about the regulations as they're currently presented. Because the regulations closely mirror our pharmacy regulations, I just have some logistical questions and comments. For instance, can a dispensary facility and a dispensary department be the same area? I know there was a question about why they're limiting the number of pharmacists that might be working in a dispensary facility if there's a rationale behind it. My interpretation of the regulations would allow for a dispensary department to be on the same premise as a prescription department and I guess my question is will the law allow for the prescription department and the dispensary department to share licensed personnel? Certainly, this would minimize overhead but if both the prescription department and the dispensary department must be open 35 hours a week, how would that occur so, again, just some logistical comments and questions to think through. Does the dispensary facility have to keep separate payroll records, etc. In Section 21-A-408-38, it states that the pharmacist must ask the patient about the effects of marijuana and document responses so, again, my questions would be are there standardized or recommended questions for the pharmacist to ask? Will there be a standardized documentation tool or system or form that pharmacists will document the responses in and then what will be done with those responses? Hopefully, we're going to use these comments to do some type of analysis of the effects and adverse events or whatever that we're having with these for our patients and, hopefully, that pharmacists and pharmaceutical researchers can be involved in any analysis. In Section 21-A-408-50, it refers to the state issuing a DEA number to a

pharmacy it says in the regs . First of all, I don't think the state can issue a DEA number. I think that's a federal law so that...

William Rubenstein: Which reg number was that?

Marghie Giuliano: That was 21-A-408-50.

William Rubenstein: Okay.

Marghie Giuliano: So you want to use another term and, again, it should be whatever number you're going to issue should be to the dispensary facility, not pharmacy. Another area of concern for our organization is the potential for vertical integration with which, which this legislation allows. Basically, the legislation allows for persons with financial interests in the producer facilities to dispensaries as well and vice versa. The pharmacy industry has already observed the effects of vertical integration, once in the 90s with Merck-Medco, which the FTC eventually reversed its decision on and currently we see it with the integration of CVS Caremark, which the FTC has received many complaints about so we have seen firsthand the impact that this can have on competition and patient access. From the perspective of those regulations, even if the production facility was mandated to sell their brand of marijuana to any willing dispensary facility, the producer could artificially inflate prices to dispensary facility so the retailer might not reach margins that they need and could actually lose money so then the only...

William Rubenstein: Not lawfully.

Marghie Giuliano: Pardon me?

William Rubenstein: Not lawfully under the regs.

Marghie Giuliano: It's unlawful?

William Rubenstein: Well, a producer's not able to discriminate between...

Marghie Giuliano: They wouldn't be discriminating, though, if they're offering it at the same price...

William Rubenstein: Yes. Oh, right. Okay.

Marghie Giuliano: ...it could still be an inflated price so that other dispensaries that have to purchase it may not make margins or could actually lose money.

William Rubenstein: Okay. Understood. Understood.

Marghie Giuliano: So the only facility that would be willing to dispense that brand is the one owned by the producer and that would limit access and we've seen this in our current pharmacy environment.

William Rubenstein: Now, why wouldn't that ameliorated by competition from other producers looking for outlets?

Marghie Giuliano: Again, it depends on how the brands come out and how these are, these certificates of authorization are given, so I'm, there's a lot of unanswered questions but we certainly have concerns about that. And we support the position that the Department is taking stating that a physician cannot have ownership in either a dispensary facility or a producer facility and we would ask the Department to review this section and consider imposing the same ownership restrictions on producer facilities and dispensary facilities and we would also ask you to review how this might impact patient access to certain prescribed brands. Vertical integration can disrupt a checks and balances that we have in our current distribution system and provide no real benefit to patients. And my last comment is really on the marketing section and I certainly concur with the previous speakers in strengthening some of those marketing laws and just in the section where it talks about 21-A-408-66-B-8 where it states that you can't give a prize or reward. I hope that includes things like extra points or inducements for patients to choose dispensers by offering discounts. In conclusion, I want to again commend the Department for their hard work. I hope that you'll take some of our comments under consideration and we look forward to being as supportive as we can as an organization to ensure that these regulations are implemented smoothly and to provide the safe and secure distribution of medical marijuana to patients in need. Thank you.

William Rubenstein: Great. Thank you for your comments today. I appreciate you coming in. So next up is Colleen Higgins and then it's going be followed by Ethan Ruby, Robert Rodriguez, and Alan Scribner.

Colleen Higgins: Good afternoon, Commissioner.

William Rubenstein: Hello.

Colleen Higgins: Thank you for taking this time for us today. It's very much appreciated. I am a pharmacist and have been for 15 years. Before that, I was a technician for 5 years so I have been in the pharmacy for 20 years and I am surprised that I am actually the first pharmacist to be here today since I will be the one who will be dispensing the medication.

William Rubenstein: Marghie counts, though.

Colleen Higgins: Well but she doesn't dispense it. So my concern is for my license and to make sure that [inaudible 12:43:49] right now. We are strictly controlled. Each pair is accounted for and there are set standards. It's easy to follow. If something is missing, if something is wrong, it's easily reportable and, in terms of the medical marijuana, it's not so clear as to how it would be reported, whether it's by THC to CBD ratio, whether it's by weight of the plant. In terms of, I did submit a question. I don't think you've received it yet. I'd like to read it now. The question I'd like to pose to the Board is in regards to compounding. When I first started, my very first job, I was compounding medications that were not manufactured by large scale manufacturers. I made everything from atenolol suspensions for children with cardiac problems to amphotericin troches for HIV patients. There was a specific need for these medications that is not met by large scale manufacturers. It's the job of the pharmacist to calculate the dose and then compound according to very specific regulations. I doubt we will have the need for sterile marijuana products at this time so I am speaking not regarding sterile products but I am speaking in terms of edible products and tinctures and syrups. I was hearing about the attractiveness of certain things for children. I'm not sure if they are aware that there are lollipops available for pain, fentanyl lollipops that are used for pain for patients who are sick that I have seen and those kids are sick with cancer and a little bit of a dose of the fentanyl will help them with their pain without having to take a large dose and to knock them out. They can lick a little bit of the lollipop, take the pain away, and then continue on with their life and if they need a little bit more, they need a little bit more. Marijuana is usually associated with smoking but many patients prefer alternative methods, specifically if marijuana has a high cannabidiol content, it is linked to decreased epileptic episodes, as well as decreased migraines and there may be a demand for compounding for products for children, especially with epilepsy. This will be dealt with in a later time since we are talking about a law that is for 18 years and over. Who will be allowed to compound is my question. I actually specifically called the Department of Consumer Protection and I was told it would be the distributor. I thought that was odd since the pharmacist is usually considered the professional to compound. We are the ones to calculate. We are the ones to determine stability and we are the ones to determine which products suits our patients best.

William Rubenstein: Under the proposed regs, only the producer will be able to compound the product. The dispensaries will have to sell the product as packaged by the producer.

Colleen Higgins: Okay, so there's, that's just something I'm proposing and mentioning because we will have patients with specific needs and if that's not available from the distributor than how will these needs be met by these for these patients.

William Rubenstein: Okay. Understood.

Colleen Higgins: Okay? Is it just, that's actually mostly in my letter right there. In terms of medical marijuana right now, we have had marijuana in our facility for about the last 10 years. It's called Marinol and it is delta-9-THC and it was originally put on the market as a C-2 drug, which is what marijuana will now be marketed as. It was dropped down to a C-3 class controlled drug because it was shown to be not as abusive as originally thought. Also, this isn't the drug that people are after when they come to our pharmacies. As you know, the number one killer in our country right now is oxycodone and benzodiazepines. It kills more people than heroin and cocaine combined, so I'm a believer that this is something that can help people feel better. I have patients on oxycodone and it's just painful to watch their personalities just drop and like the very first speaker who was so eloquent about her condition and her uncle is in the backroom because he said she is dying. We just want to make them feel better. We want them to have a better quality of life and that's what we're looking to do in pharmacy so, for me, I would also go to the question of related to food and juicing and other things offered for the wellness. I would also like to say that the reason that these medications aren't going to be on the market is because they are going to be evaluated by a quality physician. Right now, the oxycodone problem is due to physicians who are not being restrictive enough with their prescriptions. I'm seeing on a daily basis oxycodone 30 mg, 200-600 tablets prescribed daily. We've actually in our town cut off one of our doctors who was an internist because of his prescribing habits so it is the pharmacist who is also a gatekeeper as to how the patient is taken care of so there is the doctor who evaluates the diagnosis but the pharmacist has to evaluate the doctor as well. So this is a positive change in medicine for many patients to make them feel better and have a quality of life. Many drugs are used for children like I said that are intended for adults; atenolol being one. Second one is clonidine. It's used on a regular basis. It's a central active alpha antagonist antihypertensive also used for ADHD and opiate withdrawal. These were adult drugs that were tested in adults but are being used for children. There is always the problem of testing on children and the FDA has to deal with that problem. They don't do testing on children, obviously they don't do testing on pregnant women. Marijuana does have Category C by the way for pregnancy. My other question is, my main question really was, though, is just to have some clarification on control. We have a book, a log, for the many pills that we have and it isn't very clear on how pharmacists will be responsible for controlling the quantity that we dispense both as a plant source and as, hopefully, an edible or tincture or a syrup or whatever is needed for the patient so I'm very concerned about the issue that we're able to track, control, and make sure there's no diversion. Also the other question I have is they were talking about the, I did actually call the Department of

Consumer Protection and asked about how many dispensaries were going to be allowed and they said it was based on the number of patients so I did actually call and ask that question and that was the answer I was given because when you were talking previously about it shouldn't be based on the number of registered patients...

William Rubenstein: Well we have several factors to determine location in the regs and the number of patients is one of them, right.

Colleen Higgins: Oh, okay. She, she had told me that it was based on the number of patients so that, [inaudible 12:51:29]. And I'm also a registered pharmacist in Arizona. In Arizona you are required to give a consultation for all new prescriptions. I think that might be added to the regulation that you are required to give a consultation for each prescription, not for each and every prescription necessarily. If it's just a refill, it's not required but for every new prescription you are required to give a consultation, a sit-down consultation with the patient to make sure they understand as much as we can explain to them and be available to them for any questions they may need. The pharmacist is always the most accessible healthcare professional available and so we want to make sure that we understand what the doctor is looking for, how to make the patient feel better, and then understand how it may affect with their other medications, especially if we are dealing with psychiatric medications.

William Rubenstein: The statute recognizes the benefits of pharmacists by requiring the dispensaries be licensed pharmacists in the state so.

Colleen Higgins: Right but consultation is pretty important so it's just another and in terms of the special training, do we have to be trained on that.? I know the licensing, we haven't, are we required to have a special license but is there any information on the special training? Not yet. Okay.

William Rubenstein: Whatever's in the regs is what we have.

Colleen Higgins: Okay. I, there wasn't really too much, it was fairly general so I was just wondering and I asked if there was any special training for the special license and they said no when I asked.

William Rubenstein: Are you suggesting or recommending some, just make sure you get it to us before the end of the week.

Colleen Higgins: Okay. Okay.

William Rubenstein: Thanks. If you could just wrap up, I think you're pretty close to your 10 minutes.

Colleen Higgins: Sure. Sure...I just want to see if there's any...most important point really was as a pharmacist was just to make sure that we were able to control the amount that we're dispensing and how it would be, are growers and producers allowed to compound into any type of edible, say a...

William Rubenstein: There's a list of, the regs set out a list of types of products that can be produced by the producers.

Colleen Higgins: Okay. So then my question would be how to combine that. Is it a mg? Is it a THC percentage? Is it a weight-based and just how we would be able to control and log that?

William Rubenstein: All right.

Colleen Higgins: Okay.

William Rubenstein: Great. Thank you.

Colleen Higgins: Thank you so much.

William Rubenstein: I appreciate your comments. Next speaker is Ethan Ruby.

Ethan Ruby: Thank you.

William Rubenstein: Can you get the mics moved over as well? Trying to make it easier.

Ethan Ruby: Thank you.

William Rubenstein: Thank you.

Ethan Ruby: Thank you. Thank you for the opportunity to be here. It's an exciting time for me and honor to be here. I'd like to start off by saying thank you to this Commission and the State of Connecticut for putting into motion what will be the most complete and all-encompassing set of rules and regulations surrounding medical marijuana.

William Rubenstein: Could you please state your name so we have it?

Ethan Ruby: Yes. My name is Ethan Ruby. I am the CEO of Theraplant. We are in consideration of putting an application for a production facility here in Connecticut. The country and other states will now have a state to point to and be able to say they did it right and this can be done. The barriers that you have set up for entry here are wanted and just and they will ultimately serve to protect the industry and the consumers relying on it. We can and will bring this natural and effective medicine to patients that need it and Theraplant is eager for this opportunity. Personally, I have found relief

from my pain living with a spinal cord injury for over a decade through this medicine. I'm an Ivy League graduate. I have owned many businesses, started many nonprofit organizations, and recently moved myself, my wife, and my family to a state where I would not be prosecuted for enjoying this medicine that I have found relief from. Connecticut can and will be a leader in this national changing landscape and myself and my company, Theraplant, hope to be an effective and proficient part of this process. It is with these factors and opportunities in mind I'd like to call attention to a few key points in the current proposed regulations. In guidelines that could potentially be altered to maximize the effectiveness of the dispensary and production facilities, the enforcement and the rules that govern them and, most importantly, the consumer patients that we're all here to serve. Connecticut has correctly identified the critical need for experienced operators in this specific industry. Our team at Theraplant is combined with individuals with years of practical and hands-on experience running a fully compliant dispensary and production facility. Our insight and suggestions come humbly from years and years of trial and success. We have learned to avoid problems rather than deal with them well and, to accomplish this, we must anticipate problems based on real-life experiences within this industry. Specifically, I want to talk about packaging found on pages 44 and 62. Again, this all comes down to the patients. Patients need to be able to see, touch, feel, smell their specific medicine. This is not like Tylenol or aspirin. This industry empowers patients with education and knowledge about strains, dosage, and these patients can only apply that knowledge if they are able to interact with their medicine before purchased. That can only be achieved if packaging is done at the dispensary and not at the production facility.

William Rubenstein: What is it about the look and feel that makes it a medical difference as opposed to the ingredients which are listed on the label?

Ethan Ruby: There is a, you, having had an education and knowing about the product, the smell, the feel of it. Is it too moist? Is it too dry? Does it break apart when you touch it? Does it spring back to life?

William Rubenstein: But why does that matter medically? I'm just trying to understand.

Ethan Ruby: The quality of the medic, this medicine is very specific to users. I have a spinal cord injury, somebody else with a spinal cord injury might like a specific, different medicine and based on our information, yes it's a label that you can look at but it's also an experiential I know what I know. I know from my experience as a patient what I'm looking for. I know the efficacy of certain strains and based on what that strain or that specific medicine looks like, I can make that educated decision.

William Rubenstein: Yeah I'm just, I mean, I'm just thinking we've gone through this a bit and just trying to remove from the world what patients are essentially

groping in the dark and needed to do things like look at what the bud looked like or looked at whether it was moist or not moist as a proxy for what's in it. If we moved to a world in which we know what's in it, why do we need those proxies?

Ethan Ruby: There is also the practical nature of the actual medicine. If it is prepackaged at the production facility and it tested a fine, a week later, a month later, if it's too humid, if it's not humid enough, that medicine can go moldy. It tested fine when it was tested but now that it's about to get into the hands of the patient, who knows what happened. This is a delicate flower that needs to be cared for.

William Rubenstein: Right.

Ethan Ruby: Our dispensaries in Colorado, we daily looked at the medicine. If it was too dry, we had to add moisture. If it was too, it was not dry, if it needed moisture or it needed to be taken away, this is a daily type of a process and if the medicine is not cared for when it ultimately gets into the hand of the patient, it could be affected in a negative way.

William Rubenstein: All right.

Ethan Ruby: Daily in Colorado, we analyze and care for this medicine, if it's too hot or if it's too moist, all using different actions to mitigate constant care to protect the patient and to be able to consistently deliver healthy medicine. This cannot be done if it's prepackaged. Finally, no matter who's awarded production license, the Department and the voters have a vested interest in keeping these facilities that are granted a license open and producing effective medicine. The business and speciality of growing this unique plant is very arduous, time consuming, and labor intensive. Anything that detracts or distracts from the facility conducting, producing effective medication ultimately jeopardizes the patients that are relying on these medications. Switching now to the testing and the 3% that has been brought up here many times. We actually have a solution for you not just a key point of contention. The, again, speaking from years of practical experience, a plant can test differently for a variety of factors; growing in the summer or winter time, harvested early or late, even a top or bottom part of the plant. Understanding that this Department is trying to protect the consumer is what we're really dealing with. Theraplant would like to suggest approaching this in a slightly different manner. Each batch needs to be tested and using a prescription label like the one we've actually created and I can submit to you guys that actually breaks down each ingredient for CBD, THC, THCA and organic compounds. So rather, this is not a pass/fail situation where a batch passes or fails or falls within a category. Label it, analyze exactly what's in it so the patient doesn't matter if it's called blueberry or Durban or whatever it's called. They can see exactly what is in that strain. If it's a high THC content, if it's a low CBD content or vice versa.

William Rubenstein: Isn't that what our regulations proposed regulations require?

Ethan Ruby: With the 3% differential, you're either saying that this passes or this does not pass. You're not giving, you're not allowing room for medicine to be given to the patient on a potentially sliding scale of these variety of components. So rather than say it's a pass/fail situation, have every batch analyzed. Make it a prescription label. The label that we had created...

William Rubenstein: Just...the regulations require each batch to be analyzed and the actual numbers be put on the label. That's what currently, what it says with regard to the 97% is if it varies by 3% plus or minus, you can't call it the same thing. That's all it says but it still requires each batch and product to be individually analyzed and the numbers be on it so I think [inaudible 1:02:31].

Ethan Ruby: The difference there is if I want Durban but I don't want a Durban that's 25% THC. Maybe I want a Durban that's 18% THC. That becomes a whole different strain, a whole different number, and a whole different and now you're talking about patients that want Durban for whatever reason they want it because of their condition.

William Rubenstein: Well, I hope there was an ingredient profile that works for them.

Ethan Ruby: Absolutely. Yes. I guess I would urge you to understand that the slightest environmental changes here can affect growing this plant and affect the testing. So requiring \$1,000.00 per strain is fine but if everybody's growing 50 strains but those 50 strains each time test differently, we could be at 500 strains instead of the 50. [Inaudible 1:03:22] structure of the financial tracking and rules governing what details are reported as current [inaudible 1:03:29] banking regulations, wire transfer tracking, and anti-money laundering regulations definitely do exist. The Commissioner should consider whether it's a better use of their resources to track and record investors in a manner that accords with the highly regulated industries that already have these rational rules governing them. The current regulations have informational requirements that will require successful applicants to spend a disproportionate amount of time on paperwork that serves no compelling purpose and is not already addressed though general criminal and financial laws.

William Rubenstein: So what analogs are you pointing us to?

Ethan Ruby: 5% of the, if an investor is 5% or less. If I have an investor that's 2% owner of the company and he moves and I didn't know about it, my company could be either fined or shut down...

William Rubenstein: Okay. I was just trying to get a sense of the specific...

Ethan Ruby: Yup. A small thing I'd like to mention to protect patients, as it stands now, patients have an inability to register dispensaries. This does not protect the consumer. If I'm traveling with the state, I need to be able to purchase the medicine wherever I am, just like any medication my doctor prescribed me. We're here to protect and serve the consumer. This needless restriction does not serve their best interest.

William Rubenstein: If you could get close to wrapping up, that'd be great.

Ethan Ruby: Yes. In my final words, I just want to speak specifically about some of the other things that have been said here and it's paramount to understand that this is a very unique industry and getting information from outside of this industry is beneficial but potentially very detrimental. Hearing about people that don't understand concentrates. Concentrates are the future of medical marijuana. I've been using medical marijuana for over 10 years since I've been in this wheelchair and the concentrates provide a way for me to take my medication that does not hurt my lungs. This is the future of medicine. Restricting that in any way, shape, or form is restricting that progress. This is progress. I have other stuff that I would say but in the interest of time, thank you very much. It's an honor to be here. I really thank you for what I see will be leading this national sweeping of medical marijuana.

William Rubenstein: Thanks for your comments today. Robert Rodriguez? Is that correct?

Robert Rodriguez: Good afternoon, Commissioner. Good afternoon to the ladies and gentlemen of this forum. My name is Robert Rodriguez. In true fashion [coughs], pardon me, whether I'm in the mountains of Afghanistan or in the bazaars of Iraq, I'm out of uniform, everybody here is in nice, dressed up clothing and I apologize about that.

William Rubenstein: I like your uniform better.

Robert Rodriguez: Thank you. I served 21 years in the U.S. Navy, retired honorably in 2010. I'm a PTSD, struggling with PTSD. This is one of the benefits I am a happy to be a part of. One of the things I'd like to address is the transportation of marijuana. As it is today, those of us that have a car are able to possess have a certain amount. In the legislations or in the laws, the regulations, it's currently written a one month's supply. On the card, it's 2.5 ounces. The transportation of the marijuana from wherever it's coming from in regards to a medical patient with a card doesn't address the consumer. It only addresses the producers to and fro of the production area to the dispensary. We don't have anything in place currently right now for, that addresses specific consumers as to where they're going to get it, how they're get it to where they're going to go to and so on and so forth. Rhode Island has a reciprocity statement, as I'm assure you're aware, which means that any card

member from any state with a medical program, is able to go there, along with Montana, Maine, and one other state and I don't remember which one it is. Today, if I go to Rhode Island to meet with a caregiver, a licensed caregiver, or if I go to the Slater Center, if I go to another dispensary here and I procure this medical marijuana, there is nothing in the legislature and the law that's protecting me other than having my card that specifically describes the transportation of that medicine from those producers...

William Rubenstein: In Connecticut?

Robert Rodriguez: In Connecticut. So today as it stands, those of us that have a card and are able to possess this amount of marijuana, this 2.5 ounces of marijuana, or the 1 month's supply, whichever is correct, how do, I don't understand how that's, how we're able to do that. How are able to get it? How are we able to drive it?

William Rubenstein: So as I understand the statute, you're meaning from prosecution for possession?

Robert Rodriguez: That's correct.

William Rubenstein: So, you know, that doesn't...

Robert Rodriguez: Is there going to be anything in the law...

William Rubenstein: Well I'm just trying to figure out what you would like us to say in the regs and then we'll, we'll consider...

Robert Rodriguez: I'd like for it to be addressed for the consumer and not just the producers going from the dispensary to the...

William Rubenstein: You would like us to, I just want to make sure I understand, so you'd like to address in the regs that it is permissible for a patient, a certified patient, to transport the product to wherever in the state that they are?

Robert Rodriguez: Absolutely. Absolutely.

William Rubenstein: Okay. I understand what you're saying.

Robert Rodriguez: It doesn't, the only thing that's addressed right now is the transportation of marijuana by the producer or by the dispensary to the consumer not for the consumer to pick up from wherever they're getting it from. I would assume, one would assume that that's we would still be within the legal bounds under that legislation.

William Rubenstein: Now, I mean, we'll consider...

Robert Rodriguez: Yeah.

William Rubenstein: ...I understood what you said. I mean our understanding really is that when you're transporting it, you're possessing it and your [being 1:09:56] for prosecution for that possession.

Robert Rodriguez: Absolutely. But it doesn't address the consumer. It addresses the producer and dispensary. Secondly, I would urge you guys to strongly revisit the cultivation, the pergola cultivation in regards to growing your own plants or people with cards to grow their own plants. The labeling, the packaging and so on and so forth, doesn't allow for me to go into a dispensary once the dispensary opens, however long that's going to be, to go in there and see Durban since everybody knows Durban now, Durban strain and it has, like the gentleman said before me said, 25%. If I can't use 25% THC medical marijuana because it does whatever to me but I need 17%, would the CBD content of 1.3 or so on and so forth, if you have a strain that's prepackaged, pre-labeled and so on and so forth, I, it's, I can't use that stuff, you know what I mean? Like I can't go to the dispensary and get that. It's not going to benefit me so the program's not really going to benefit me whatsoever if I'm not able to get the correct medicine with the correct dosages with the correct properties of each individual property that I so desire. Personal cultivation doesn't necessarily have to be 99 plants like it is in California or whatever the plants are, you know, 36 plants in Rhode Island but some sort of fudge factor, if you will, for people to be able to do their own cultivation for personal use and regulating that without the worries of passing this on to other people, other patients, what have you, but for personal use. I just urge you guys to revisit that.

William Rubenstein: Okay. I appreciate your comments today. I appreciate your coming in. Thank you.

Robert Rodriguez: Thank you.

William Rubenstein: Alan Scribner who will then be followed by Doug Breakstone, Michael Agostino, and Cate Bourke.

Alan Scribner: Hello. I'd like to thank you all for putting your efforts in so I couldn't arrested for getting some pleasure out of this. I am paralyzed from the waist down. I get spasms, leg spasms. I get burning nerves. I get flashes in my legs and that seems to help a lot. Rob touched on one thing that I have a question with. As far as cultivation, I can't, I'm on social security. It's hard for me to afford living from month to month and with something like this that helps, it's going to be hard to pay the prices that I see online for the other dispensaries. Is there any chance you could maybe throw in a clause, a grow clause?

William Rubenstein: You know, I'm only going by what the statute permits.

Alan Scribner: Well, the other places too are like 6 plants or Massachusetts has a financial clause too. It'd be appreciated.

William Rubenstein: [Inaudible 1:13:10] issue.

Alan Scribner: Thanks.

William Rubenstein: That's it?

Alan Scribner: Yeah.

William Rubenstein: All right. Well thanks for coming down here. I appreciate it your comments today. Doug Breakstone?

Doug Breakstone: Good afternoon, Mr. Commissioner. I hope you're not giving up your lunch hour.

William Rubenstein: Do I look like I?

Doug Breakstone: That wasn't my point. My name is Doug Breakstone. I'm an attorney in Waterbury and I am here representing both myself and [Inaudible 1:13:49] Pharmaceuticals, which we expect will be an applicant to be a producer in the state and I have some prepared notes and I will be submitting some written notes by the deadline on the 26th. The first thing I'd like to say about this entire scheme looking at your Agency's financial estimate, not one penny for research. Nothing. I don't know why that is. I have been in touch with the University of Connecticut, both the Agricultural School as well as their Pharmacology School, they won't touch it. And they won't touch it because of a potential loss of federal funding to those institutions. One would hope that the state of Connecticut in allowing this drug to be consumed within the state would do some research on this drug to understand what it is, what it isn't...

William Rubenstein: Sure.

Doug Breakstone: ...its positive and negative effects.

William Rubenstein: As part, perhaps as part of your application for license, you include in your budget producer-sponsored research.

Doug Breakstone: I'd certainly will. There's not a question about it because I am in touch with biomedical firms that are very interested in studying this drug and that leads me to my second issue, which is in the regulations you talk about or the Commission talks about the delivery of medical marijuana only from a producer to a dispensary. There is nothing in there that allows a diversion, if you will, and I know that's a dirty word but a diversion, if you will, to a biomedical firm to do studying and I believe that there should be language in that statute, which would

allow that. Additionally, in terms of, while we're on the subject of deliveries, the only allowable transportation that I saw in the statutes was from a producer to a dispensary. My suggestion would be to add the ability to deliver to a biomedical firm that is doing research on the product, as well as allowing and somebody mentioned it before and I forget the gentleman's name, the transfer of seeds, [clones 1:16:17] and plants among licensed producers and the reason we say that is because as someone mentioned, oftentimes when you get a [bite 1:16:28] facility where everything is done, where they are producing puts in jeopardy this, and excuse my terms, onerous amount of money that the state is requiring to get into this business, I might lose it for other reason than there was an act of God so my suggestion is is that the statutes need to be tempered with a [inaudible 1:16:50] in there so that if there are reasons why we can't produce such as the federal government coming in and busting us or a blight or some act of God that is beyond our control, we should not be penalized. For putting in our good faith effort, we should not be penalized. I believe another addition to that list of where we can transport medical marijuana would be to testing laboratories. The state is demanding that there be a testing of this product and I agree with that wholeheartedly. The problem is is we have numbers of producers producing numbers of strains and we have but one testing facility, who knows when they will ever get to you to get a sample to take it back to their facility to test it. This product as far as I know, it needs to [inaudible 1:17:51]. It does spoil after a while. It changes. So the issue, to me, is let's grow it, let's harvest it, let's test it, let's get it out there on the market as soon as possible. I would hate to have to wait 2 weeks to get a sample to a testing lab.

William Rubenstein: What's your suggestion?

Doug Breakstone: My suggestion would be is that the producers be allowed to transport samples to the testing lab, which is not in the regulations right now. I believe it should be allowed, as well as the transportation between production facilities.

William Rubenstein: I mean, you're, I mean, other folks have expressed a concern about whether or not there would be available labs but your concern is whether or not the labs would be sufficiently responsive to your needs?

Doug Breakstone: Correct.

William Rubenstein: To service you?

Doug Breakstone: Correct.

William Rubenstein: Okay.

Doug Breakstone: Also, I would request that and I know that under the statutes the Department would be authorized to issue I guess a minimum of three, a maximum of ten grow licenses. Because this is a new industry within the state and I base this upon an economy right now Jersey's experience with their medical marijuana program, which in a sense can be seen as a failure. Not that they're not producing some medical marijuana but they have 4,000 or 5,000 registered patients, *one* producer of marijuana. Impossible to meet the demand. My suggestion to the Department is that you allow all ten licenses to be issued in the state of Connecticut right up front so that because the last time I checked approximately a month ago, there were 400 patients either approved for medical marijuana or somewhere within the process of becoming approved. I got to believe that's probably up to 600 at this point and by the time this program gets into effect, we'll be up to 1,000 maybe 2,000. Estimates are that there will be tens of thousands within the state that will be getting these licenses.

William Rubenstein: You don't want the regulations to prohibit that?

Doug Breakstone: To prohibit what?

William Rubenstein: The licensing of ten facilities?

Doug Breakstone: I don't, no. No. It's permitted. My suggestion is that you issue the ten licenses. No, it's not prohibited.

William Rubenstein: All right.

Doug Breakstone: Someone else also mentioned that with this and again I'm going to use the word onerous amount of money that we need to put up to get into this business, which I'll get into In a minute, the price of medical marijuana, I got to believe maybe twice what it is out on the street, which is about \$400.00/\$500.00 an ounce. With this financial scenario, you are going to see medical marijuana sold at dispensaries for \$800.00 - \$1,000.00 an ounce for various reasons. We're putting up a lot of money, which is going to be sitting doing nothing. There's a cost to that, this escrow account. There's a cost to that money.

William Rubenstein: It's not going to be sitting doing nothing.

Doug Breakstone: What is it be doing but being there as a potential penalty as far as I see.

William Rubenstein: I mean, you have options to use that money in productive ways. I mean, look, if you establish a letter of credit for a bank, for example, right, all the bank wants to know is whether or not there's sufficient assets in case they need to draw on the letter of credit...

Doug Breakstone: Correct.

William Rubenstein: ...and you have the opportunity to use that money for any productive purposes you want so as long as the bank is satisfied that there's going to be enough there at the end of the day.

Doug Breakstone: Correct. I understand that.

William Rubenstein: All right.

Doug Breakstone: That's, that's...

William Rubenstein: It doesn't necessarily under...lie fallow is all I'm saying.

Doug Breakstone: I understand and that's if one has deep pockets and you could put up the assets.

William Rubenstein: All right.

Doug Breakstone: Unfortunately, I don't. I need to get people to back me to do this.

William Rubenstein: All right.

Doug Breakstone: They have certain questions for me. Well, when do we get our money back and, oh by the way, we don't get [both of them back 1:21:49] for two years but you're only issuing us a one year license. It makes no sense financially. From the business perspective. If you're telling us that we need to produce for two years to get back a certain amount of money but only give us a one year license, it just makes no sense whatsoever from a financial aspect so my suggestion would be in that your regulations call for everything but \$500,000.00 to be returned within 5 years, that you issue a license for five years. There will be a legal fee but for a financial aspect of this business, one needs to know that you're going to be in business long enough to be able to get this escrow back. Additionally...

William Rubenstein: If there's a five year license, would you support quintupling the license fee?

Doug Breakstone: Well, no. I would say that if there was a five year license that the fee for year two would be payable on the anniversary of your [loan 1:22:55] and so on and so forth, not to have to put up if the license is \$75,000.00 a year, not to have to put up whatever that is times five, \$300,000.00. No and also there is the issue of the return of the last \$500,000.00. We've accounted for the first year and a half. That \$500,000.00, how do we get it back? When do we get it back? Under what circumstances do we get it back or is that our entry fee and the state of Connecticut is just picking up \$500,000.00 from each producer? It's unknown. It needs to be defined because that is a critical aspect for people who want to finance me. Well, how do we get

our money back and oh, by the way, there's \$500,000.00 sitting there. We have no idea what's going to happen to it.

William Rubenstein: We're just about at the ten minute mark.

Doug Breakstone: I'm sorry, just let me...

William Rubenstein: Maybe sum up quickly and you have the opportunity, obviously, to submit...

Doug Breakstone: One other thing I wanted to say, safety aspect. The Commission is demanding that there be two people in any delivery vehicle and if that delivery vehicle is identified by someone out there as a delivery vehicle for marijuana, I got to tell you, it would be much safer for one person making delivery left the thing empty, let it get stolen or whatever rather than having a second person sitting in that car for what purpose? Protecting a product? I mean, is he going to be armed? Is he going to be able to fend off potential carjackers? I mean, I don't know. And it's also a waste of resources. I mean, why do you need two people to drive around the state of Connecticut to make a delivery? It makes no sense. But anyway. I thank you very much for your time. I think you're doing a wonderful thing. I do expect to file some written comments with the Commission.

William Rubenstein: That would be great. Thank you for your comments.

Doug Breakstone: Thank you so much.

William Rubenstein: I appreciate it. Cate Bourke followed by Kevin Fran? And Catherine Barden.

Cate Bourke: Good afternoon, Commissioner.

William Rubenstein: Good afternoon.

Cate Bourke: Is this closer? I can't hear myself.

William Rubenstein: I think that's pretty good.

Cate Bourke: Good thank you. I also represent, I'm a representative of the Connecticut Marijuana Abuse Prevention Alliance. We're recommending that the proposed regulations require public education for physicians, dispensaries, patients, and the general public of the dangers of marijuana use and the potential side effects of medical marijuana use. The education of the prescribing physicians regulate education regarding the appropriate dosage, administration, and side effects should be mandated for all prescribing physicians. Given that a safe dosage and administration of marijuana for medical purposes hasn't been established by the U.S. Food and Drug Administration and

has not been approved by most medical associations, it's critical that the state of Connecticut fill this void and provide this education. Physicians must receive evidence-based education that demonstrates the benefits as well as the risks of marijuana. Physicians also will need research regarding how marijuana affects the development of the adolescent brain and its impact on mental health to educate patients and caregivers and prevent diversion to vulnerable populations. Education for dispensaries and dispensary technicians. In addition to training regarding updates in the field of marijuana, training and continuing education must include signs and symptoms of substance abuse, including marijuana abuse and addiction and treatment options. While the proposed regulations allow dispensaries to refuse sale or report concerns about patients, [the only 1:27:19] evidence-based rationale for addressing these patients. Current research about marijuana's effect on the developing adolescent brain and its impact on mental health should be included to educate qualifying patients and their caregivers and to prevent diversion to unauthorized and vulnerable populations. See a pattern here...a theme. Education for patients and caregivers. The regulations include directions for dispensary facilities to provide information for qualifying patients and primary caregivers and that the informational material must be submitted for approval by the Commissioner. Again, the concern is that safe administration and dosage have not been approved by the U.S. Food and Drug Administration and most medical associations. The regulations also mandate the inclusion of information of [science-based] [inaudible 1:28:22] of substance abuse and opportunities to participate in substance abuse programs. It is critical that signs and symptoms of marijuana abuse and addiction be included and that information must be updated to include the latest research. In addition, information about the effect of marijuana on the developing adolescent brain and its impact on mental health should be included to help prevent diversion to unauthorized and vulnerable populations. And, finally, education for the general public. There is much confusion in the general public regarding the issue of marijuana and its safe and effective use as medicine. Decriminalization of marijuana and its classification as a medical agent contribute to the confusion, especially among adolescents. Recent surveys show a decrease in Connecticut adolescents' perceived risk associated with marijuana and an increase in its use. At the same time research has demonstrated the risks of marijuana to the developing adolescent brain, including learning, attention, memory, and maybe even [causing 1:29:39] mental health in creating early onset of schizophrenia. The dramatic increase in the abuse of prescription narcotics in recent years is associated with the diversion of these drugs beyond their intended population. A similar situation is possible with the implementation of medical marijuana. Although there are regulations to prevent the diversion of marijuana from the producers and dispensaries, they [fail to 1:30:07] to prevent the diversion from qualified patients. A public education campaign would be one strategy to reduce the diversion and protect the public

health. Experts in the field of addiction medicine, drug abuse prevention, and public health could assist in the development of an educational campaign.

William Rubenstein: Thank you for your comments today.

Cate Bourke: Thank you. And we will submit this in writing.

William Rubenstein: Okay. Karen Prane? Did I get that right? Okay, so she might be in Room 119 and so we'll pass over her for the moment and see if she's making her way down here. Catherine Barden? Borden? Is that Borden?

Catherine Barden: It's Barden.

William Rubenstein: Barden. Thank you.

Catherine Barden: Good afternoon. My name is Catherine Barden and I served as the Coalition Coordinator for MADE in Madison, which is the Madison Alcohol and Drug Education Coalition and I'm also a member of the statewide group CT MAPA, the Connecticut Marijuana Abuse Prevention Alliance, which you've heard from a few different members today. I want to take a few seconds to talk about the regulations. I'm not here to say that we shouldn't have them or we should them because we have them but our big goal is to make sure that they're best regulations in the country so youth don't get their hands on the marijuana or abuse the marijuana. Over the past few months we've, met, as a statewide group, to review the regulations and the laws and to talk about what we can do to prevent the youth use and abuse and we've come up with some suggestion but you've heard them already from other members and I just want to give you a little snapshot of what it's like to be in the prevention field during this. We hear a lot of questions, especially from community members. When we talk to community members, we're talking to parents, law enforcement, school administrators so I'm going to give you a sample of some of the questions that we get and not necessarily the recommendations because you've already heard that but just a sample then I have a couple of questions of my own for you. So some of the questions that we got are what are the toxicity levels of the medical marijuana, what're they going to be, what's the potency range, is there going to be a study done so the physicians know how much to prescribe for certain conditions based on your age and what's being treated. How will be potency be regulated from grower and grower. I know you've heard a lot of these questions already. I'm sure you've been hearing them for months as well. Will the Health Department or FDA both be involved now that food products are being produced? Are there going to be restrictions on wearing patches while you're driving or while you're at work? Is there a plan to address the early onset of schizophrenia? There are a lot of questions that we've heard about having increased

resources for police if there's increased crime around dispensaries or growers. Also, increased resources for doing some sort of a campaign to address some of the negative side effects that could happen with the medical marijuana or addressing the concern with this now in place that kids might be more likely to abuse or have their own idea about marijuana because we have seen that perception of harm change drastically, even with this law being introduced. If marijuana is still illegal on the federal level, what's the potential impact for both the dispensaries and the growers? Will insurance be available to pay for it or will it be out of pocket? I have pages and pages as you can imagine. And this was just a sample but I don't want to waste your time because I'm sure you're hungry too. It's been a long day.

William Rubenstein: You're not wasting time but you have limited time so you might want to...

Catherine Barden: Yup. Absolutely. So, again, as you mentioned, that's just a sample and I'll submit it so that you can see some of the questions that we have.

William Rubenstein: All right.

Catherine Barden: But my big goal here is to see if we can be part of that conversation as you come up with the final set of regulations and to ask you what we can do to help you to, especially in the prevention field, to make sure that kids don't get their hands on it or other available populations don't get their hands on it.

William Rubenstein: Thank you for coming and commenting today along with your colleagues who have sounded similar themes is helpful to us in our process so we appreciate your coming in and we've worked with a lot of segments of the interests here so we continue to do that. I appreciate your coming in.

Catherine Barden: Thank you.

William Rubenstein: I've come to the end of my list. Karen Prane one last call? Is there anybody else who hasn't signed up who really wishes to speak? You, you had your shot.

Jose Zavaleta: Okay. I wasn't sure if we're allowed since we didn't use the whole ten minutes.

William Rubenstein: How many minutes do you have left?

Jose Zavaleta: Probably like about five. [Room laughs] I can use two. I can use two.

William Rubenstein: I'll give you two. Come on up.

Jose Zavaleta: Then I can two also?

William Rubenstein: No. Unions do the entire ten and he's only used five. That's...

Jose Zavaleta: Thank you, Commissioner, for giving me this opportunity and this is more in the regards to an issue that was brought up earlier regarding the standards that can only be obtained if you DEA-approved, a registration number...

William Rubenstein: Yes.

Jose Zavaleta: And through your specific guidelines, there is a path for labs to actually obtain DEA approval for obtaining those standards so my recommendation is to not change those, the regs in terms of that. However, if there is some sort of like a push to be a little bit more lenient, you could, if you could work with the Division of Scientific Services through the Connecticut Department of Emergency Services and Public Protection, which is the forensic lab for the state of Connecticut, and maybe labs who obtain the controlled substance regulation can get the standards for the THC, CBD, CBDA and any other cannabinoids through that Department, so I don't know if you would be able to work with different Departments in terms of that to give you accessibility and the last thing on Section 21-A-408-58, the batch sizes. There isn't a specific size. It just say batches but it doesn't say batch sizes so, from a lab's point of view, is everything going to be in one big humungous batch or is it going to be distributed among, a different way.

William Rubenstein: Okay. All right. You had eight seconds to spare but I appreciate your finishing early.

Jose Zavaleta: Thank you.

William Rubenstein: So I appreciate everybody coming today. This has been a long process for us and continues to be a long, thoughtful process for my staff, who I'd like to thank for really spending a fair amount of time putting these regulations together and being thoughtful in the way that they did it. I'm going to hold the record open, as I said, until 4:30 p.m. on Friday, April 26, to allow an opportunity for submission of additional written comments. All such written comments must be received by that date and time in Room 103 of the Department of Consumer Protection, 165 Capitol Avenue, Hartford, CT 06106. I will review the oral and written testimony and consider whether any revisions should be made to the regulations as published in the Connecticut Law Journal. Pursuant to the Uniform Administrative Procedures Act, we will then forward the proposed regulations to the Attorney General's office to be reviewed for legal sufficiency. If approved, the regulations are then sent to the legislative regulation review committee for consideration and approval. I do want to mention before we go that, at the request of Governor Deval Patrick, Governor Malloy has made the following

request for citizens of Connecticut to at 2:50 p.m. today observe a moment of silence in recognition of the victims of the bombing of the Boston Marathon last week so we certainly would appreciate if everybody participates in that and with that, the Hearing is adjourned. I note the time is now 1:40 p.m. Thank you all for coming.

/dd