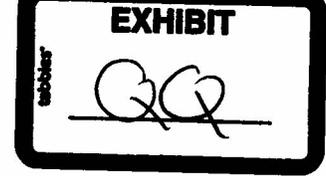


From: Mike Liszewski [<mailto:mike@safeaccessnow.org>]

Sent: Friday, April 26, 2013 4:27 PM

To: DCP.MedicalMarijuana

Subject: Comments on "Proposed Regulation Concerning Palliative Use of Marijuana"



Hello,

Attached are comments from Americans for Safe Access for the Proposed Regulation Concerning Palliative Use of Marijuana. If you need a name and address to associate with these comments for official purposes, please use the following:

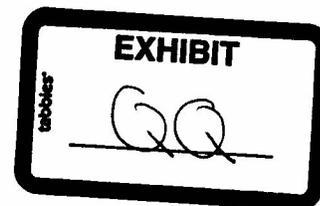
Michael Liszewski
Policy Director
Americans for Safe Access
1806 Vernon ST NW
Washington, D.C. 20009

Thank you,

Mike



Advancing Legal Medical Marijuana Therapeutics and Research



TO: Connecticut Department of Consumer Protection
FROM: Americans for Safe Access
DATE: April 26, 2013
RE: Proposed Regulation Concerning Palliative Use of Marijuana

Introduction

The proposed regulations offer an unprecedented level of health and safety standards for patients which is a positive advancement to patient access. However, the statute presents several hurdles to a well-functioning system.

Sec. 21a-408-6. Patient and primary caregiver registration

By requiring patients to register with a single dispensary from which they can purchase medicine, patients will be placed at risk of hardships or barriers to treatment. Medically, patients may not be able to find the particular strain that works best for them at their dispensary on a regular basis. Moreover, some dispensaries are likely to have better selections of non-smoked forms of medical marijuana than others, but patients will have little ability to know what their other options are if they stuck with a single dispensary where they can shop. Financially, patients will be at risk of high prices due to the lack of market competition.

Sec. 21a-408-1. Definitions: (43) "One-month supply"

The amount of medicine for a one-month supply is left up completely to the discretion of the Commissioner. It would be advisable for the one-month supply to be consistent with the amounts of medicine provided by the federal government to patients enrolled in the Compassionate Investigational New Drug program (8-9 ounces every 30 days).¹ Patients need to be ensured of a consistent supply of medicine in order for their therapy regimens to properly benefit their health. Considering that the qualifying conditions in Connecticut are considered to be amongst the strictest in the nation,² the state should recognize that those patients who are eligible have conditions which have great need for substantial

1

. ProCon.org, "Who are the patients receiving medical marijuana through the federal government's Compassionate IND program?,"

<http://medicalmarijuana.procon.org/view.answers.php?questionID=000257> (Last accessed April 19, 2013).

2

. Collett, Stephen C., et al, Evaluation of the Medical Marijuana Program in Washington, D.C. Department of Public Policy at the University of California, Los Angeles, April 2013, at 15.

Headquarters

1322 Webster St, Suite 402, Oakland, CA 94612
PHONE: 510.251.1856 FAX: 510.251.2036

National Office

1730 M Street NW, Washington DC 20036
PHONE: 202.857.4272 FAX: 202.857.4273

General Information

WEB: www.AmericansForSafeAccess.org
TOLL FREE: 1.888.939.4367

quantities of medicine in order to meet the needs of their physician-recommended therapy.

Sec. 21a-408-16. Dispensary facility personnel licenses and registrations

The requirement that only a licensed pharmacist may be issued a dispensary license is a challenging barrier to entry and will restrict patient access. Given the level of DEA involvement in pharmacists' activities, it will be difficult to find qualified individuals to assume this level of risk. Because this is a statutory requirement, we feel that regulations should make least restrictive as possible for a licensed pharmacist to act in the capacity of a dispensary. If direct supervision regulations require the pharmacist to be on-site at all times, it will further restrict the number of pharmacists willing to apply for licensure.

Sec. 21a-408-20. Producer selection & Sec. 21a-408-29. Escrow Account Terms

The producer escrow requirement will inevitably limit the number of qualified applicants reducing patient access to a variety of palliative options. While this requirement appears in statute, we feel the lack of clarity surrounding the State's ability to demand payment will prevent many producers from applying for licensure. The risk of construction problems or cultivation failures are high and the possibility of remitting \$2M to the State without clear guidelines of what constitutes a breach of regulation will effectively prevent many people from applying. Additionally, the fees for producer licenses are very high compared to license fees we see in other states. We fear that these costs will be passed through to patients.

Sec. 21a-408-44. Dispensary technician training

Training of dispensary technicians is crucial for patient access and education. We feel mandatory third-party training will provide dispensary technicians with knowledge on cannabis medicine and legal issues. Third-party training currently exists and is provided nationally including Continuing Medical Education training and dispensary operator training which is mandated by the District of Columbia. Proper training from certified third-parties would give dispensary technicians the education they need to consult with patients which would reduce the regulatory burden to the dispensary encouraging more applications.

Sec. 21a-408-59. Brand name

The branding of medical cannabis is difficult to achieve due to the nature of the plant. We fear this regulation is burdensome for producers and may lead to a lack of variety of products offered to patients as they may seek to limit the number of brands they carry. While we believe accurate information available to patients is crucial for health and safety, we believe the testing data to be sufficient for patient review.

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