

To: Minnesota Lawmakers

From: Ally, Amy Biegnek

Date: 2/29/24

Subject: HF3766

To whom it may concern;

As an ally of Minnesota's medical program, I support HF 3766. Patients should have access to high quality medicines specific to them, at the lowest possible cost. I believe working with growers directly is the best way to achieve this.

Amy Biegnek

55416

To: Minnesota Lawmakers

From: Caregiver, Aaron, Fillmore County, 55990

Date: 3/1/24

Subject: HF3766

Hello my name is Aaron, and I am a grower that lives in Fillmore county. I only recently moved back to Minnesota, last fall after going to jail for cultivation here back in 2011.

I wanted to write legislators on behalf of HF3766, and give you some of my insight.

I have been growing medical cannabis for about 20 years and in my experience plant count and numbers really depend on what is being produced. I'd argue that 16 plants is no where near enough. To provide a patient with exactly what they need, I need to find out what currently available strains work to somewhat meet their needs and then use those as a starting point for breeding and hunting for what that patient needs exactly. A good phenohunt should be at least a few hundred plants. There may need to be multiple rounds of phenohunting while breeding and searching for the right plant for the patient. Once a cultivar works for a particular patient is secured then production numbers can be significantly less.

For example, let's say a cancer patient uses 5 grams of Full Extract Cannabis Oil (FECO) per day. If the plant that works for that patient yields FECO at 10% of the dried flower mass then that person will need 50 grams of pre processed dried flower per day to meet their FECO needs. Let's say that plant take 10 weeks to flower so for the 70 day interval between crops this individual cancer patient will need 3500 grams of pre processed dried flower to make 350 grams of FECO. That's nearly 8 pounds of dried flower. If a gardener averages 2 ounces of dried flower per plant grown indoors then that cultivator will need to grow 64 plants for that one patient's needs. If a person is caregiving for 6 people with similar needs then that caregiver would need 384 plants to provide FECO to those 6 people.

Clearly, lots of patients won't need this much medicine, but some will need more- bigger plants would mean a lower plant count but not many Minnesota growers are skilled, long time growers; many are just starting out after August 1 2023. Two ounces per small indoor plant is a reasonable amount for most growers to consistently produce. Please consider adding HF3766 to Minnesotas cannabis programs.

Aaron

Fillmore County, 55990

To: Minnesota Lawmakers
From: Adam Wagner, Patient
Date: 3/24/24
Subject: HF3766

My name is Adam Wagner, I have been growing cannabis for the better part of 10 years; I would like to explain what myself, and most other grower acquaintances do, and will continue to do, regardless of cannabis laws. This is not due to us being "lawbreakers," but due to cannabis being our chosen medicine.

16 plants to an average "non cannabis smoker," may seem like a lot considering on a "good health day," I would like five different strains at various times of the day: My coffee cultivar. Lunch cultivar. After work. Dinner. Desert, and bedtime, are all providing my body with various cannabinoids I cannot simply get from just one or two cultivars.

These plants will be at various stages. Most In a clone form, smaller than a full plant, or have yet to even root, depending on my growing style. Consider one has a 10x10 space; I can either grow HF 100's proposed, "Four Home count," and have them be very, very, large- Or I can have more plants in smaller containers that are a combination of my personally needed strains, spoken on earlier. No matter my methods, large or small plants, I'm still able to produce the same amount or flower. Plant count is redundant.

Now, I have this flower, most likely in excess because I need constancy within my grow, and daily medicine-, why couldn't I give this cannabis flower to people, "who need it most," that I have in my life? Personally, I have a large family, some of whom are unable to grow their own cannabis, rather it be skill related, zoned, or professionally related.

The idea behind a caregiver program is nothing compared to "The Black Market;" It is actually safer, more cost effective and more personalized than the recreational market. Most often, growers like myself, who could consider themselves "Caregivers," are giving this excess product to close friends and family. We are "charging" less for our services than any dispensary or black market sellers do, and we have a more personal relationship with that Patient buyer, and are able to curate the needs of the individual we are helping.

We cannot separate recreational use to medical use. All cannabis use is medicine. If we can avoid having people like My own Grandmother trusting an entry level worker on her personal medical needs, I think Caregivers should be allowed that chance. This caregiver program would take someone like me, unable to financially build up to a micro license, and place me into a position to help others without being defined a "criminal."

I was also, until recently, a patient on Minnesota's medical program. Even after August 1, 2023, I saw no reason, or incentive, to re-register on our program, due to quality of product and cost. Skilled Patient-Growers, like myself, are going to continue to "do what we do," regardless of where someone in Minnesota can buy cannabis.

Let's open an avenue for Real Minnesotans to succeed in helping other Minnesotan Patients-like their brothers, sisters and grandmother.

Simplifying "People" to business transactions, and sales margins is the way of retail, and recreational cannabis- At the end of the day, and truly has no place in a patient driven community.

Thank you for your time. Please vote in favor of bill HF3766.

To: Minnesota Lawmakers
From: Angela Elsner-Brown, 55256
Date: 3/1/24
Subject: HF3766

As a cannabis grower in Minnesota, I choose my seeds and genetics based on phenotype and terpenes. I look for specific genetics that may help ease body pain and sleep or for mental clarity and creativity. The terpenes are important for me as a grower and patient because of either allergies or need for specific terpenes for their effects on the body from anti-inflammatory to a boost in energy.

As a grower my plants, with the current space for growing, give me from half a pound to a pound per photoperiod plant. Using my middle son as my example of patient who has high needs – factoring all methods: what he inhales, oral consumption, topical to treat his TBI seizures and pain – around 12+ ounces. My low use patients are consuming around 2-4 ounces a month at this point as beginners. One lady is consistently gifted 7 grams a week purely because it is all she can afford to be um, gifted. If I can grow for her, she would increase use to a more comfortable level of use to get through the day.

Since August 1, 2023 I have “gifted” patients over 8 pounds of flower alone. I have been unable to grow enough on my own, so I reach out to other growers to be gifted. This is not gifting feasible all the time. I would be able to help far more patients in need if I was allowed to grow more plants.

I currently have 20+ consistent people I help with access to medicine. The numbers increase as people learn what I have to offer in education, quality, once source, organic, and suited to their specific health needs.

My son’s girlfriend was on the Minnesota medical program for about a year. She was paying out over \$700 for not much. The cost was far too high for the lack of quality products. She had to supplement with legacy market cannabis. She ended up doing legacy fully to have more control of what is in her medicine. Amber has mental instability from past trauma, physical pain due to auto accident leaving permanent shoulder damage.

My son Trey has never been on the program as his choice to keep his firearms and have full control of his medicine source. Several customers have asked how to obtain cannabis flower because their pharmacy flower was moldy. The current laws in Minnesota are not helping those who are in need.

Personally, I have chosen to be a legacy grower for years. It was safer being illegal and knowing my medicines source than to risk anaphylaxis and seizures due to molds, fake nutrients, pesticides, so on.

Angela Elsner-Brown
“That” Stoner’s Mom
55256

To: Minnesota Lawmakers

From: Bob Walloch, 55407

Date: 3/3/24

Subject: HF3766

As a Cannabis Grower in Minnesota I choose/chose my seeds and genetics based on personal preference for the response of the plant while cultivating and my body while consuming. Selection and testing to find what I respond best has taken time and sampling. The reality of cannabis genetics, is that seeds are each genetically unique from it's parents, and the phytochemical expression slightly different from it's brothers and sisters. Meaning, planting, caring for, and maintaining nursery stock from plants as clones during the pheno-hunting process, is critical to find the best plant, and then maintain that plant for cultivation or seeding the next generation.

The reality is that small plant counts are not an accurate measure of determining size. A more encompassing approach includes accounting for time, space, and energy inputs. Meaning, yield is really a measure of a plant's genetics, in a given environment, for a given time, with available amounts of energy. Each of these constraints have an eventual ceiling, but it's more important what the average gardener can produce than one or two very experienced cultivators could produce. A better approach is a sqft approach, where growers can keep as many small plants that they want to be able to test, rather than do a larger production grow with clone plants of the one that was found to be the best.

As an interested caregiver, I would want to reach as many patients as I can. Currently, I've assisted many individuals, as I've given away nearly 4 lbs of flower in the past 6 months and demand is outpacing my own ability to grow legally. Cancer and crohn's disease has had a huge impact in my life and supporting patients in those days while working through so much, is where I want to spend my efforts. I myself suffer crohn's disease and also want to help others work through what I have found to be helpful.

As a Cannabis Grower I support a Cannabis Caregiver program because this is how patients have been able to find / source medicine and shouldn't be illegal. We should have more choices to the quality and method of how their medicine is created. I think there is a far longer history in Cannabis of helping each other, when others have been left behind. I think it's an unfortunate and worth examining when we continue criminalizing cannabis. I suspect there is a better path to take. I've encountered so many people who were afraid of state level tracking systems, and exasperated the exceptionally high medical monopolistic prices that have reached out for

As a patient, having choice in where my medical cannabis comes from is important to me, because of cost, quality, and simply my culture. I find the exceptionally high cost of medical cannabis just plain unexceptable. Growing your own is simply more cost effective. Quality, as mentioned before, pheno hunting for the plants and strains that work for me, is a process of time and effort. It also leads to the highest quality, as I've learned what works for me, in a cultivation method I agree can feel comfortable. It's simply my culture of friends and others where I look to help other humans around me.

am a human with a qualifying medical condition but see no need to sign up for your scarlet letter list. I'll sign up after we start the gun owner list. This alone stops me from signing up for your program and will continue to support the legacy market.

To: Minnesota Lawmakers

From: Patient, 55116

Date: 2/29/24

Subject: HF3766

I think I caregiver program would be wonderful in many different ways. I myself would like to be a caregiver because I've been doing it for 15 years in the Twin Cities helping people get medicine and its always been what ive wanted to be apart of. When you get to help your friends and family and people in your community with this plant in a positive way that is the goal. Michigan has set a great example of what the caregiver market can be and I think other states should look to do the same. The yield right now under the four plant law in flower are usually going to be smaller all depending on how long you veg, for example, if someone has four great lights in four huge plants under those lights, you could potentially yield 8-12 pounds dry. If you want to hit 3 to 4 pounds a light you're going to have to veg for a while, the height of your ceiling matters , some people supplement CO2. Genetics obviously is the number one key to great success. I definitely see it would be beneficial to have more plants in rotation to be able to support patients throughout the year, right now with four plants its not enough. Some people are going to have their plant count outside. Some people are going to want to grow indoors all year round. That is what I would prefer to do the indoor route but if you have a list of patients who need quality medicine year-round, the four plants is very hard. Some people are using regular seeds to find great genetics so they're constantly in a predicament about always having to keep the correct plant count. Some people wanna breed with males and make different genetics and that's extremely hard to do if you can only do it with four plants. It's a waste of time. It's a waste of energy. If I spent 2 months from seed to vegging and growing these plants out and then I put them into flower for another 2 1/2 months chop them down , the amount of indoor cannabis that will be dried, for the patients will not be enough. If you have 10 patients that all pick up an ounce per month you need to have plants in rotation that are producing every month or every other month. And obviously you can't do that if I'm limited to the amount I can have in my veg room. I would say a good average for the patients that I've seen personally is like an ounce a month. 16 plants would be efficient but 16 plants per patient would be amazing. You could have a veg room filled with genetics and clones prepped at the correct time so rotation is always happening for your patients because some of these patients have to deal with the Minnesota caregiver growing for massive plants outdoors, and then, throughout the winter in spring sometimes into next year they still have to consume the older cannabis. I think indoor is great for that purpose if you can have Rotational harvest once a month would be much easier with the 16 plants per patient . If you're using regular seeds and I just popped eight of them OK now I take those four plants into the flower room once they've maturity enough flip it to flower and then realize two of those are males if you have not tested them prior so now I throw those away Grab two more from the veg room and have to replant two more seeds that system is flawed and makes extremely hard for caregivers if they want to help patients. If I had 16 plants in flower for me the numbers would be more like 4 lights four plants under each trying to achieve 2 to 3 pounds dry per light. It would take 2 -3 months depending on this genetics, and hope to have 8lbs that caregivers would be able to get a variety of genetics instead of having four big plants under those four lights.

A lot of people are moving towards the hash scene so a lot of these caregivers want to find genetics that are going to be washers for hash, I also think that would be a huge benefit towards the caregiver market. Some of these patients really want high end products that a big-time MSO just will not produce or will not produce at a quality level so we need a farmers market style caregivers market somewhat like Michigan I think is a huge and needs to be talked about. A great example that I've heard out of Michigan, Guy has a 10 x 10 room with three powerful lights and three benches, he uses autoflower genetics (for hash washing). He will plant one bench wait 30 days plant another bench wait 30 days and plant another bench. He can also run light 18 hours a day because they are autos. Then for his patients , he has a rotational harvest that is always coming out that he can make hash with for his patients, I think that's a great example of how higher plant count can be utilized.

Anonymous Potential Caregiver

Zipcode: 55116

To: Minnesota Lawmakers

From: Caregiver, 55129

Date: 3/1/24

Subject: HF3766

As a cannabis grower in Minnesota I purchase my hemp clones from an organic farm in Colorado who have the best genetics I have found. The plants do well outside and test consistently below .3 for thc in all types of grows. They are certified organic, and I have had good luck with them. I purchase my other plants mostly from a seed club in Michigan. I like their genetics because they are big healthy plants that do well in this grow zone, are created with RSO in mind, and love to be outside. I can use partially for smokeable and primarily for RSO.

As a grower my average yields are roughly 100 plants that do not qualify as hemp. and 100 plants that are hemp. This will produce 200 pounds of cannabis. over 150 is used for RSO and about 30 to 50 pounds of smokeable. The RSO is in infused coconut oil pills, suppositories, topicals, infused olive oils and bath salts.

As an interested caregiver, my members pick up between ten to twenty grams of RSO per visit. I would say that last them two weeks.

As a cannabis grower I support a cannabis care givers program because the more people who use and grow the real cannabis plant the healthier our country can grow. Because a system that provides food as medicine is sustainable long term. Because a home grow can provide otherwise unemployable individuals with a trade to support themselves. Because care giving is ultimately the highest honor, and we should treat it as such.

16 plants per patient is a good amount, it allows for alot of wiggle room. While its not common, it is not out of the question for a person to consume two plus pounds a year. I have had plants yield from 2 ounces to three pounds. Plus if you are still hunting the genetics that work for you there is a 50% chance you are going to have a male plant that needs to be killed. And that can happen late in the cycle. In the beginning I was planting twice as much as I wanted because of the male factor. Now I have the seed and clone source dialed in and can increase my odds by purchasing feminized seeds. But new growers will want to explore to see what works for them and the plant rule needs to have alot of wiggle room for that reason alone.

I personally consume 30 mg of a combination of THC and CBD per day. It helps me stay productive and calm. My main challenges are headaches, hormone imbalances and anxiety.

I would love to see more mentions of organic outdoor grows. Just because most growers grow inside does not mean that is the only way to grow. When establishing a healthy society of happy emotionally healthy people, its our duty to consider the environment. Outdoor grows like mine are sequestering carbon into the soil. Saving water and cleaning the soil for generations to come. In every way indoor grows tax our resources, outdoor grows invests and saves our resources.

To: Minnesota Lawmakers

From: Anonymous Patient, Zipcode 55408

Date: 2/26/24

Subject: HF3766

To whom it may concern

As a patient I would prefer a Cannabis Caregiver program to be accepted because similar yet better than the medical program, this gives me and other patients the opportunity to have the most direct access. Other than the direct access and not having to shop at a store, this also gives me and patients the opportunity to have input on the type of medicine that would be most beneficial to me without being limited to what a store is carrying. If the plant count is less than 16 per patient and a limited count of patients per caregiver this will severely impact the benefits of this program being for the ease of access to patients when there will be only so many caregivers.

As someone who was a medical patient in Oregon, there actually was a 12 plant count limit per patient with a max of 4 patients per caregiver. Though this was not perfect it was far better than less, we still witnessed there being a lack of medicine availability when it came to there being a 4 patient cap and a limited amount of caregivers varying in quality.

As a patient, I can recognize that not all medicine and growers are created equal. Which is all the more reason to not limit this program. I have chosen to not partake in the medical program in Minnesota because honestly it has nothing to offer me as a patient with its limits and lack of quality and awful pricing. I have far more to benefit from supporting the black market caregivers or even a caregiver from another state. I also do not care to consume moldy cannabis which is unfortunately rampant in the state of Minnesota.

Please do right by listening the people who use this as medicine instead of making these rules from a place as a non-patient because of what you "think" is a concern or what is best when respectfully, you are likely not the most suited to make that decision.

Regards,

Anonymous

Patient Zipcode, 55408

To: Minnesota Lawmakers

From: Patient, 55806

Date: 2/29/24

Subject: HF3766

One of my major points of contention with the current legislation is that there is no window for caregivers to practice.

While I have looked into the feasibility of obtaining different available licenses within the new legislation, there really wasn't an option for the route that I'm looking to go.

The mezzobusiness and even the microbusiness are larger in scope than would be preferred for a traditional caregiver.

I feel as if the limits proposed with HF 3766 are within the bounds of what I would consider appropriate for someone who is looking to become a caregiver within the state.

Also, I feel as if the ability for a patient to delegate responsibility to a caregiver for their medicine is a very important part of this proposal due to many socioeconomic changes since the pandemic, as well as it being a fledgling industry within the state where general knowledge about cannabis cultivation is still fairly rare among the general public.

I have only dipped my toes into the world of genetics but i could easily see those folks bumping up against the ceiling of 16 plants relatively quickly, especially if males are also counted in the total number of plants and its not based on flowering.

I more than likely would qualify for the medical program within the state but haven't made any efforts to dig too far since its never really been an issue to obtain and obviously the current medical program in the state isn't worth talking about, due to quality of product.

I have also taken on the role of caregiver for those in my life that have asked and are open to both cannabis and holistic remedies. Right now, I have four folks that I am providing medicine with on a regular basis, flower, edibles and concentrate presently, acting more as a middle man than true caregiver since I'm not able to grow but merely be a conduit.

Anonymous Potential Caregiver

Zipcode: 55806

To: Minnesota Lawmakers
From: Patient, Cassandra Ditter
Date: 2/28/24
Subject: HF3766

My name is Cassandra Ditter and I am a registered patient in the Minnesota Medical Cannabis program for PTSD. Cannabis helps me in ways that pharmaceutical medication and/or intensive therapies have not. I am able to get instant relief from traumatic flashbacks, and I no longer need multiple medications to get a full night's sleep.

My experience with Green Goods as a medical patient has been really disappointing. Not only is my medical cannabis not affordable, the quality is the worst I have ever seen. At my last and final pickup, I was given cannabis flower that was so dried out, it crumbled into powder at the slightest pressure. When I brought my concerns up to the pharmacist, I was told I would not be given any money back because the product could not be returned. Instead I was offered a discount on my next order. When I asked if patients could inspect the flower prior to purchasing/leaving the store because everything is being sold in an opaque container, I was told no. As a patient that relies on cannabis, this is unacceptable. I want to be able to see what I am purchasing, especially for the prices the medical dispensaries are charging.

After that experience, I was forced to use the black market to get my medicine. I am paying a fraction of the price compared to Green Goods and Rise. I currently spend about \$400-\$1000 per month for my cannabis depending on the type of product I am getting (flower, edibles, concentrate)

As a medical patient I fully support a Caregiver's Program. I prefer to have a relationship with the grower of my medicine. I would much rather give my money to a local caregiver versus an MSO.

Cassandra Ditter
55336

To: Minnesota Lawmakers

From: Dr. Clemon Dabney

Date: 3/1/24

Subject: HF3766

The legalization of homegrown cannabis sales by caregivers, as outlined in HF3766, stands as a pivotal initiative with multifaceted benefits. Not only does it facilitate small-scale agriculture, but it also serves as a gateway for individuals to engage in the cannabis industry, circumventing the financial obstacles typically associated with licensing and property acquisition. By fostering diversity within the industry, this legislation ensures that large corporations do not monopolize the market, thus offering opportunities for small businesses and individuals to thrive. Moreover, it addresses concerns surrounding the black market by providing a regulated and safe alternative for medical patients. Amidst Minnesota's staggering racial wealth gap, HF3766 emerges as a beacon of hope, significantly reducing the barrier to entry for aspiring entrepreneurs, particularly those from underrepresented minority communities. By nurturing micro-enterprises and stimulating local economies, this caregiver law not only promotes economic empowerment but also contributes to broader socioeconomic development, offering a path towards sustainable growth and prosperity within communities facing historical barriers to advancement.

Allowing caregivers to sell homegrown cannabis promotes small-scale agriculture and empowers individuals to participate in the cannabis industry without the significant financial barriers associated with acquiring licenses and purchasing or leasing property. HF3766 fosters diversity within the industry, preventing it from being monopolized by large corporations and ensuring that small businesses and individuals have a chance to thrive.

Restrictive licensing requirements can inadvertently drive consumers toward the black market, where product quality and safety are not guaranteed. By allowing caregivers to legally sell homegrown cannabis to medical patients, we can provide a regulated and safe alternative to the black market. HF3766 not only ensures patient safety but also helps to diminish illegal drug trade and associated criminal activity.

Minnesota has the third worst racial wealth gap in the nation. HF3766 lowers the barrier to entry to becoming an entrepreneur. Allowing caregivers to sell homegrown cannabis to medical cannabis patients provides a pathway for small businesses, particularly those in underrepresented minority communities, to enter the market without the significant financial burden associated with acquiring licenses and purchasing property. By lowering the barrier to entry, this caregiver law levels the playing field and creates opportunities for entrepreneurs who may not have access to substantial capital.

Homegrown cannabis sales by caregivers enable micro-enterprises to thrive within the cannabis industry. These small-scale operations are often more feasible for individuals and communities with limited access to capital, as they can be started with minimal investment in equipment and infrastructure. By fostering the growth of micro-enterprises, the caregiver law promotes economic empowerment and entrepreneurship among underrepresented minorities.

HF3766 results in job creation and economic development. Small businesses, including those owned by underrepresented minorities, are significant contributors to job creation and economic development. By supporting caregivers in selling homegrown cannabis, policymakers can stimulate local economies and create employment opportunities within communities that have historically faced barriers to economic advancement. This approach not only improves access to capital but also addresses broader socioeconomic disparities by fostering sustainable growth and prosperity.

In summary, HF3766, which allows caregivers to sell homegrown cannabis, emerges as a pivotal legislation fostering small-scale agriculture and democratizing access to the cannabis industry. By removing significant financial barriers associated with licensing and property acquisition, the law empowers individuals, particularly those from underrepresented minority communities, to participate in entrepreneurship. Moreover, it addresses concerns about the black market by providing a regulated and safe alternative for medical patients. By promoting micro-enterprises, HF3766 facilitates economic empowerment and job creation, thus contributing to overall economic development. Ultimately, this legislation not only ensures patient safety but also tackles socioeconomic disparities, paving the way for sustainable growth and prosperity within communities.

To: Minnesota Lawmakers
From: Patient, David Holloway
Date: 2/27/24
Subject: HF3766

As a cannabis grower in Minnesota I choose seeds based on attempting to find products I desire that are reliable and grow well in my conditions. This leads to looking through many seeds and maybe only keeping one of them or none of them to grow again.

A big hole in the law as someone trying to provide products to a total of five patients reliably 16 plants is not enough without a provision for clones. I've had two grows since October 1st that I've had to chop 2 cycles halfway through the flowering cycle due to a female plant growing male parts and pollinating the whole tent. Cannabis, like many plants, has genetic variation in the seeds. You cannot have a proper medical program without a provision for maintaining specific cultivars. Without the ability to clone plants, you don't know what you're getting when you get to the bud since every plant is different. Increasing the plant count or allowing for clones will allow us to produce consistent, high-quality medication for patients.

As a patient, I grow because most of the cannabis sold in dispensaries is always harvested too early to give me the effects I seek. The medical companies seek profit versus trying to make proper medication. Another reason I grow my own is I know what goes on and into the plants when I grow them. I don't know what chemicals other people are using as it's not easily accessible on their website. I have also seen and received moldy cannabis flower from the medical companies. As a home grower if there's mold on my plant I trash it I don't try to remediate it because I don't want that in my body.

I was spending three to four hundred dollars a month at the dispensaries in Minnesota, and the last time I was back was before August 1st. It costs me approximately \$30 to power a 4x4 tent for a month, which can yield over 24 oz with proper genetics. As a disabled vet on a fixed income anywhere I can save money is a big win. As someone unable to work, growing cannabis and providing it to people in need gives me some purpose in life.

Thank You,

David Holloway
tdhstaples1@gmail.com

To: Minnesota Lawmakers

From: Eric Jensen

Date: 3/24/24

Subject: HF3766

Good afternoon, Minnesota law makers, my name is Eric Jensen.

Today I'm here to speak on the importance of a medical caregiver program in Minnesota. I was a medical caregiver in Michigan for three years.

Growing medical cannabis is difficult; It's an expensive hobby to set up, requires a lot of attention to detail and time. Only allowing caregivers to grow for one patient gives patients less access to their desired medication. Michigan medical patients have access to the best medicine in the country, because their lawmakers set regulations that would allow for it. The Michigan caregiver program allows for state licensed caregivers to grow up to 72 plants on behalf of patients.

While this (72 plants) may seem excessive to the "uneducated" let me break it down- There are three main stages to a cannabis plant: Cloning, seedlings and/ mother plants for your genetic library, and lastly, vegetative growth / and flowering plants. Only allowing for eight plants makes it impossible for caregivers to search for new types of genetic traits and cannabinoids that will help medical patients.

I have had patients with severe debilitating genetic diseases, such as muscular dystrophy, and chrons disease. In fact my partner of five years has chrons disease, so I'm very familiar with its symptoms and how cannabis can help some of these people with this diagnosis.

I also have helped patients with work related injuries that have left them severely disabled for the rest of their lives. This also requires different cannabis genetics to be grown. Because of these unique diseases or symptoms sometimes patients need two or three different types of cannabis medicine just to get through the day, normally, like you or I.

An example of this would be a patient with muscular dystrophy needing pain relief in the morning, and more appetite during the day to help keep their strength up; Then might need a different type of symptom relief in the evening or at night.

America and Americans succeed when they have the most freedom; Most people don't know but many of our Founding Fathers grew acres of hemp, with various levels of cannabinoids for many uses- Setting low plant counts stifles the level of care patients can receive from their chosen caregivers. Please support and consider the proposals in HF3766.

To: Minnesota Lawmakers

From: Flutessa Farms

Date: 3/1/24

Subject: HF3766

Being a former Michigan caregiver, but, native Minnesotan, and having experience growing 12 plants per patient, I can say with full confidence that 16 plants would not only immensely help a caregiver maintain a strain/product inventory for their patients, it also gives us the ability to be searching for new things for patients and give them a more personally curated and quality experience that high production facilities simply cannot provide. 16 plants would give me the ability to make more specialized products and maintain an inventory for the patients in my life I love, who need it most. Many people like myself have been caregiving for years, and I think the people who take care of plants for other people deserve a chance at doing so, legally. Caregivers believe in patients before profit. HF3766 would allow every single Minnesota Caregiver to achieve this.

I think that 16 is great to begin with, because it gives a caregiver a way to hunt genetics from seed and cut out males as needed without being penalized for plant count before the plants are sexed. At minimum, it takes about 2 years to grow and accumulate a sufficient strain inventory with more options to help treat a patient in ways that help them best. There is no blueprint when it comes to medicating with cannabis, everyone is different.

I would prefer a caregiver program because I have experience working in a large licensed facility, and the things I witnessed/was told to do by my employers were abhorrent and questionable as far as technique as well as ethics. After what I witnessed, I stopped shopping at the dispensary and focused on growing my own again. I even have dispensary employees buying from me because I produce a higher quality than what they have available at their workplace (with a discount.) Caregiver quality speaks for itself, we love our plants. When you love what you do, you tend to do a better job than those who don't love growing the way that caregivers do. It's no different than pouring your love of gardening into your vegetables and sharing the delicious fruits of your labor with your community, especially those who need them most. A reasonable patient amount could be from 5 to 9 people each month.

I ask that Representatives please take the time to consider how good this program will be for the community. A caregiver program is one of the only programs where a patient can receive personally curated home grown medicine directly from the source. Supporting a caregiver program is supporting the small farmer.

Flutessa Farms

To: Minnesota Lawmakers
From: Jen Randolph Reise
Date: March 24, 2024
Subject: HF 3766

Thank you for the opportunity to present written testimony to the Committee in favor of HF 3766, the cannabis caregiver bill.

I'm Jen Randolph Reise. I'm a leading Minnesota attorney representing small cannabis businesses in navigating and getting set up in compliance with law, as the head of Business and Cannabis Law at North Star Law Group in St. Paul. I'm also the mom of a young adult who uses

cannabis as medicine and a brand-new homegrower.

I'll start with the personal. My child developed a health issue as a teenager which was basically disabling, and medical cannabis is what gave them their life back. I worked hard to help them jump through the hoops to enroll and purchase in Minnesota's medical program. As others have

testified, we eventually realized that the prices at Rise/Green Goods were far higher and the quality significantly lower than what could be obtained at dispensaries in legal states or from the

better black-market growers in Minnesota.

Learning to homegrow after it became legal in August 2023 was even more economical (assuming a successful harvest), and we could plant strains with the terpene profiles we thought most likely to help my child's condition. I learned that 8 plants, and only 4 flowering at a time, is

not very many. Some die, some are males, and you're trying to figure out different strains. I also learned that growing for the first time requires some significant investment in a grow tent, good lights, quality soil, and carefully-selected seeds. I also discovered that growing cannabis is kind of difficult, and that there are people in Minnesota who have serious expertise that I will never match.

My child now lives in an apartment where they are not able to grow. This caregiver program would give the many Minnesotans who live in apartments, can't invest in the homegrow setup, don't have green thumbs, or otherwise can't or don't want to grow, access to high-quality, reasonably-priced medicine. It also gives protection to people like me who grow on behalf of loved ones, as well as more experienced growers who can offer to grow on behalf of registered patients.

As I said, growing cannabis requires capital investment and labor. I believe that caregivers should be able to receive reasonable compensation for the service they provide – a share of the cost of that grow tent, good lights, quality soil, and carefully-selected seeds, and the hours and hours of careful tending, trimming, and drying to create quality flower. That's true at the small scale – for example a homegrower who grows for a friend with cancer – and it's also true of a grower with some scale, who could register as a caregiver grower and grow for up to six patients under HF 3766.

One of the policy goals for HF100 was to end prohibition and allow the legacy growers to come into the light. As a lawyer for some of those people, I can tell you that they are proud of their product and hope to find a way to join the legal market. They are also extremely limited by their

access to capital. I will be helping many clients apply for microlicenses, both clients who qualify as social equity applicants and those who do not. But even a microlicense is an expensive endeavor, especially to the extent that it's a crapshoot whether you in fact get one and can finally open this business that you worked so hard to describe in the application.

In other words, a caregiver program acts as a bridge between homegrow and a micro-license, and that creates choice for patients.

It also creates economic opportunity at a tiny scale that is more accessible than a micro license.

Another policy goal for HF100 was to create a craft cannabis industry in Minnesota. Rather than

welcoming the huge, multi-state cannabis companies to set up shop in Minnesota, we wanted to give an opportunity for Minnesota entrepreneurs and Minnesota consumers to enjoy a richly varied, quirky, evolving marketplace. Remember that I learned that it takes expertise to grow cannabis well? These craft entrepreneurs are here, now. Indeed, in Michigan, some cannabis companies and brands started in the caregiver market – learning their craft, refining their brand, and then were able to scale up into larger license categories.

And finally, HF100 aimed to make sure that Minnesotans have access to safe and regulated cannabis products and eliminate the black market. Allowing these really small growers to be compensated for their services is an important step in eliminating the black market. It also gives Minnesota the opportunity to require registration of caregivers and appropriate testing of the products that they provide, which I would urge as an important addition to this bill.

In summary, I support HF 3766's expansion of home grow plant counts for medical patients and

the ability to designate someone else to grow on the patient's behalf, as based on my experience I believe it is in line with Minnesota's policy goals to create a craft cannabis market and give medical cannabis patients access to a choice of quality medicine.

To: Minnesota Lawmakers
From: Kayla Fearing, Healing Fear Consulting
Date: 3/24/24
Subject: HF3766

Hello, Chair Stephenson, and Commerce Committee,

My name is Kayla Fearing, and I am a patient advocate, healthcare consultant, and cannabinoid educator. I spent the last year and a half getting feedback from Minnesota patients, home growers, and the cannabis community on the possibility of a Caregiver Program here, in my home state of Minnesota. I've been a Medical Cannabis Patient in the State of Michigan, and a patient using their Caregiver program since 2021. If last year's passage of HF 100, Recreational Adult Use Cannabis Legalization, was truly about Minnesota's Craft Cannabis industry, as well as social equity, and If our Minnesota Medical Cannabis program is really for Patients, a Caregiver program, as defined in HF3766, would be a fantastic additional to Minnesota's Budding Cannabis programs.

I have seen the success of a Cannabis Caregivers program, personally, in our neighboring State of Michigan; Eleven other states currently have and are operating a Cannabis Caregivers program similar to what the Minnesota community has asked for in HF3766. Patient and Plant Counts for Caregivers vary state by state; But it remains the same across the states, that by having a Caregiver Program it establishes a contract based relationship between a Patient and Caregiver, in return, providing curated, individualized cannabis genetics for their patients- Products that cannot always be purchased, or even found, in Medical or Recreational Dispensaries. With Minnesota's strong historical backgrounds in healthcare and agriculture; We've already had the seeds in place to establish an amazing Caregiver program.

HF3766 would first and foremost, create patient accessibility, and patient choice within our Minnesota Medical Cannabis Program. Just this weekend, there was an article out of Colorado, stating, that "23 samples from 10 different dispensaries found to be 30% less potent with THC content than advertised IN SHOP to patients." Minnesota's current shop choices are seemingly no better for patients; Minnesota Patients have reported Mold, Mildew, Old and "Dried Out" Cannabis Flower, questionable THC potency percentages- All along some of the most expensive price tags in the country. A Caregivers program would provide a local, and craft choice, for patients to receive their high quality cannabis flower medicines.

By adapting HF3766, we'd also be providing our craft cannabis farmers a "social equity bridge," that keeps them out of the unknown Licensing waters that Recreational Cannabis brings. HF3766 shortens the gap of entry to becoming an entrepreneur in cannabis. Allowing caregivers to sell their services in producing homegrown cannabis to medical cannabis patients provides a path for small businesses of one person, particularly those in underrepresented minority communities, to enter the cannabis market without the financial burdens associated with acquiring licenses. Which is significant when most of these entrepreneurs already have their patient relationships established.

As a patient advocate, healthcare consultant and cannabis educator, I ask this committee to see the benefits that a Cannabis Caregiver Program would bring Minnesota Patients, and our craft cannabis farmers; Please allow patients, and these craft cannabis farmers to flourish under new Minnesota Cannabis Laws, and not define these stewards of plant medicine to be defined as “Criminals,” for helping the sick and less fortunate.

Minnesotan patients should not be forced to depend on “gifting,” of our medicines if we cannot successfully produce cannabis crops for ourselves with homegrow. “Gifting” of Insulin in a Diabetic relationship, would be unheard of.

Thank you for hearing HF3766 in this committee- Myself, and the Cannabis Caregiver Community are open to negotiations about caregiver patients, and plant counts.

Thank you.

To: Minnesota Lawmakers
From: Lynn Wachtler, RN BC-FNP
Date: 3/1/24
Subject: HF3766

3/1/2024

To Whom It May Concern:

I am writing to voice my support for HF 3766. As a nurse practitioner with advanced training and certification in Cannabis Science and Medicine from the Robert Larner College of Medicine University of Vermont, I have a deep understanding of cannabis plant medicine and compassion for those who use it.

Recently, several medical patients in my social network have been unable to purchase some or ANY of their products at the dispensary due to economic challenges and disabilities resulting in reduction of income. These individuals have turned toward legacy growers and/or out of state products for relief and better affordability.

A robust caregiver program would allow improved and access and safety for patients and while allowing Minnesota nurses and other professionals to simultaneously participate in patient care and the cannabis industry without competing against large for profit MSOs operating here in Minnesota.

Sincerely,

Lynn Wachtler RN BC-FNP
Ceres Medical
lynn@ceresmedical.com
651-283-5183

To: Minnesota Lawmakers

From: Caregiver, Patient, Michelle, Wright County 55565

Date: 3/2/24

Subject: HF3766

Growing my own medicine allows for more control over the strains that help my symptoms. The strains made available through the dispensaries are inconsistently offered and extremely expensive. With the amount of flower (~1/2oz) I consume per week to keep pain and inflammation down, I'm spending at minimum \$350-\$400 per month for the lowest quality medicine. I have received flower with mold from Green Goods, and usually only purchase lower strength ground flower because it's all I can afford on a consistent basis. The THC percentages of flower are low compared to any out of state dispensary I've visited. The low percentage causes me to consume more product to get the same effect of higher quality flower. I've benefitted in so many ways, both mentally and physically from cannabis, and appreciate the opportunity to minimize medical costs by growing my own medicine.

Currently, the 4 plants allowed per person does not allow me to grow enough for a consistent supply of medicine. Indoor yields were low in my first growing season due to the learning curve of growing cannabis. I also want to keep clones of my favorite genetics which affects my plant counts. Additionally, it would be ideal to grow more than 4 outdoor plants in the the short MN growing season. There are unpredictable factors that can affect yield such as pests, disease, mold, cure of flower and the overall mistakes that can happen with any new grower. For example you can get halfway through the flower phase and there's pollen being released which causes flowers to focus energy on seed production, negatively affecting the weight and quality of flower. 16 plants would allow for more learning experience and better guarantee that yield will be enough to provide consistent medicine. Medical patients like myself wouldn't grow 16 plants year round, but would use this increased quantity allowance to boost yields in the growing season.

Michelle, Wright County

55565

To: Minnesota Lawmakers
From: Patient, Natalie Campion
Date: 2/27/24
Subject: HF3766

Here is some information about my experience of being a canna patient in MN.

- Once I was diagnosed with PTSD,I applied for the MN canna patient program and was accepted as a patient
- The first time I went to Green Goods as a patient, I found the product to be too expensive for the quality and quantity received, so I bought .25oz of flowers and never returned.
- When I found the program to be too expensive, I immediately returned to buying from dealers on the market
- I smoke flower most of the time with the occasional vape and edible, purchase about 1oz/month

Here's my response using a template

As a patient I have not received quality medicines from our medical program and have had to go back to the black market because the cost to get medicine is too high.

Please reach out if clarification is needed.

Thank You,

Natalie Campion
natalieacampion@gmail.com

To: Minnesota Lawmakers

From: Patient 55075

Date: 3/1/24

Subject: HF3766

As a Minnesota cannabis grower it is important I am able to be very selective with my genetics due to our short season. The higher plant population I would be able to cultivate with HF3766, allows me to only choose genetics that work well in our climate that are easy to grow, fast flowering, and early ripening. Beyond that, I will also need to make selections based on terpene, flavonoid, and cannabinoid profile. We should also consider accessible state testing. This plant has made me a better person plain and simple. Who knows what I would have been able to accomplish if I wasn't charged with a cultivation felony in 2008. I feel that is where my journey started with this plant as I was put on probation and random urine analysis. I then started experimenting with other drugs that leave your system in days rather than months. I became addicted to opioids from then on. Which in turn perpetuated my troubles, mental and legal. It got very bad for a time as I could not stop this self torture cycle that I so desperately wanted to be finished with. Suicide became an option I was contemplating. I was jailed for DUI and was able to get the benzodiazepines and opioids out of my system. After that I completed treatment and was reintroduced to psychedelics and cannabis. These plants and fungi have allowed me to heal myself mentally in turn creating new beneficial habits physically, like meditation, gardening, and a short basic workout. Which then allowed me to rebuild broken relationships with family and friends. Daily cannabis consumption is important for me as it allows me to analyze my thoughts, words, and behaviors which in turn makes me more enjoyable to be around and a more productive member of the community. HF3766 would help keep the plant and cannabis cultivation relationship between a caregiver and a patient, not big pharma.

Thank you

55075

To: Minnesota Lawmakers

From: Anonymous Patient, 55379

Date: 3/24/24

Subject: HF3766

To whom this may concern,

I am a single mom to one beautiful 10-year-old boy. I work 3 jobs and attend college full-time online. By day, I am part of the Human Resources team of a large company. By weeknight, I am a sports coach, and by weekend I am a caterer. I attend church every Sunday. I have to, because one time a few years ago I made the mistake of signing up to help in the Sunday School room, and now I'm trapped. Everyone talks about the Catholic guilt, but nobody mentions the Baptist guilt.

What nobody knows about me, except my closest friends, is that for the last 3 years, I have been utilizing cannabis as a medicine to cope with my clinically diagnosed Severe Anxiety disorder. Regular medicine made me drowsy, irritable, depressed, and at times even worse. It is very hard to teach a small child about the wonders of the universe when you don't actually want to be there yourself. Having easy access to Cannabis has been a lifesaver for myself and my tiny family of 2. I'd like to point out that I support myself financially, without the aid of government aid. I have never done any harder drugs outside of marijuana. For me, Cannabis was not a gateway to harder drugs, it was the calmness in my mind to coach tiny humans who have been trapped in their homes for most of their childhood due to COVID-19. Cannabis is my clarity when I am creating training and development for my company to help employees live to their potential. I am not found in large smoke circles where people yell out "Pass the blunt" I am at bible study. I hope and pray that you will all step outside of your reasoning, and see past your implicit bias against marijuana. I am just another mom trying to keep moving forward, and I would hope you won't stand in my way.

Thank you,

The single mom down the road

To: Minnesota Lawmakers

From: Patient, 55406

Date: 3/24/24

Subject: HF3766

The two states in the US right now with the most robust and reliable patient caregiver programs are Maine and Michigan. Both of which allow you to be a caregiver for up to 5 patients and even allow the ability to combine caregivers licenses in Maine. HF3766 would be a great change to Minnesota's medical program.

I, as a patient, would be fine with a small monetary application fee or something to make this fiscally worth while to the state if that's needed. Average family size in the state of MN is 3 people.

This proposal bill HF5747 of only one additional patient for a caregiver, would not only prevent people from being able to care for their own family members easily, but also would be the most limited caregiver program in the country. Just like our current medical program, access would continue to be restricted to the people who need clean, quality, affordable meds as it always has been.

That, in my opinion, is a slap in the face to the Minnesotans who have been just settling for almost a decade trying to feel well enough to work and care for their loved ones through their pain or tremors or whatever else may ail them. People in rural areas shouldn't be expected to travel distances for their goods and should be able to keep their time and money local. We don't go to the pharmacy or grocery store or farmers markets and demand free services and goods, so why should someone not be able to make a minute monetary arrangement that fits the budget of a patient and makes sure their needs are met and power, labor, space, and sweat equity aren't at least partially compensated for.

This would be the truly socially equitable way to give access to life saving and comforting medicine for the people who deserve better in this current economic turbulence especially post pandemic. Also this would be a truly equitable way for folks to enter the cannabis space here in our state and learn to cultivate for others safely on a small scale without the fear of failure en masse or needing a massive bankroll to get started.

Please consider atleast 5 patients and a small monetary fee to participate in the registry program or you can at the very least expect broad scale non compliance issues here that enforcement officials will not be able to keep up with. Thank you.

To: Minnesota Lawmakers

From: Patient 55410

Date: 3/1/24

Subject: HF3766

In my opinion. People, patients, businesses, cultivators, breeders, garden stores, everyone thrives when cannabis stays as grassroots as possible. Its a theme nationwide if you pay attention. Minnesota lawmakers decided to overlook the most important aspect of a medical cannabis program in 2014, the people.

They settled for a limited license, limited access, inflated program that was hemorrhaging money up until they added raw flower sales from what most of us Minnesotans, understand.

Patients and passionate cannabis folks had to settle or stay in the closet or the traditional market. This proposed legislation would make things possible for us to supply quality cannabis to patients, and there would still be room for brick and mortar stores and the current MSO. But patients, especially, deserve the right to choose what they want to put in their bodies and who they trust to provide them with that.

If the state wants a truly socially equitable cannabis environment, it would be beneficial to the people who are passionate about cannabis to be able to caregive to gain experience without having to jump through the same regulatory hoops and financial hurdles one encounters when building a small to large scale state compliant rec. cannabis facility. Not to mention 280e and metric Hell.

If you don't understand the need for higher plant counts, its because people who responsibly use cannabis daily, especially regularly to manage pain, nausea, spasms, or a variety of other things will either find one specific strain that works incredibly well for them, and they need as much of it as they can get so they don't run out; or on the flip side of this, since our biology is so subjective, they build a tolerance easily and need as many different cannabinoid profiles as possible so their receptors can keep giving them the relief they need. I personally need to have 2-4 strains around or my nerves and pain will flair up as I build a tolerance to each profile. Sadly, like a lot of patients in Minnesota, I have never had the privilege of having access to program here, due to our strick diagnosis guidelines.

I'd like to highlight that this legislation includes the ability for patients choose a designated caregiver with experience to grow 16 plants for them, which incentivizes people to take advantage of the medical program, and after years of not being able to access flower or grow your own safely, now, you could potentially be able to grow enough to stock up or make several different products for yourself, with the assiatance of a caregiver, and take advantage of all the different delivery methods that might work better for some folks depending on the circumstances.

Anonymous
55410

To: Minnesota Lawmakers

From: Patient, 55413

Date: 3/24/24

Subject: HF3766

I am a Constituent of yours, and I am writing you today to request that you support HF3766, which is currently in Minnesota's Legislation. I have been a patient of the medical program since February 2022. Cannabis has helped me get my life back after a life-altering injury in 2019. I developed PTSD and chronic pain as a result. I tried several therapies and treatments for years with no change. An alternative medicine physician offered the medical cannabis program as an option for treatment. Cannabis is healthcare. It changed my life. I went from staying home, doing desk jobs, and living in a way my pain controlled. After using cannabis, I started living again. I was able to get my pain under control so that I could do participate in daily life. Being able to grow my own plants is so important to me so that I can maintain a personal supply for my health- and to be able to grant those rights to someone else if I need to, is also important to me. I have had times where what I needed wasn't available or I didn't have the funds to access what I needed. If I was able to grow my own, I could make sure I never have to return to a life of pain relying on others. I have been forced to turn back to the black market more times than I have wished.

As a medical Cannabis (Patient and Supporter) here in Minnesota, I believe in quality and affordable medicines. I hope you will, too. Please support HF3766, Thank You.

Maria K. Poirier, M.D. Testimony on Medical Cannabis HF 3766 and HF 4789

March 25, 2024

Chair Stephenson and members of the Commerce Finance and Policy Committee,

Thank you for allowing me to submit written testimony in **opposition** to the above listed cannabis bills. My name is Maria Poirier, and I am an internal medicine physician from Rochester with experience caring for patients who use medical cannabis.

HF 3766 would authorize patients enrolled in the registry program to cultivate up to 16 cannabis plants without a license. Minnesota's medical cannabis program does not require certifying practitioners to screen patients for cannabis use disorder and to attest to its absence prior to certifying and recertifying the patient. Two studies published within the last year have found that between 21 to 25 % of persons who use cannabis for medicinal purposes have cannabis use disorder (CUD). Patients who also use recreationally are at risk for moderate to severe CUD (1, 2). Allowing patients in the registry to grow a significant quantity of cannabis plants without safeguards in place to screen for CUD is not best medical practice or good public health policy.

HF 4789 would allow certification of any medical condition approved by a patient's health care practitioner and removes the approval process by the commissioner and the task force on medical cannabis therapeutic research. Since most health care professionals are poorly educated about the risks and benefits of cannabis use, this bill would further strip patient safeguards from the medical cannabis program (3).

I urge committee members to vote NO on HF 3766 and HF 4789. Thank you.

References

1. Lapham GT, Matson TE, Bobb JF, et al. Prevalence of Cannabis Use Disorder and Reasons for Use Among Adults in a US State Where Recreational Cannabis Use Is Legal. *JAMA Netw Open*. 2023;6(8):e2328934. doi:10.1001/jamanetworkopen.2023.28934
2. Danielle Dawson, Daniel Stjepanović, Valentina Lorenzetti, Christy Cheung, Wayne Hall, Janni Leung, The prevalence of cannabis use disorders in people who use medicinal cannabis: A systematic review and meta-analysis, *Drug and Alcohol Dependence*, Volume 257, 2024, 111263, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2024.111263>.
3. Rice J, Hildebrand A, Waslo CS, Cameron MH, Jones KD. Cannabis for medical purposes: A cross-sectional analysis of health care professionals' knowledge. *J Am Assoc Nurse Pract*. 2021 Mar 19;34(1):100-106. doi: 10.1097/JXX.0000000000000590. PMID: 33767121.

To: Minnesota Lawmakers
From: Robert Green, 55407
Date: 3/1/24
Subject: HF3766

My name is Robert Green, and I started growing cannabis last year. I want to grow for patients as a caregiver because I want to help them explore the diverse world of cannabis that exists outside commercial spaces; and because being a caregiver would give me the opportunity to expand my garden beyond the "after work weed" for me and my partner and dive deeper into this hobby.

I've never seen my favorite strain in a dispensary. It's called "Federation Hawaiian Sativa", or "Maui" if you were in Boulder in the mid 2000s, and you can't make money growing it. It has a poor yield, it takes forever to grow, and it looks terrible; but the seedline has been maintained and improved for 20 years by a community sharing seeds on Internet forums and growing it for themselves for its unique clearheaded effect. I know this strain works for me, the smell from rubbing the stems of my 3 week old plants reminds me why I would drive across Nebraska to get it, and I haven't had anything like it in almost 20 years. I got seeds this winter after a month of research, some forum posts, and a bunch of emails with a breeder. He sent me the seeds and a bunch of other seeds he thinks I might like based on our similar tastes. I'm going to grow out those seeds until I find something special, and hopefully keep clones of that plant for the rest of my life. I want to help patients with this process.

I want to help patients follow their nose to a plant that's right for them, regardless of how the plant looks or yields. When people have tried to breed the Maui for faster production, it has lost the other qualities that people grew it for in the first place. When growers choose varieties for traits that improve production or make for Instagram worthy flower, they narrow the range of therapeutic benefits. Cannabis these days is all inexpensive and gorgeous, but it lacks variety because it has all been bred to be inexpensive and gorgeous. There are countless heirloom strains lovingly maintained by people simply because the plants speak to their needs, and from my experience they are delighted to share genetics and knowledge. I think the small scale nature of a caregiver program lends itself to finding and producing the most effective medicine for patients because it allows for a variety and personalization impossible with large scale grows and dispensaries.

I grow in a 2"x4" tent under 300w of light, and I average 5 oz. per grow with 3 or 4 grows a year. This is enough for a couple of bowls after work, joints on hikes or bike rides, and eighths here and there for friends (mostly to show off). In the same tent I have grown both 2 and 4 plants at once with almost identical yields. I have just started to go through one 10 pack of seeds, and it is going to take almost 2 years to finish with current legal plant counts. Cannabis seeds have a mother and a father, so the offspring of a pairing can vary drastically from plant to plant. For instance, some aromas show up like a red-headed child of red and brown haired parents; the potential is there for a ginger, but most or all of the kids will have brown hair and they could get blonds too. If you can get a clone you're good to go, but the accepted practice is you need to grow at least 8 seeds to find a "keeper" worth cloning.

I can only really grow out 2 seeds at a time, because each plant needs a clone kept in a vegetative state to preserve the genetics as the other copy flowers and is harvested. If I grew 4 plants at once it would mean 4 flowering and 4 copies, so I wouldn't be able to preserve any other genetics as "mothers plants" for taking clones. Part of my desire to be a caregiver is to explore plants at a pace that isn't so painfully slow, but I hope this highlights that 16 plants is the bare minimum for finding good medicine for a patient in a timely manner and that plant counts effect more than just the amount produced.

Thanks for considering my input,

Robert Green

3217 17th Ave South

Minneapolis MN 55407

To: Minnesota Lawmakers

From: Tessa DeWaele, Caregiver

Date: 3/24/24

Subject: HF3766

My name is Tessa DeWaele, I am a professional Classical Flutist born and raised in Minnesota writing in support of the proposed caregiver bills and I hope to represent the voices of the average passionate, dedicated and hard working grower who deserves a chance at doing what they love legally. Many of us are still scared to speak, and I am honored to speak for the small farmer.

While I was attending college at the University of Minnesota school of music, I was clinically diagnosed with Post Traumatic Stress Disorder. My passion for plants began with growing houseplants as a coping mechanism as I was going through therapy and being treated for PTSD.

After years of working with several doctors and trying dozens of different combinations of benzodiazepines and anti depressants, I found that none of the treatments helped me.

Medicating with cannabis was the only treatment that helped me conquer my daily battle with PTSD and gave me the freedom to live a normal life, when other treatments did the opposite of what I needed. I had no idea that the day I accidentally germinated a bag seed that fell into my dog's water bowl would be the first day of a whole new life-changing journey.

I learned very quickly that I was good at growing cannabis just as I am with houseplants, and that realization make me truly understand how tragic it is to criminalize people for loving such a beautiful thing enough to risk their own freedom for something they believe in. Until you grow your own plant, this is something only truly passionate growers understand. I am asking that you give us a chance to show our passion directly to the people in our lives who need it most.

I had to keep something I love a secret for so many years out of fear of being caught. When COVID-19 silenced my work as a Minneapolis musician, I took the opportunity to move into my friend's basement in a city called Houghton in Michigan's upper peninsula to search for employment in the legal cannabis industry. After I began working in the industry and personally witnessed the unethical business practices and employee exploitation that I now know is so rampant in the cannabis industry, I learned about the caregiver program and became a patient in the Michigan Medical Marijuana Program. When the quality I grew as a patient and gifted to friends quickly proved to be superior to what was available at the dispensary, it wasn't long before other patients started reaching out to me and asked me to be their registered caregiver. I moved to Michigan and stayed because Minnesota doesn't have a caregiver program like Michigan, and now that I'm moving back home, I would love to see the beautiful community of a caregiver program present in Minnesota.

A caregiver program is the only program that supports the small farmer and makes participating in the industry even remotely possible for the average person without significant capital. The average grower is always working hard to make ends meet, and never gets a day off because plants don't care about the number of hours they need from us to be happy. Our patients deserve the quality that caregivers produce, and caregivers deserve a chance to do what we love in a legal manner. Please give us the opportunity to help others without making us out to be criminals for being good at growing our own plants and personally curated medicine at home.

-Tessa DeWaele

To: Minnesota Lawmakers

From: Patient and Caregiver, Toph Heubach

Date: 2/29/24

Subject: HF3766

Dear Legislators,

I hope this message finds you well and open to a heartfelt discussion on the future of medicinal cannabis in our state. As a dedicated grower for my own medicinal needs, I've experienced firsthand the profound benefits that tailored cannabis treatment can offer. However, under our current regulations, there's a significant limitation that impacts not only my ability to care for myself but also the potential to extend this care to others who could benefit from a more personalized approach to medicinal cannabis. I'm writing to advocate for the allowance of at least 16 plants per patient, a change that I believe is crucial for providing effective, individualized care.

Each cultivar of cannabis and the entourage effect, from its specific cannabinoids and terpenes profile, offers different therapeutic benefits that address various symptoms and conditions. Having the ability to grow a wider variety of cultivars means I can tailor the medication more closely to the specific needs of each individual, including myself. Moreover, producing safe, solventless concentrates such as high-quality live rosin — is a cleaner and more potent medication — but requires a significant volume of plant material to harvest the plant's trichomes. This is particularly true when working with high-CBD strains, which are essential for conditions like epilepsy but are known for their lower yield.

Another reality of cultivation is the unpredictability of crop success. From pests to power outages, numerous unforeseen factors can compromise a harvest. A higher plant count provides a crucial buffer, ensuring that these natural setbacks don't translate into a lack of available medicine for patients who depend on us.

The ability to grow more plants isn't just about increasing quantity; it's about enhancing the quality and specificity of care. With more plants, I can conduct the necessary research and development to refine the effectiveness of the medicine I offer, ensuring that each patient receives the best possible support for their condition.

By allowing individuals like myself to cultivate at least 16 plants per patient, you're not only acknowledging the nuanced requirements of medicinal cannabis users but also empowering us to provide for ourselves and others in a meaningful, sustainable way. This change would be a significant step forward in making our state's medical cannabis program more compassionate, patient-centered, and effective.

I urge you to consider this proposal not as an expansion of privilege but as an essential adjustment to meet the real therapeutic needs of medicinal cannabis patients and caregivers within our community. Thank you for your consideration and for the work you do.

Sincerely,

Toph Heubach

Minneapolis 55418

To: Minnesota Lawmakers
From: Patient, Tyler Novacek
Date: 2/27/24
Subject: HF3766

Hi! Been on the medical program for almost 5 years, and have been growing since HF100 passed. A big point I don't think has been considered with our current 8 plant limit doesn't leave much room for self sufficient extraction. Medical patients up until 2022 were only given the option to have edibles, topicals and distillate extracts, with the addition of flower in March 2022. I can imagine a lot of these folks found a routine with extracts because of this. With the 8 plant limit it is not feasible for adequate solvent-less extract yields to be self sufficient in producing one's own meds comparable to what we have been allowed to use prior to the addition of flower in 2022. As someone who is medicating for PTSD multiple times a day, I would rather vape an extract that gives me a lot less side effects than combusted smoke. Most medical patients use routinely and should have the option to choose to provide their own solvent-less extracts, but with the 8 plant limit it sways me to choose to smoke instead of making an extract that would overall be a better and healthier option for my consistent use. Edibles aren't effective for me personally as everybody metabolizes things differently. It feels like the patients they forced to only use extracts for years aren't being considered with current plant limits. 16 plants would allow me to produce all my meds without being forced into buying from a dispensary, where extracts are still priced extremely high for very limited options. To produce my own meds without feeling I need to plan to go back to a dispensary again is very important as someone below the poverty line. 8 plants doesn't take into consideration medical users who use a gram of oil minimum a day, which isn't uncommon for many patients. Since HF100 there hasn't been much advocacy for the medical patients. The average person doesn't necessarily understand how consistent use is needed for a lot of patients. Medical use isn't fading away or irrelevant just because of recreational access becoming available. Our program still asks for patients to pay for their access while not being represented in the new laws or being given value for the cost of being a state recognized patient. If I am paying the state why aren't I being granted anything more than what HF-100 grants the whole state for no registration fee? To be allowed 16 plants would be worth my registration fee and would feel like medical patients aren't being extorted while having the exact same rights as every Minnesotan with HF100. It almost doesn't seem to be a reason for me to renew besides being a parent it's important to me that I my medical use can't be used against me.

Thank You,

Tyler Novacek

tjnovacek@gmail.com

To: Minnesota Lawmakers
From: Patient, Trista Rowan
Date: 2/28/24
Subject: HF3766

As a Minnesota medical patient, my experience purchasing cannabis—at one of the only two legal options—left me with a lot of questions and concerns about the pesticides and additives used in the product and allowed by the state. After making contact with Green Goods, the State's medical cannabis program and a person with the pesticides division of the MN Department of Agriculture, I still cannot determine if the cannabis I purchased at Green Goods was exposed to various pesticides, toxins, had gone through a chemical remediation process, etc.

In addition, I really disliked the Green Goods store experience. I felt like an order, not a person (I've heard similar things about Rise). This cold, impersonal experience didn't make me feel cared for at all. It made me feel like the state didn't care about me, either...otherwise why wouldn't they give patients more than two options?

Because of my less-than-ideal patient experience—and the lack of transparency regarding pesticides and additives—I stopped using the state-approved resources and have found unregulated sources that are just as trustworthy, if not more so...and the prices are comparable, too.

Warm Regards,

Trista Rowan
trista@heartofgrass.com

To: Minnesota Lawmakers

From: Ally, Amy Biegnek

Date: 2/29/24

Subject: HF3766

To whom it may concern;

As an ally of Minnesota's medical program, I support HF 3766. Patients should have access to high quality medicines specific to them, at the lowest possible cost. I believe working with growers directly is the best way to achieve this.

Amy Biegnek

55416

To: Minnesota Lawmakers

From: Caregiver, Aaron, Fillmore County, 55990

Date: 3/1/24

Subject: HF3766

Hello my name is Aaron, and I am a grower that lives in Fillmore county. I only recently moved back to Minnesota, last fall after going to jail for cultivation here back in 2011.

I wanted to write legislators on behalf of HF3766, and give you some of my insight.

I have been growing medical cannabis for about 20 years and in my experience plant count and numbers really depend on what is being produced. I'd argue that 16 plants is no where near enough. To provide a patient with exactly what they need, I need to find out what currently available strains work to somewhat meet their needs and then use those as a starting point for breeding and hunting for what that patient needs exactly. A good phenohunt should be at least a few hundred plants. There may need to be multiple rounds of phenohunting while breeding and searching for the right plant for the patient. Once a cultivar works for a particular patient is secured then production numbers can be significantly less.

For example, let's say a cancer patient uses 5 grams of Full Extract Cannabis Oil (FECO) per day. If the plant that works for that patient yields FECO at 10% of the dried flower mass then that person will need 50 grams of pre processed dried flower per day to meet their FECO needs. Let's say that plant take 10 weeks to flower so for the 70 day interval between crops this individual cancer patient will need 3500 grams of pre processed dried flower to make 350 grams of FECO. That's nearly 8 pounds of dried flower. If a gardener averages 2 ounces of dried flower per plant grown indoors then that cultivator will need to grow 64 plants for that one patient's needs. If a person is caregiving for 6 people with similar needs then that caregiver would need 384 plants to provide FECO to those 6 people.

Clearly, lots of patients won't need this much medicine, but some will need more- bigger plants would mean a lower plant count but not many Minnesota growers are skilled, long time growers; many are just starting out after August 1 2023. Two ounces per small indoor plant is a reasonable amount for most growers to consistently produce. Please consider adding HF3766 to Minnesotas cannabis programs.

Aaron

Fillmore County, 55990

To: Minnesota Lawmakers
From: Adam Wagner, Patient
Date: 3/24/24
Subject: HF3766

My name is Adam Wagner, I have been growing cannabis for the better part of 10 years; I would like to explain what myself, and most other grower acquaintances do, and will continue to do, regardless of cannabis laws. This is not due to us being "lawbreakers," but due to cannabis being our chosen medicine.

16 plants to an average "non cannabis smoker," may seem like a lot considering on a "good health day," I would like five different strains at various times of the day: My coffee cultivar. Lunch cultivar. After work. Dinner. Desert, and bedtime, are all providing my body with various cannabinoids I cannot simply get from just one or two cultivars.

These plants will be at various stages. Most In a clone form, smaller than a full plant, or have yet to even root, depending on my growing style. Consider one has a 10x10 space; I can either grow HF 100's proposed, "Four Home count," and have them be very, very, large- Or I can have more plants in smaller containers that are a combination of my personally needed strains, spoken on earlier. No matter my methods, large or small plants, I'm still able to produce the same amount or flower. Plant count is redundant.

Now, I have this flower, most likely in excess because I need constancy within my grow, and daily medicine-, why couldn't I give this cannabis flower to people, "who need it most," that I have in my life? Personally, I have a large family, some of whom are unable to grow their own cannabis, rather it be skill related, zoned, or professionally related.

The idea behind a caregiver program is nothing compared to "The Black Market;" It is actually safer, more cost effective and more personalized than the recreational market. Most often, growers like myself, who could consider themselves "Caregivers," are giving this excess product to close friends and family. We are "charging" less for our services than any dispensary or black market sellers do, and we have a more personal relationship with that Patient buyer, and are able to curate the needs of the individual we are helping.

We cannot separate recreational use to medical use. All cannabis use is medicine. If we can avoid having people like My own Grandmother trusting an entry level worker on her personal medical needs, I think Caregivers should be allowed that chance. This caregiver program would take someone like me, unable to financially build up to a micro license, and place me into a position to help others without being defined a "criminal."

I was also, until recently, a patient on Minnesota's medical program. Even after August 1, 2023, I saw no reason, or incentive, to re-register on our program, due to quality of product and cost. Skilled Patient-Growers, like myself, are going to continue to "do what we do," regardless of where someone in Minnesota can buy cannabis.

Let's open an avenue for Real Minnesotans to succeed in helping other Minnesotan Patients-like their brothers, sisters and grandmother.

Simplifying "People" to business transactions, and sales margins is the way of retail, and recreational cannabis- At the end of the day, and truly has no place in a patient driven community.

Thank you for your time. Please vote in favor of bill HF3766.

To: Minnesota Lawmakers
From: Angela Elsner-Brown, 55256
Date: 3/1/24
Subject: HF3766

As a cannabis grower in Minnesota, I choose my seeds and genetics based on phenotype and terpenes. I look for specific genetics that may help ease body pain and sleep or for mental clarity and creativity. The terpenes are important for me as a grower and patient because of either allergies or need for specific terpenes for their effects on the body from anti-inflammatory to a boost in energy.

As a grower my plants, with the current space for growing, give me from half a pound to a pound per photoperiod plant. Using my middle son as my example of patient who has high needs – factoring all methods: what he inhales, oral consumption, topical to treat his TBI seizures and pain – around 12+ ounces. My low use patients are consuming around 2-4 ounces a month at this point as beginners. One lady is consistently gifted 7 grams a week purely because it is all she can afford to be um, gifted. If I can grow for her, she would increase use to a more comfortable level of use to get through the day.

Since August 1, 2023 I have “gifted” patients over 8 pounds of flower alone. I have been unable to grow enough on my own, so I reach out to other growers to be gifted. This is not gifting feasible all the time. I would be able to help far more patients in need if I was allowed to grow more plants.

I currently have 20+ consistent people I help with access to medicine. The numbers increase as people learn what I have to offer in education, quality, once source, organic, and suited to their specific health needs.

My son’s girlfriend was on the Minnesota medical program for about a year. She was paying out over \$700 for not much. The cost was far too high for the lack of quality products. She had to supplement with legacy market cannabis. She ended up doing legacy fully to have more control of what is in her medicine. Amber has mental instability from past trauma, physical pain due to auto accident leaving permanent shoulder damage.

My son Trey has never been on the program as his choice to keep his firearms and have full control of his medicine source. Several customers have asked how to obtain cannabis flower because their pharmacy flower was moldy. The current laws in Minnesota are not helping those who are in need.

Personally, I have chosen to be a legacy grower for years. It was safer being illegal and knowing my medicines source than to risk anaphylaxis and seizures due to molds, fake nutrients, pesticides, so on.

Angela Elsner-Brown
“That” Stoner’s Mom
55256

To: Minnesota Lawmakers

From: Bob Walloch, 55407

Date: 3/3/24

Subject: HF3766

As a Cannabis Grower in Minnesota I choose/chose my seeds and genetics based on personal preference for the response of the plant while cultivating and my body while consuming. Selection and testing to find what I respond best has taken time and sampling. The reality of cannabis genetics, is that seeds are each genetically unique from it's parents, and the phytochemical expression slightly different from it's brothers and sisters. Meaning, planting, caring for, and maintaining nursery stock from plants as clones during the pheno-hunting process, is critical to find the best plant, and then maintain that plant for cultivation or seeding the next generation.

The reality is that small plant counts are not an accurate measure of determining size. A more encompassing approach includes accounting for time, space, and energy inputs. Meaning, yield is really a measure of a plant's genetics, in a given environment, for a given time, with available amounts of energy. Each of these constraints have an eventual ceiling, but it's more important what the average gardener can produce than one or two very experienced cultivators could produce. A better approach is a sqft approach, where growers can keep as many small plants that they want to be able to test, rather than do a larger production grow with clone plants of the one that was found to be the best.

As an interested caregiver, I would want to reach as many patients as I can. Currently, I've assisted many individuals, as I've given away nearly 4 lbs of flower in the past 6 months and demand is outpacing my own ability to grow legally. Cancer and crohn's disease has had a huge impact in my life and supporting patients in those days while working through so much, is where I want to spend my efforts. I myself suffer crohn's disease and also want to help others work through what I have found to be helpful.

As a Cannabis Grower I support a Cannabis Caregiver program because this is how patients have been able to find / source medicine and shouldn't be illegal. We should have more choices to the quality and method of how their medicine is created. I think there is a far longer history in Cannabis of helping each other, when others have been left behind. I think it's an unfortunate and worth examining when we continue criminalizing cannabis. I suspect there is a better path to take. I've encountered so many people who were afraid of state level tracking systems, and exasperated the exceptionally high medical monopolistic prices that have reached out for

As a patient, having choice in where my medical cannabis comes from is important to me, because of cost, quality, and simply my culture. I find the exceptionally high cost of medical cannabis just plain unexceptable. Growing your own is simply more cost effective. Quality, as mentioned before, pheno hunting for the plants and strains that work for me, is a process of time and effort. It also leads to the highest quality, as I've learned what works for me, in a cultivation method I agree can feel comfortable. It's simply my culture of friends and others where I look to help other humans around me.

am a human with a qualifying medical condition but see no need to sign up for your scarlet letter list. I'll sign up after we start the gun owner list. This alone stops me from signing up for your program and will continue to support the legacy market.

To: Minnesota Lawmakers

From: Patient, 55116

Date: 2/29/24

Subject: HF3766

I think I caregiver program would be wonderful in many different ways. I myself would like to be a caregiver because I've been doing it for 15 years in the Twin Cities helping people get medicine and its always been what ive wanted to be apart of. When you get to help your friends and family and people in your community with this plant in a positive way that is the goal. Michigan has set a great example of what the caregiver market can be and I think other states should look to do the same. The yield right now under the four plant law in flower are usually going to be smaller all depending on how long you veg, for example, if someone has four great lights in four huge plants under those lights, you could potentially yield 8-12 pounds dry. If you want to hit 3 to 4 pounds a light you're going to have to veg for a while, the height of your ceiling matters , some people supplement CO2. Genetics obviously is the number one key to great success. I definitely see it would be beneficial to have more plants in rotation to be able to support patients throughout the year, right now with four plants its not enough. Some people are going to have their plant count outside. Some people are going to want to grow indoors all year round. That is what I would prefer to do the indoor route but if you have a list of patients who need quality medicine year-round, the four plants is very hard. Some people are using regular seeds to find great genetics so they're constantly in a predicament about always having to keep the correct plant count. Some people wanna breed with males and make different genetics and that's extremely hard to do if you can only do it with four plants. It's a waste of time. It's a waste of energy. If I spent 2 months from seed to vegging and growing these plants out and then I put them into flower for another 2 1/2 months chop them down , the amount of indoor cannabis that will be dried, for the patients will not be enough. If you have 10 patients that all pick up an ounce per month you need to have plants in rotation that are producing every month or every other month. And obviously you can't do that if I'm limited to the amount I can have in my veg room. I would say a good average for the patients that I've seen personally is like an ounce a month. 16 plants would be efficient but 16 plants per patient would be amazing. You could have a veg room filled with genetics and clones prepped at the correct time so rotation is always happening for your patients because some of these patients have to deal with the Minnesota caregiver growing for massive plants outdoors, and then, throughout the winter in spring sometimes into next year they still have to consume the older cannabis. I think indoor is great for that purpose if you can have Rotational harvest once a month would be much easier with the 16 plants per patient . If you're using regular seeds and I just popped eight of them OK now I take those four plants into the flower room once they've maturity enough flip it to flower and then realize two of those are males if you have not tested them prior so now I throw those away Grab two more from the veg room and have to replant two more seeds that system is flawed and makes extremely hard for caregivers if they want to help patients. If I had 16 plants in flower for me the numbers would be more like 4 lights four plants under each trying to achieve 2 to 3 pounds dry per light. It would take 2 -3 months depending on this genetics, and hope to have 8lbs that caregivers would be able to get a variety of genetics instead of having four big plants under those four lights.

A lot of people are moving towards the hash scene so a lot of these caregivers want to find genetics that are going to be washers for hash, I also think that would be a huge benefit towards the caregiver market. Some of these patients really want high end products that a big-time MSO just will not produce or will not produce at a quality level so we need a farmers market style caregivers market somewhat like Michigan I think is a huge and needs to be talked about. A great example that I've heard out of Michigan, Guy has a 10 x 10 room with three powerful lights and three benches, he uses autoflower genetics (for hash washing). He will plant one bench wait 30 days plant another bench wait 30 days and plant another bench. He can also run light 18 hours a day because they are autos. Then for his patients , he has a rotational harvest that is always coming out that he can make hash with for his patients, I think that's a great example of how higher plant count can be utilized.

Anonymous Potential Caregiver

Zipcode: 55116

To: Minnesota Lawmakers

From: Caregiver, 55129

Date: 3/1/24

Subject: HF3766

As a cannabis grower in Minnesota I purchase my hemp clones from an organic farm in Colorado who have the best genetics I have found. The plants do well outside and test consistently below .3 for thc in all types of grows. They are certified organic, and I have had good luck with them. I purchase my other plants mostly from a seed club in Michigan. I like their genetics because they are big healthy plants that do well in this grow zone, are created with RSO in mind, and love to be outside. I can use partially for smokeable and primarily for RSO.

As a grower my average yields are roughly 100 plants that do not qualify as hemp. and 100 plants that are hemp. This will produce 200 pounds of cannabis. over 150 is used for RSO and about 30 to 50 pounds of smokeable. The RSO is in infused coconut oil pills, suppositories, topicals, infused olive oils and bath salts.

As an interested caregiver, my members pick up between ten to twenty grams of RSO per visit. I would say that last them two weeks.

As a cannabis grower I support a cannabis care givers program because the more people who use and grow the real cannabis plant the healthier our country can grow. Because a system that provides food as medicine is sustainable long term. Because a home grow can provide otherwise unemployable individuals with a trade to support themselves. Because care giving is ultimately the highest honor, and we should treat it as such.

16 plants per patient is a good amount, it allows for alot of wiggle room. While its not common, it is not out of the question for a person to consume two plus pounds a year. I have had plants yield from 2 ounces to three pounds. Plus if you are still hunting the genetics that work for you there is a 50% chance you are going to have a male plant that needs to be killed. And that can happen late in the cycle. In the beginning I was planting twice as much as I wanted because of the male factor. Now I have the seed and clone source dialed in and can increase my odds by purchasing feminized seeds. But new growers will want to explore to see what works for them and the plant rule needs to have alot of wiggle room for that reason alone.

I personally consume 30 mg of a combination of THC and CBD per day. It helps me stay productive and calm. My main challenges are headaches, hormone imbalances and anxiety.

I would love to see more mentions of organic outdoor grows. Just because most growers grow inside does not mean that is the only way to grow. When establishing a healthy society of happy emotionally healthy people, its our duty to consider the environment. Outdoor grows like mine are sequestering carbon into the soil. Saving water and cleaning the soil for generations to come. In every way indoor grows tax our resources, outdoor grows invests and saves our resources.

To: Minnesota Lawmakers

From: Anonymous Patient, Zipcode 55408

Date: 2/26/24

Subject: HF3766

To whom it may concern

As a patient I would prefer a Cannabis Caregiver program to be accepted because similar yet better than the medical program, this gives me and other patients the opportunity to have the most direct access. Other than the direct access and not having to shop at a store, this also gives me and patients the opportunity to have input on the type of medicine that would be most beneficial to me without being limited to what a store is carrying. If the plant count is less than 16 per patient and a limited count of patients per caregiver this will severely impact the benefits of this program being for the ease of access to patients when there will be only so many caregivers.

As someone who was a medical patient in Oregon, there actually was a 12 plant count limit per patient with a max of 4 patients per caregiver. Though this was not perfect it was far better than less, we still witnessed there being a lack of medicine availability when it came to there being a 4 patient cap and a limited amount of caregivers varying in quality.

As a patient, I can recognize that not all medicine and growers are created equal. Which is all the more reason to not limit this program. I have chosen to not partake in the medical program in Minnesota because honestly it has nothing to offer me as a patient with its limits and lack of quality and awful pricing. I have far more to benefit from supporting the black market caregivers or even a caregiver from another state. I also do not care to consume moldy cannabis which is unfortunately rampant in the state of Minnesota.

Please do right by listening the people who use this as medicine instead of making these rules from a place as a non-patient because of what you "think" is a concern or what is best when respectfully, you are likely not the most suited to make that decision.

Regards,

Anonymous

Patient Zipcode, 55408

To: Minnesota Lawmakers

From: Patient, 55806

Date: 2/29/24

Subject: HF3766

One of my major points of contention with the current legislation is that there is no window for caregivers to practice.

While I have looked into the feasibility of obtaining different available licenses within the new legislation, there really wasn't an option for the route that I'm looking to go.

The mezzobusiness and even the microbusiness are larger in scope than would be preferred for a traditional caregiver.

I feel as if the limits proposed with HF 3766 are within the bounds of what I would consider appropriate for someone who is looking to become a caregiver within the state.

Also, I feel as if the ability for a patient to delegate responsibility to a caregiver for their medicine is a very important part of this proposal due to many socioeconomic changes since the pandemic, as well as it being a fledgling industry within the state where general knowledge about cannabis cultivation is still fairly rare among the general public.

I have only dipped my toes into the world of genetics but i could easily see those folks bumping up against the ceiling of 16 plants relatively quickly, especially if males are also counted in the total number of plants and its not based on flowering.

I more than likely would qualify for the medical program within the state but haven't made any efforts to dig too far since its never really been an issue to obtain and obviously the current medical program in the state isn't worth talking about, due to quality of product.

I have also taken on the role of caregiver for those in my life that have asked and are open to both cannabis and holistic remedies. Right now, I have four folks that I am providing medicine with on a regular basis, flower, edibles and concentrate presently, acting more as a middle man than true caregiver since I'm not able to grow but merely be a conduit.

Anonymous Potential Caregiver

Zipcode: 55806

To: Minnesota Lawmakers
From: Patient, Cassandra Ditter
Date: 2/28/24
Subject: HF3766

My name is Cassandra Ditter and I am a registered patient in the Minnesota Medical Cannabis program for PTSD. Cannabis helps me in ways that pharmaceutical medication and/or intensive therapies have not. I am able to get instant relief from traumatic flashbacks, and I no longer need multiple medications to get a full night's sleep.

My experience with Green Goods as a medical patient has been really disappointing. Not only is my medical cannabis not affordable, the quality is the worst I have ever seen. At my last and final pickup, I was given cannabis flower that was so dried out, it crumbled into powder at the slightest pressure. When I brought my concerns up to the pharmacist, I was told I would not be given any money back because the product could not be returned. Instead I was offered a discount on my next order. When I asked if patients could inspect the flower prior to purchasing/leaving the store because everything is being sold in an opaque container, I was told no. As a patient that relies on cannabis, this is unacceptable. I want to be able to see what I am purchasing, especially for the prices the medical dispensaries are charging.

After that experience, I was forced to use the black market to get my medicine. I am paying a fraction of the price compared to Green Goods and Rise. I currently spend about \$400-\$1000 per month for my cannabis depending on the type of product I am getting (flower, edibles, concentrate)

As a medical patient I fully support a Caregiver's Program. I prefer to have a relationship with the grower of my medicine. I would much rather give my money to a local caregiver versus an MSO.

Cassandra Ditter
55336

To: Minnesota Lawmakers

From: Dr. Clemon Dabney

Date: 3/1/24

Subject: HF3766

The legalization of homegrown cannabis sales by caregivers, as outlined in HF3766, stands as a pivotal initiative with multifaceted benefits. Not only does it facilitate small-scale agriculture, but it also serves as a gateway for individuals to engage in the cannabis industry, circumventing the financial obstacles typically associated with licensing and property acquisition. By fostering diversity within the industry, this legislation ensures that large corporations do not monopolize the market, thus offering opportunities for small businesses and individuals to thrive. Moreover, it addresses concerns surrounding the black market by providing a regulated and safe alternative for medical patients. Amidst Minnesota's staggering racial wealth gap, HF3766 emerges as a beacon of hope, significantly reducing the barrier to entry for aspiring entrepreneurs, particularly those from underrepresented minority communities. By nurturing micro-enterprises and stimulating local economies, this caregiver law not only promotes economic empowerment but also contributes to broader socioeconomic development, offering a path towards sustainable growth and prosperity within communities facing historical barriers to advancement.

Allowing caregivers to sell homegrown cannabis promotes small-scale agriculture and empowers individuals to participate in the cannabis industry without the significant financial barriers associated with acquiring licenses and purchasing or leasing property. HF3766 fosters diversity within the industry, preventing it from being monopolized by large corporations and ensuring that small businesses and individuals have a chance to thrive.

Restrictive licensing requirements can inadvertently drive consumers toward the black market, where product quality and safety are not guaranteed. By allowing caregivers to legally sell homegrown cannabis to medical patients, we can provide a regulated and safe alternative to the black market. HF3766 not only ensures patient safety but also helps to diminish illegal drug trade and associated criminal activity.

Minnesota has the third worst racial wealth gap in the nation. HF3766 lowers the barrier to entry to becoming an entrepreneur. Allowing caregivers to sell homegrown cannabis to medical cannabis patients provides a pathway for small businesses, particularly those in underrepresented minority communities, to enter the market without the significant financial burden associated with acquiring licenses and purchasing property. By lowering the barrier to entry, this caregiver law levels the playing field and creates opportunities for entrepreneurs who may not have access to substantial capital.

Homegrown cannabis sales by caregivers enable micro-enterprises to thrive within the cannabis industry. These small-scale operations are often more feasible for individuals and communities with limited access to capital, as they can be started with minimal investment in equipment and infrastructure. By fostering the growth of micro-enterprises, the caregiver law promotes economic empowerment and entrepreneurship among underrepresented minorities.

HF3766 results in job creation and economic development. Small businesses, including those owned by underrepresented minorities, are significant contributors to job creation and economic development. By supporting caregivers in selling homegrown cannabis, policymakers can stimulate local economies and create employment opportunities within communities that have historically faced barriers to economic advancement. This approach not only improves access to capital but also addresses broader socioeconomic disparities by fostering sustainable growth and prosperity.

In summary, HF3766, which allows caregivers to sell homegrown cannabis, emerges as a pivotal legislation fostering small-scale agriculture and democratizing access to the cannabis industry. By removing significant financial barriers associated with licensing and property acquisition, the law empowers individuals, particularly those from underrepresented minority communities, to participate in entrepreneurship. Moreover, it addresses concerns about the black market by providing a regulated and safe alternative for medical patients. By promoting micro-enterprises, HF3766 facilitates economic empowerment and job creation, thus contributing to overall economic development. Ultimately, this legislation not only ensures patient safety but also tackles socioeconomic disparities, paving the way for sustainable growth and prosperity within communities.

To: Minnesota Lawmakers
From: Patient, David Holloway
Date: 2/27/24
Subject: HF3766

As a cannabis grower in Minnesota I choose seeds based on attempting to find products I desire that are reliable and grow well in my conditions. This leads to looking through many seeds and maybe only keeping one of them or none of them to grow again.

A big hole in the law as someone trying to provide products to a total of five patients reliably 16 plants is not enough without a provision for clones. I've had two grows since October 1st that I've had to chop 2 cycles halfway through the flowering cycle due to a female plant growing male parts and pollinating the whole tent. Cannabis, like many plants, has genetic variation in the seeds. You cannot have a proper medical program without a provision for maintaining specific cultivars. Without the ability to clone plants, you don't know what you're getting when you get to the bud since every plant is different. Increasing the plant count or allowing for clones will allow us to produce consistent, high-quality medication for patients.

As a patient, I grow because most of the cannabis sold in dispensaries is always harvested too early to give me the effects I seek. The medical companies seek profit versus trying to make proper medication. Another reason I grow my own is I know what goes on and into the plants when I grow them. I don't know what chemicals other people are using as it's not easily accessible on their website. I have also seen and received moldy cannabis flower from the medical companies. As a home grower if there's mold on my plant I trash it I don't try to remediate it because I don't want that in my body.

I was spending three to four hundred dollars a month at the dispensaries in Minnesota, and the last time I was back was before August 1st. It costs me approximately \$30 to power a 4x4 tent for a month, which can yield over 24 oz with proper genetics. As a disabled vet on a fixed income anywhere I can save money is a big win. As someone unable to work, growing cannabis and providing it to people in need gives me some purpose in life.

Thank You,

David Holloway
tdhstaples1@gmail.com

To: Minnesota Lawmakers

From: Eric Jensen

Date: 3/24/24

Subject: HF3766

Good afternoon, Minnesota law makers, my name is Eric Jensen.

Today I'm here to speak on the importance of a medical caregiver program in Minnesota. I was a medical caregiver in Michigan for three years.

Growing medical cannabis is difficult; It's an expensive hobby to set up, requires a lot of attention to detail and time. Only allowing caregivers to grow for one patient gives patients less access to their desired medication. Michigan medical patients have access to the best medicine in the country, because their lawmakers set regulations that would allow for it. The Michigan caregiver program allows for state licensed caregivers to grow up to 72 plants on behalf of patients.

While this (72 plants) may seem excessive to the "uneducated" let me break it down- There are three main stages to a cannabis plant: Cloning, seedlings and/ mother plants for your genetic library, and lastly, vegetative growth / and flowering plants. Only allowing for eight plants makes it impossible for caregivers to search for new types of genetic traits and cannabinoids that will help medical patients.

I have had patients with severe debilitating genetic diseases, such as muscular dystrophy, and chrons disease. In fact my partner of five years has chrons disease, so I'm very familiar with its symptoms and how cannabis can help some of these people with this diagnosis.

I also have helped patients with work related injuries that have left them severely disabled for the rest of their lives. This also requires different cannabis genetics to be grown. Because of these unique diseases or symptoms sometimes patients need two or three different types of cannabis medicine just to get through the day, normally, like you or I.

An example of this would be a patient with muscular dystrophy needing pain relief in the morning, and more appetite during the day to help keep their strength up; Then might need a different type of symptom relief in the evening or at night.

America and Americans succeed when they have the most freedom; Most people don't know but many of our Founding Fathers grew acres of hemp, with various levels of cannabinoids for many uses- Setting low plant counts stifles the level of care patients can receive from their chosen caregivers. Please support and consider the proposals in HF3766.

To: Minnesota Lawmakers

From: Flutessa Farms

Date: 3/1/24

Subject: HF3766

Being a former Michigan caregiver, but, native Minnesotan, and having experience growing 12 plants per patient, I can say with full confidence that 16 plants would not only immensely help a caregiver maintain a strain/product inventory for their patients, it also gives us the ability to be searching for new things for patients and give them a more personally curated and quality experience that high production facilities simply cannot provide. 16 plants would give me the ability to make more specialized products and maintain an inventory for the patients in my life I love, who need it most. Many people like myself have been caregiving for years, and I think the people who take care of plants for other people deserve a chance at doing so, legally. Caregivers believe in patients before profit. HF3766 would allow every single Minnesota Caregiver to achieve this.

I think that 16 is great to begin with, because it gives a caregiver a way to hunt genetics from seed and cut out males as needed without being penalized for plant count before the plants are sexed. At minimum, it takes about 2 years to grow and accumulate a sufficient strain inventory with more options to help treat a patient in ways that help them best. There is no blueprint when it comes to medicating with cannabis, everyone is different.

I would prefer a caregiver program because I have experience working in a large licensed facility, and the things I witnessed/was told to do by my employers were abhorrent and questionable as far as technique as well as ethics. After what I witnessed, I stopped shopping at the dispensary and focused on growing my own again. I even have dispensary employees buying from me because I produce a higher quality than what they have available at their workplace (with a discount.) Caregiver quality speaks for itself, we love our plants. When you love what you do, you tend to do a better job than those who don't love growing the way that caregivers do. It's no different than pouring your love of gardening into your vegetables and sharing the delicious fruits of your labor with your community, especially those who need them most. A reasonable patient amount could be from 5 to 9 people each month.

I ask that Representatives please take the time to consider how good this program will be for the community. A caregiver program is one of the only programs where a patient can receive personally curated home grown medicine directly from the source. Supporting a caregiver program is supporting the small farmer.

Flutessa Farms

To: Minnesota Lawmakers
From: Jen Randolph Reise
Date: March 24, 2024
Subject: HF 3766

Thank you for the opportunity to present written testimony to the Committee in favor of HF 3766, the cannabis caregiver bill.

I'm Jen Randolph Reise. I'm a leading Minnesota attorney representing small cannabis businesses in navigating and getting set up in compliance with law, as the head of Business and Cannabis Law at North Star Law Group in St. Paul. I'm also the mom of a young adult who uses

cannabis as medicine and a brand-new homegrower.

I'll start with the personal. My child developed a health issue as a teenager which was basically disabling, and medical cannabis is what gave them their life back. I worked hard to help them jump through the hoops to enroll and purchase in Minnesota's medical program. As others have

testified, we eventually realized that the prices at Rise/Green Goods were far higher and the quality significantly lower than what could be obtained at dispensaries in legal states or from the

better black-market growers in Minnesota.

Learning to homegrow after it became legal in August 2023 was even more economical (assuming a successful harvest), and we could plant strains with the terpene profiles we thought most likely to help my child's condition. I learned that 8 plants, and only 4 flowering at a time, is

not very many. Some die, some are males, and you're trying to figure out different strains. I also learned that growing for the first time requires some significant investment in a grow tent, good lights, quality soil, and carefully-selected seeds. I also discovered that growing cannabis is kind of difficult, and that there are people in Minnesota who have serious expertise that I will never match.

My child now lives in an apartment where they are not able to grow. This caregiver program would give the many Minnesotans who live in apartments, can't invest in the homegrow setup, don't have green thumbs, or otherwise can't or don't want to grow, access to high-quality, reasonably-priced medicine. It also gives protection to people like me who grow on behalf of loved ones, as well as more experienced growers who can offer to grow on behalf of registered patients.

As I said, growing cannabis requires capital investment and labor. I believe that caregivers should be able to receive reasonable compensation for the service they provide – a share of the cost of that grow tent, good lights, quality soil, and carefully-selected seeds, and the hours and hours of careful tending, trimming, and drying to create quality flower. That's true at the small scale – for example a homegrower who grows for a friend with cancer – and it's also true of a grower with some scale, who could register as a caregiver grower and grow for up to six patients under HF 3766.

One of the policy goals for HF100 was to end prohibition and allow the legacy growers to come into the light. As a lawyer for some of those people, I can tell you that they are proud of their product and hope to find a way to join the legal market. They are also extremely limited by their

access to capital. I will be helping many clients apply for microlicenses, both clients who qualify as social equity applicants and those who do not. But even a microlicense is an expensive endeavor, especially to the extent that it's a crapshoot whether you in fact get one and can finally open this business that you worked so hard to describe in the application.

In other words, a caregiver program acts as a bridge between homegrow and a micro-license, and that creates choice for patients.

It also creates economic opportunity at a tiny scale that is more accessible than a micro license.

Another policy goal for HF100 was to create a craft cannabis industry in Minnesota. Rather than

welcoming the huge, multi-state cannabis companies to set up shop in Minnesota, we wanted to give an opportunity for Minnesota entrepreneurs and Minnesota consumers to enjoy a richly varied, quirky, evolving marketplace. Remember that I learned that it takes expertise to grow cannabis well? These craft entrepreneurs are here, now. Indeed, in Michigan, some cannabis companies and brands started in the caregiver market – learning their craft, refining their brand, and then were able to scale up into larger license categories.

And finally, HF100 aimed to make sure that Minnesotans have access to safe and regulated cannabis products and eliminate the black market. Allowing these really small growers to be compensated for their services is an important step in eliminating the black market. It also gives Minnesota the opportunity to require registration of caregivers and appropriate testing of the products that they provide, which I would urge as an important addition to this bill.

In summary, I support HF 3766's expansion of home grow plant counts for medical patients and

the ability to designate someone else to grow on the patient's behalf, as based on my experience I believe it is in line with Minnesota's policy goals to create a craft cannabis market and give medical cannabis patients access to a choice of quality medicine.

To: Minnesota Lawmakers

From: Kayla Fearing, Healing Fear Consulting

Date: 3/24/24

Subject: HF3766

Hello, Chair Stephenson, and Commerce Committee,

My name is Kayla Fearing, and I am a patient advocate, healthcare consultant, and cannabinoid educator. I spent the last year and a half getting feedback from Minnesota patients, home growers, and the cannabis community on the possibility of a Caregiver Program here, in my home state of Minnesota. I've been a Medical Cannabis Patient in the State of Michigan, and a patient using their Caregiver program since 2021. If last year's passage of HF 100, Recreational Adult Use Cannabis Legalization, was truly about Minnesota's Craft Cannabis industry, as well as social equity, and if our Minnesota Medical Cannabis program is really for Patients, a Caregiver program, as defined in HF3766, would be a fantastic additional to Minnesota's Budding Cannabis programs.

I have seen the success of a Cannabis Caregivers program, personally, in our neighboring State of Michigan; Eleven other states currently have and are operating a Cannabis Caregivers program similar to what the Minnesota community has asked for in HF3766. Patient and Plant Counts for Caregivers vary state by state; But it remains the same across the states, that by having a Caregiver Program it establishes a contract based relationship between a Patient and Caregiver, in return, providing curated, individualized cannabis genetics for their patients- Products that cannot always be purchased, or even found, in Medical or Recreational Dispensaries. With Minnesota's strong historical backgrounds in healthcare and agriculture; We've already had the seeds in place to establish an amazing Caregiver program.

HF3766 would first and foremost, create patient accessibility, and patient choice within our Minnesota Medical Cannabis Program. Just this weekend, there was an article out of Colorado, stating, that "23 samples from 10 different dispensaries found to be 30% less potent with THC content than advertised IN SHOP to patients." Minnesota's current shop choices are seemingly no better for patients; Minnesota Patients have reported Mold, Mildew, Old and "Dried Out" Cannabis Flower, questionable THC potency percentages- All along some of the most expensive price tags in the country. A Caregivers program would provide a local, and craft choice, for patients to receive their high quality cannabis flower medicines.

By adapting HF3766, we'd also be providing our craft cannabis farmers a "social equity bridge," that keeps them out of the unknown Licensing waters that Recreational Cannabis brings. HF3766 shortens the gap of entry to becoming an entrepreneur in cannabis. Allowing caregivers to sell their services in producing homegrown cannabis to medical cannabis patients provides a path for small businesses of one person, particularly those in underrepresented minority communities, to enter the cannabis market without the financial burdens associated with acquiring licenses. Which is significant when most of these entrepreneurs already have their patient relationships established.

As a patient advocate, healthcare consultant and cannabis educator, I ask this committee to see the benefits that a Cannabis Caregiver Program would bring Minnesota Patients, and our craft cannabis farmers; Please allow patients, and these craft cannabis farmers to flourish under new Minnesota Cannabis Laws, and not define these stewards of plant medicine to be defined as “Criminals,” for helping the sick and less fortunate.

Minnesotan patients should not be forced to depend on “gifting,” of our medicines if we cannot successfully produce cannabis crops for ourselves with homegrow. “Gifting” of Insulin in a Diabetic relationship, would be unheard of.

Thank you for hearing HF3766 in this committee- Myself, and the Cannabis Caregiver Community are open to negotiations about caregiver patients, and plant counts.

Thank you.

To: Minnesota Lawmakers
From: Lynn Wachtler, RN BC-FNP
Date: 3/1/24
Subject: HF3766

3/1/2024

To Whom It May Concern:

I am writing to voice my support for HF 3766. As a nurse practitioner with advanced training and certification in Cannabis Science and Medicine from the Robert Larner College of Medicine University of Vermont, I have a deep understanding of cannabis plant medicine and compassion for those who use it.

Recently, several medical patients in my social network have been unable to purchase some or ANY of their products at the dispensary due to economic challenges and disabilities resulting in reduction of income. These individuals have turned toward legacy growers and/or out of state products for relief and better affordability.

A robust caregiver program would allow improved and access and safety for patients and while allowing Minnesota nurses and other professionals to simultaneously participate in patient care and the cannabis industry without competing against large for profit MSOs operating here in Minnesota.

Sincerely,

Lynn Wachtler RN BC-FNP
Ceres Medical
lynn@ceresmedical.com
651-283-5183

To: Minnesota Lawmakers

From: Caregiver, Patient, Michelle, Wright County 55565

Date: 3/2/24

Subject: HF3766

Growing my own medicine allows for more control over the strains that help my symptoms. The strains made available through the dispensaries are inconsistently offered and extremely expensive. With the amount of flower (~1/2oz) I consume per week to keep pain and inflammation down, I'm spending at minimum \$350-\$400 per month for the lowest quality medicine. I have received flower with mold from Green Goods, and usually only purchase lower strength ground flower because it's all I can afford on a consistent basis. The THC percentages of flower are low compared to any out of state dispensary I've visited. The low percentage causes me to consume more product to get the same effect of higher quality flower. I've benefitted in so many ways, both mentally and physically from cannabis, and appreciate the opportunity to minimize medical costs by growing my own medicine.

Currently, the 4 plants allowed per person does not allow me to grow enough for a consistent supply of medicine. Indoor yields were low in my first growing season due to the learning curve of growing cannabis. I also want to keep clones of my favorite genetics which affects my plant counts. Additionally, it would be ideal to grow more than 4 outdoor plants in the the short MN growing season. There are unpredictable factors that can affect yield such as pests, disease, mold, cure of flower and the overall mistakes that can happen with any new grower. For example you can get halfway through the flower phase and there's pollen being released which causes flowers to focus energy on seed production, negatively affecting the weight and quality of flower. 16 plants would allow for more learning experience and better guarantee that yield will be enough to provide consistent medicine. Medical patients like myself wouldn't grow 16 plants year round, but would use this increased quantity allowance to boost yields in the growing season.

Michelle, Wright County

55565

To: Minnesota Lawmakers
From: Patient, Natalie Campion
Date: 2/27/24
Subject: HF3766

Here is some information about my experience of being a canna patient in MN.

- Once I was diagnosed with PTSD, I applied for the MN canna patient program and was accepted as a patient
- The first time I went to Green Goods as a patient, I found the product to be too expensive for the quality and quantity received, so I bought .25oz of flowers and never returned.
- When I found the program to be too expensive, I immediately returned to buying from dealers on the market
- I smoke flower most of the time with the occasional vape and edible, purchase about 1oz/month

Here's my response using a template

As a patient I have not received quality medicines from our medical program and have had to go back to the black market because the cost to get medicine is too high.

Please reach out if clarification is needed.

Thank You,

Natalie Campion
natalieacampion@gmail.com

To: Minnesota Lawmakers

From: Patient 55075

Date: 3/1/24

Subject: HF3766

As a Minnesota cannabis grower it is important I am able to be very selective with my genetics due to our short season. The higher plant population I would be able to cultivate with HF3766, allows me to only choose genetics that work well in our climate that are easy to grow, fast flowering, and early ripening. Beyond that, I will also need to make selections based on terpene, flavonoid, and cannabinoid profile. We should also consider accessible state testing. This plant has made me a better person plain and simple. Who knows what I would have been able to accomplish if I wasn't charged with a cultivation felony in 2008. I feel that is where my journey started with this plant as I was put on probation and random urine analysis. I then started experimenting with other drugs that leave your system in days rather than months. I became addicted to opioids from then on. Which in turn perpetuated my troubles, mental and legal. It got very bad for a time as I could not stop this self torture cycle that I so desperately wanted to be finished with. Suicide became an option I was contemplating. I was jailed for DUI and was able to get the benzodiazepines and opioids out of my system. After that I completed treatment and was reintroduced to psychedelics and cannabis. These plants and fungi have allowed me to heal myself mentally in turn creating new beneficial habits physically, like meditation, gardening, and a short basic workout. Which then allowed me to rebuild broken relationships with family and friends. Daily cannabis consumption is important for me as it allows me to analyze my thoughts, words, and behaviors which in turn makes me more enjoyable to be around and a more productive member of the community. HF3766 would help keep the plant and cannabis cultivation relationship between a caregiver and a patient, not big pharma.

Thank you

55075

To: Minnesota Lawmakers

From: Anonymous Patient, 55379

Date: 3/24/24

Subject: HF3766

To whom this may concern,

I am a single mom to one beautiful 10-year-old boy. I work 3 jobs and attend college full-time online. By day, I am part of the Human Resources team of a large company. By weeknight, I am a sports coach, and by weekend I am a caterer. I attend church every Sunday. I have to, because one time a few years ago I made the mistake of signing up to help in the Sunday School room, and now I'm trapped. Everyone talks about the Catholic guilt, but nobody mentions the Baptist guilt.

What nobody knows about me, except my closest friends, is that for the last 3 years, I have been utilizing cannabis as a medicine to cope with my clinically diagnosed Severe Anxiety disorder. Regular medicine made me drowsy, irritable, depressed, and at times even worse. It is very hard to teach a small child about the wonders of the universe when you don't actually want to be there yourself. Having easy access to Cannabis has been a lifesaver for myself and my tiny family of 2. I'd like to point out that I support myself financially, without the aid of government aid. I have never done any harder drugs outside of marijuana. For me, Cannabis was not a gateway to harder drugs, it was the calmness in my mind to coach tiny humans who have been trapped in their homes for most of their childhood due to COVID-19. Cannabis is my clarity when I am creating training and development for my company to help employees live to their potential. I am not found in large smoke circles where people yell out "Pass the blunt" I am at bible study. I hope and pray that you will all step outside of your reasoning, and see past your implicit bias against marijuana. I am just another mom trying to keep moving forward, and I would hope you won't stand in my way.

Thank you,

The single mom down the road

To: Minnesota Lawmakers

From: Patient, 55406

Date: 3/24/24

Subject: HF3766

The two states in the US right now with the most robust and reliable patient caregiver programs are Maine and Michigan. Both of which allow you to be a caregiver for up to 5 patients and even allow the ability to combine caregivers licenses in Maine. HF3766 would be a great change to Minnesota's medical program.

I, as a patient, would be fine with a small monetary application fee or something to make this fiscally worth while to the state if that's needed. Average family size in the state of MN is 3 people.

This proposal bill HF5747 of only one additional patient for a caregiver, would not only prevent people from being able to care for their own family members easily, but also would be the most limited caregiver program in the country. Just like our current medical program, access would continue to be restricted to the people who need clean, quality, affordable meds as it always has been.

That, in my opinion, is a slap in the face to the Minnesotans who have been just settling for almost a decade trying to feel well enough to work and care for their loved ones through their pain or tremors or whatever else may ail them. People in rural areas shouldn't be expected to travel distances for their goods and should be able to keep their time and money local. We don't go to the pharmacy or grocery store or farmers markets and demand free services and goods, so why should someone not be able to make a minute monetary arrangement that fits the budget of a patient and makes sure their needs are met and power, labor, space, and sweat equity aren't at least partially compensated for.

This would be the truly socially equitable way to give access to life saving and comforting medicine for the people who deserve better in this current economic turbulence especially post pandemic. Also this would be a truly equitable way for folks to enter the cannabis space here in our state and learn to cultivate for others safely on a small scale without the fear of failure en masse or needing a massive bankroll to get started.

Please consider atleast 5 patients and a small monetary fee to participate in the registry program or you can at the very least expect broad scale non compliance issues here that enforcement officials will not be able to keep up with. Thank you.

To: Minnesota Lawmakers

From: Patient 55410

Date: 3/1/24

Subject: HF3766

In my opinion. People, patients, businesses, cultivators, breeders, garden stores, everyone thrives when cannabis stays as grassroots as possible. Its a theme nationwide if you pay attention. Minnesota lawmakers decided to overlook the most important aspect of a medical cannabis program in 2014, the people.

They settled for a limited license, limited access, inflated program that was hemorrhaging money up until they added raw flower sales from what most of us Minnesotans, understand.

Patients and passionate cannabis folks had to settle or stay in the closet or the traditional market. This proposed legislation would make things possible for us to supply quality cannabis to patients, and there would still be room for brick and mortar stores and the current MSO. But patients, especially, deserve the right to choose what they want to put in their bodies and who they trust to provide them with that.

If the state wants a truly socially equitable cannabis environment, it would be beneficial to the people who are passionate about cannabis to be able to caregive to gain experience without having to jump through the same regulatory hoops and financial hurdles one encounters when building a small to large scale state compliant rec. cannabis facility. Not to mention 280e and metric Hell.

If you don't understand the need for higher plant counts, its because people who responsibly use cannabis daily, especially regularly to manage pain, nausea, spasms, or a variety of other things will either find one specific strain that works incredibly well for them, and they need as much of it as they can get so they don't run out; or on the flip side of this, since our biology is so subjective, they build a tolerance easily and need as many different cannabinoid profiles as possible so their receptors can keep giving them the relief they need. I personally need to have 2-4 strains around or my nerves and pain will flair up as I build a tolerance to each profile. Sadly, like a lot of patients in Minnesota, I have never had the privilege of having access to program here, due to our strick diagnosis guidelines.

I'd like to highlight that this legislation includes the ability for patients choose a designated caregiver with experience to grow 16 plants for them, which incentivizes people to take advantage of the medical program, and after years of not being able to access flower or grow your own safely, now, you could potentially be able to grow enough to stock up or make several different products for yourself, with the assiatance of a caregiver, and take advantage of all the different delivery methods that might work better for some folks depending on the circumstances.

Anonymous

55410

To: Minnesota Lawmakers

From: Patient, 55413

Date: 3/24/24

Subject: HF3766

I am a Constituent of yours, and I am writing you today to request that you support HF3766, which is currently in Minnesota's Legislation. I have been a patient of the medical program since February 2022. Cannabis has helped me get my life back after a life-altering injury in 2019. I developed PTSD and chronic pain as a result. I tried several therapies and treatments for years with no change. An alternative medicine physician offered the medical cannabis program as an option for treatment. Cannabis is healthcare. It changed my life. I went from staying home, doing desk jobs, and living in a way my pain controlled. After using cannabis, I started living again. I was able to get my pain under control so that I could do participate in daily life. Being able to grow my own plants is so important to me so that I can maintain a personal supply for my health- and to be able to grant those rights to someone else if I need to, is also important to me. I have had times where what I needed wasn't available or I didn't have the funds to access what I needed. If I was able to grow my own, I could make sure I never have to return to a life of pain relying on others. I have been forced to turn back to the black market more times than I have wished.

As a medical Cannabis (Patient and Supporter) here in Minnesota, I believe in quality and affordable medicines. I hope you will, too. Please support HF3766, Thank You.

Maria K. Poirier, M.D. Testimony on Medical Cannabis HF 3766 and HF 4789

March 25, 2024

Chair Stephenson and members of the Commerce Finance and Policy Committee,

Thank you for allowing me to submit written testimony in **opposition** to the above listed cannabis bills. My name is Maria Poirier, and I am an internal medicine physician from Rochester with experience caring for patients who use medical cannabis.

HF 3766 would authorize patients enrolled in the registry program to cultivate up to 16 cannabis plants without a license. Minnesota's medical cannabis program does not require certifying practitioners to screen patients for cannabis use disorder and to attest to its absence prior to certifying and recertifying the patient. Two studies published within the last year have found that between 21 to 25 % of persons who use cannabis for medicinal purposes have cannabis use disorder (CUD). Patients who also use recreationally are at risk for moderate to severe CUD (1, 2). Allowing patients in the registry to grow a significant quantity of cannabis plants without safeguards in place to screen for CUD is not best medical practice or good public health policy.

HF 4789 would allow certification of any medical condition approved by a patient's health care practitioner and removes the approval process by the commissioner and the task force on medical cannabis therapeutic research. Since most health care professionals are poorly educated about the risks and benefits of cannabis use, this bill would further strip patient safeguards from the medical cannabis program (3).

I urge committee members to vote NO on HF 3766 and HF 4789. Thank you.

References

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2. Danielle Dawson, Daniel Stjepanović, Valentina Lorenzetti, Christy Cheung, Wayne Hall, Janni Leung, The prevalence of cannabis use disorders in people who use medicinal cannabis: A systematic review and meta-analysis, *Drug and Alcohol Dependence*, Volume 257, 2024, 111263, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2024.111263>.
3. Rice J, Hildebrand A, Waslo CS, Cameron MH, Jones KD. Cannabis for medical purposes: A cross-sectional analysis of health care professionals' knowledge. *J Am Assoc Nurse Pract*. 2021 Mar 19;34(1):100-106. doi: 10.1097/JXX.0000000000000590. PMID: 33767121.

To: Minnesota Lawmakers
From: Robert Green, 55407
Date: 3/1/24
Subject: HF3766

My name is Robert Green, and I started growing cannabis last year. I want to grow for patients as a caregiver because I want to help them explore the diverse world of cannabis that exists outside commercial spaces; and because being a caregiver would give me the opportunity to expand my garden beyond the "after work weed" for me and my partner and dive deeper into this hobby.

I've never seen my favorite strain in a dispensary. It's called "Federation Hawaiian Sativa", or "Maui" if you were in Boulder in the mid 2000s, and you can't make money growing it. It has a poor yield, it takes forever to grow, and it looks terrible; but the seedline has been maintained and improved for 20 years by a community sharing seeds on Internet forums and growing it for themselves for its unique clearheaded effect. I know this strain works for me, the smell from rubbing the stems of my 3 week old plants reminds me why I would drive across Nebraska to get it, and I haven't had anything like it in almost 20 years. I got seeds this winter after a month of research, some forum posts, and a bunch of emails with a breeder. He sent me the seeds and a bunch of other seeds he thinks I might like based on our similar tastes. I'm going to grow out those seeds until I find something special, and hopefully keep clones of that plant for the rest of my life. I want to help patients with this process.

I want to help patients follow their nose to a plant that's right for them, regardless of how the plant looks or yields. When people have tried to breed the Maui for faster production, it has lost the other qualities that people grew it for in the first place. When growers choose varieties for traits that improve production or make for Instagram worthy flower, they narrow the range of therapeutic benefits. Cannabis these days is all inexpensive and gorgeous, but it lacks variety because it has all been bred to be inexpensive and gorgeous. There are countless heirloom strains lovingly maintained by people simply because the plants speak to their needs, and from my experience they are delighted to share genetics and knowledge. I think the small scale nature of a caregiver program lends itself to finding and producing the most effective medicine for patients because it allows for a variety and personalization impossible with large scale grows and dispensaries.

I grow in a 2"x4" tent under 300w of light, and I average 5 oz. per grow with 3 or 4 grows a year. This is enough for a couple of bowls after work, joints on hikes or bike rides, and eighths here and there for friends (mostly to show off). In the same tent I have grown both 2 and 4 plants at once with almost identical yields. I have just started to go through one 10 pack of seeds, and it is going to take almost 2 years to finish with current legal plant counts. Cannabis seeds have a mother and a father, so the offspring of a pairing can vary drastically from plant to plant. For instance, some aromas show up like a red-headed child of red and brown haired parents; the potential is there for a ginger, but most or all of the kids will have brown hair and they could get blonds too. If you can get a clone you're good to go, but the accepted practice is you need to grow at least 8 seeds to find a "keeper" worth cloning.

I can only really grow out 2 seeds at a time, because each plant needs a clone kept in a vegetative state to preserve the genetics as the other copy flowers and is harvested. If I grew 4 plants at once it would mean 4 flowering and 4 copies, so I wouldn't be able to preserve any other genetics as "mothers plants" for taking clones. Part of my desire to be a caregiver is to explore plants at a pace that isn't so painfully slow, but I hope this highlights that 16 plants is the bare minimum for finding good medicine for a patient in a timely manner and that plant counts effect more than just the amount produced.

Thanks for considering my input,

Robert Green

3217 17th Ave South

Minneapolis MN 55407

To: Minnesota Lawmakers

From: Tessa DeWaele, Caregiver

Date: 3/24/24

Subject: HF3766

My name is Tessa DeWaele, I am a professional Classical Flutist born and raised in Minnesota writing in support of the proposed caregiver bills and I hope to represent the voices of the average passionate, dedicated and hard working grower who deserves a chance at doing what they love legally. Many of us are still scared to speak, and I am honored to speak for the small farmer.

While I was attending college at the University of Minnesota school of music, I was clinically diagnosed with Post Traumatic Stress Disorder. My passion for plants began with growing houseplants as a coping mechanism as I was going through therapy and being treated for PTSD.

After years of working with several doctors and trying dozens of different combinations of benzodiazepines and anti depressants, I found that none of the treatments helped me.

Medicating with cannabis was the only treatment that helped me conquer my daily battle with PTSD and gave me the freedom to live a normal life, when other treatments did the opposite of what I needed. I had no idea that the day I accidentally germinated a bag seed that fell into my dog's water bowl would be the first day of a whole new life-changing journey.

I learned very quickly that I was good at growing cannabis just as I am with houseplants, and that realization make me truly understand how tragic it is to criminalize people for loving such a beautiful thing enough to risk their own freedom for something they believe in. Until you grow your own plant, this is something only truly passionate growers understand. I am asking that you give us a chance to show our passion directly to the people in our lives who need it most.

I had to keep something I love a secret for so many years out of fear of being caught. When COVID-19 silenced my work as a Minneapolis musician, I took the opportunity to move into my friend's basement in a city called Houghton in Michigan's upper peninsula to search for employment in the legal cannabis industry. After I began working in the industry and personally witnessed the unethical business practices and employee exploitation that I now know is so rampant in the cannabis industry, I learned about the caregiver program and became a patient in the Michigan Medical Marijuana Program. When the quality I grew as a patient and gifted to friends quickly proved to be superior to what was available at the dispensary, it wasn't long before other patients started reaching out to me and asked me to be their registered caregiver. I moved to Michigan and stayed because Minnesota doesn't have a caregiver program like Michigan, and now that I'm moving back home, I would love to see the beautiful community of a caregiver program present in Minnesota.

A caregiver program is the only program that supports the small farmer and makes participating in the industry even remotely possible for the average person without significant capital. The average grower is always working hard to make ends meet, and never gets a day off because plants don't care about the number of hours they need from us to be happy. Our patients deserve the quality that caregivers produce, and caregivers deserve a chance to do what we love in a legal manner. Please give us the opportunity to help others without making us out to be criminals for being good at growing our own plants and personally curated medicine at home.

-Tessa DeWaele

To: Minnesota Lawmakers

From: Patient and Caregiver, Toph Heubach

Date: 2/29/24

Subject: HF3766

Dear Legislators,

I hope this message finds you well and open to a heartfelt discussion on the future of medicinal cannabis in our state. As a dedicated grower for my own medicinal needs, I've experienced firsthand the profound benefits that tailored cannabis treatment can offer. However, under our current regulations, there's a significant limitation that impacts not only my ability to care for myself but also the potential to extend this care to others who could benefit from a more personalized approach to medicinal cannabis. I'm writing to advocate for the allowance of at least 16 plants per patient, a change that I believe is crucial for providing effective, individualized care.

Each cultivar of cannabis and the entourage effect, from its specific cannabinoids and terpenes profile, offers different therapeutic benefits that address various symptoms and conditions. Having the ability to grow a wider variety of cultivars means I can tailor the medication more closely to the specific needs of each individual, including myself. Moreover, producing safe, solventless concentrates such as high-quality live rosin — is a cleaner and more potent medication — but requires a significant volume of plant material to harvest the plant's trichomes. This is particularly true when working with high-CBD strains, which are essential for conditions like epilepsy but are known for their lower yield.

Another reality of cultivation is the unpredictability of crop success. From pests to power outages, numerous unforeseen factors can compromise a harvest. A higher plant count provides a crucial buffer, ensuring that these natural setbacks don't translate into a lack of available medicine for patients who depend on us.

The ability to grow more plants isn't just about increasing quantity; it's about enhancing the quality and specificity of care. With more plants, I can conduct the necessary research and development to refine the effectiveness of the medicine I offer, ensuring that each patient receives the best possible support for their condition.

By allowing individuals like myself to cultivate at least 16 plants per patient, you're not only acknowledging the nuanced requirements of medicinal cannabis users but also empowering us to provide for ourselves and others in a meaningful, sustainable way. This change would be a significant step forward in making our state's medical cannabis program more compassionate, patient-centered, and effective.

I urge you to consider this proposal not as an expansion of privilege but as an essential adjustment to meet the real therapeutic needs of medicinal cannabis patients and caregivers within our community. Thank you for your consideration and for the work you do.

Sincerely,

Toph Heubach

Minneapolis 55418

To: Minnesota Lawmakers
From: Patient, Tyler Novacek
Date: 2/27/24
Subject: HF3766

Hi! Been on the medical program for almost 5 years, and have been growing since HF100 passed. A big point I don't think has been considered with our current 8 plant limit doesn't leave much room for self sufficient extraction. Medical patients up until 2022 were only given the option to have edibles, topicals and distillate extracts, with the addition of flower in March 2022. I can imagine a lot of these folks found a routine with extracts because of this. With the 8 plant limit it is not feasible for adequate solvent-less extract yields to be self sufficient in producing one's own meds comparable to what we have been allowed to use prior to the addition of flower in 2022. As someone who is medicating for PTSD multiple times a day, I would rather vape an extract that gives me a lot less side effects than combusted smoke. Most medical patients use routinely and should have the option to choose to provide their own solvent-less extracts, but with the 8 plant limit it sways me to choose to smoke instead of making an extract that would overall be a better and healthier option for my consistent use. Edibles aren't effective for me personally as everybody metabolizes things differently. It feels like the patients they forced to only use extracts for years aren't being considered with current plant limits. 16 plants would allow me to produce all my meds without being forced into buying from a dispensary, where extracts are still priced extremely high for very limited options. To produce my own meds without feeling I need to plan to go back to a dispensary again is very important as someone below the poverty line. 8 plants doesn't take into consideration medical users who use a gram of oil minimum a day, which isn't uncommon for many patients. Since HF100 there hasn't been much advocacy for the medical patients. The average person doesn't necessarily understand how consistent use is needed for a lot of patients. Medical use isn't fading away or irrelevant just because of recreational access becoming available. Our program still asks for patients to pay for their access while not being represented in the new laws or being given value for the cost of being a state recognized patient. If I am paying the state why aren't I being granted anything more than what HF-100 grants the whole state for no registration fee? To be allowed 16 plants would be worth my registration fee and would feel like medical patients aren't being extorted while having the exact same rights as every Minnesotan with HF100. It almost doesn't seem to be a reason for me to renew besides being a parent it's important to me that I my medical use can't be used against me.

Thank You,

Tyler Novacek

tjnovacek@gmail.com

To: Minnesota Lawmakers
From: Patient, Trista Rowan
Date: 2/28/24
Subject: HF3766

As a Minnesota medical patient, my experience purchasing cannabis—at one of the only two legal options—left me with a lot of questions and concerns about the pesticides and additives used in the product and allowed by the state. After making contact with Green Goods, the State's medical cannabis program and a person with the pesticides division of the MN Department of Agriculture, I still cannot determine if the cannabis I purchased at Green Goods was exposed to various pesticides, toxins, had gone through a chemical remediation process, etc.

In addition, I really disliked the Green Goods store experience. I felt like an order, not a person (I've heard similar things about Rise). This cold, impersonal experience didn't make me feel cared for at all. It made me feel like the state didn't care about me, either...otherwise why wouldn't they give patients more than two options?

Because of my less-than-ideal patient experience—and the lack of transparency regarding pesticides and additives—I stopped using the state-approved resources and have found unregulated sources that are just as trustworthy, if not more so...and the prices are comparable, too.

Warm Regards,

Trista Rowan
trista@heartofgrass.com