

To: Minnesota Lawmakers in Health Finance and Policy Committee

From: Eric Jensen

Date: 4/8/24

Subject: HF4757

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

Today I'm writing 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 within HF4757 that define a designated caregiver program, with multiple patients.

April 9, 2024, re: SF 4782 and HF 4757

Prevent Cannabis Harms

Thank you for the opportunity to present written testimony.

So many people are worried about the potential negative health impacts from legalization of cannabis/THC, a potent, mind-altering, addictive drug. Current legislation does not direct the OCM to make strong enough warnings so that all Minnesotans will understand the risks.

Fixes are missing from this bill which would improve consumer and public safety for all ages and categories of Minnesotans, particularly SF 5079/HF 5103 – labeling. *Labeling needs to be provided by the OCM, based on medical science, as opposed to industry insiders in order to avoid promotion of false health claims.*

Negative impacts and risks are occurring *presently* for all age groups, especially youth, as a result of cannabis use in the State. The **Minnesota Baseline Marijuana Assessment** by the North Central HIDTA (High Intensity Drug Trafficking Areas) has compiled ample evidence of these impacts including increased calls to the MN Poison Control System, cannabis-related hospital visits, cannabis treatment admissions etc. *see reference below.

Detailed warning labels provided by the OCM, as opposed to industry promoters, with accurate information on the adverse health effects of all cannabis “products” is needed now. Limits on advertising and packaging so drugs do not appeal to children are needed.

Suggested example:

WARNING: Do Not Operate a motor vehicle or heavy machinery for 8 hours after consuming THC-containing products or 4 hours after smoking or vaping THC-containing products. Do Not Use during pregnancy or breast feeding. May cause addiction, mental health risks, interactions with pre-existing conditions, harm to the brain. Read the warning pamphlet before consuming.

A 2020 American Heart Association Scientific Statement said, in part, that: “The public needs high-quality information about cannabis, which can help counterbalance the proliferation of rumor and false claims about the health effects of cannabis products.”

I hope you will consider adding amendments to correct these omissions.

Linda Stanton, Woodbury, MN

*The MN Legislature commissioned the Minnesota Baseline Marijuana Assessment by the **North Central HIDTA (High Intensity Drug Trafficking Areas)**. This report indicates among other data:

- Calls to MN Poison Control System increased by 146% since 2018 (p 17) among all ages.
- “From 2018-2022, Minnesotans aged 15-24 and 25-34 accounted for the greatest number of cannabis-related hospital visits each year” (p 21).

- “Of all the cannabis treatment admissions, the largest percentage of those seeking treatment is the 12-17-year-old age group” (p 23)
- “According to the MN Dept of Education MN Student Survey, students in correctional facilities self-reported more frequent marijuana use than the general MN student populace.” (p 29)

To: Minnesota Lawmakers
From: Kayla Fearing, *Healing Fear Consulting*
Date: April 8, 2024
Subject: HF4757- Sections 30 & 31

Good Morning Chair Liebling, and Health Finance and Policy Committee-

My name is Kayla Fearing, I'm here speaking on behalf of Healing Fear Consulting, The Minnesota Craft HomeGrow Cannabis Community and Medical Cannabis Patients. I'm here to show our support for HF4757, and to thank Rep. Stephenson for including a defined Designated Caregiver program, originally presented as HF3766, in section 30 of this bill. However, Caregivers and Patients have continued to express concerns since inclusion- As a community, we believe that the wording of "One Patient" is challenging; We're hoping that this legislative would open up this proposal to "Three Patients," to best fit the medical needs of Minnesotans that use cannabis as their preferred medicine. Allowing for two more patients, would create a clearer incentive for craft home growers to continue to grow and provide medical grade cannabis for patients that are not themselves. Especially given the uncertainty of the medical cannabis market and program in this proposal brought forward by the Office of Cannabis Management.

For examples, allowing for multiple patients, three to be exact, per designated caregiver, would truly benefit Minnesotans who are in Multi-Generational Homes, Group Home Settings, or, Religious settings- All of these subcultures mentioned have patients, and craft cannabis home growers within them, that would benefit tremendously from HF4757 being amended from "One Patient," to "Three Patients."

During this legislation process I have received around 40 statements, personally, from members of the public- almost all of those statements have expressed concern over being able to continue growing medicine for loved ones- examples were Adult Children growing for elderly parents, AND a living grandparent. A Single Father previously, who is now growing for all three of his adult daughters who are predisposed to breast and ovarian cancers; or A Brother, who has been growing for his wife, his brother, and sister in law- Minnesotans who have "Green Thumbs," are choosing, with no legal protection currently, to grow medical grade homegrown cannabis for their loved ones, medical cannabis patients, regardless of the law.

Thank you for the consideration of this amendment to appease Caregivers, and Patients.



Kayla Fearing

Healing Fear Consulting



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Monday, April 8, 2024

The Honorable Zach Stephenson

Via email: Rep.zack.stephenson@house.mn.gov

Dear Chair Liebling, Representative Stephenson, and members of the House Health Finance and Policy committee:

On behalf of Green Thumb Industries (GTI), formerly LeafLine Labs, I write today urging you to pass legislation that would establish a single supply chain for Minnesota's medical and adult-use cannabis programs, and fully integrate the experience and infrastructure of the existing medical cannabis licensees. We appreciate the groundwork laid for launching the adult-use program, and we implore you to enact policies that are conducive to the long-term viability of a combined medical and adult-use market and participating businesses.

Our investment and dedication to Minnesota's cannabis industry demonstrates our commitment to the state's overall cannabis framework. Since 2015, LeafLine, and now GTI, has worked in collaboration with the State and others to ensure the success of the medical program as it was established by the legislature. We serve over 45,000 Minnesota patients annually, providing safe and reliable medical cannabis products through a well-established distribution channel. With over \$45 million invested, we have built and operationalized a solid Minnesota-focused medical cannabis company, including a state-of-the-art Good Manufacturing Practices ("GMP") Certified¹ production facility, and have committed millions of dollars more to meet the demands of medical and adult-use consumers. Our commitment to Minnesota extends to hiring over 150 Minnesotans in union-represented positions, with an expected growth to over 400 employees when adult-use starts. As we advocate for legislative improvements such as those outlined in SF4782, HF4757 (introduced), HF4966, and SF4798, it is clear that the establishment of a single supply chain is necessary for: streamlining operations, supporting the success of new licenses, and improving accessibility and quality within the cannabis market.

I. A Single Supply Chain Benefits All Cannabis Industry Participants and Consumers.

Current law creates inefficiencies in Minnesota's nascent cannabis marketplace by distinguishing medical cannabis plants from adult-use at cultivation, setting up a dual supply chain market. This can be corrected by passing legislation that (1) recognizes the substantial similarity between medical and adult-use cannabis products, and (2) clarifies that no distinction should exist between medical and adult-use products until the point of purchase by a patient or consumer.

a. Critical for the Viability and Growth of a Nascent Market.

As a proven, well-regulated operator with a record of following state laws and regulations on security, diversion, and the development of safe, consistent products, we have the experience and capacity to provide much needed inventory to new dispensaries at the start of adult-use, enabling them to establish successful businesses. However, the current law's inefficiencies create significant barriers to providing readily available

¹ GMP Certification requires annual third-party auditing to ensure the highest safety and quality standards in manufacturing.

products, as buying and selling specific product inventories will be restricted to only adult-use or only medical cannabis markets. This restriction hampers the growth potential of new businesses and undermines the efficiency of the emerging cannabis market.

Enforcing a system of separate adult-use and medical cannabis plants at cultivation is likely to lead to oversupply in the medical market and shortages in the adult-use market. A lack of flexibility to direct cannabis product to the cannabis markets as demand dictates will have a lasting ripple effect on all licensees and will jeopardize the viability of operators just as the cannabis market is getting off the ground.

b. Provides Stability to Changing Medical Markets After Adult-Use Launches.

We have seen first-hand how medical markets decline after adult-use is implemented. Mandating a dual supply chain where licensees are forced to operate their business in a shrinking market will inhibit the viability of those operators. Specifically, this inefficiency ties our future operations to the medical program's growth, leading to limited invested growth and scaled-down operations, and eventually making continued operations financially unviable. This will be a direct blow to the forty-five thousand plus Minnesota patients, jeopardizing their access to lab-tested, consistent, high-quality medicine they have relied on for years. Additionally, this uncertainty affects the job security of our employees and their families, many of whom rely on their cannabis careers for their livelihoods.

In contrast, a single supply chain model is crucial for supporting job growth, ensuring maximum product availability for both medical patients and adult-use consumers, and increasing wholesale product availability for newly opening dispensaries. By enabling seamless access to cannabis products across medical and adult-use, a unified supply chain facilitates operational stability and supports the sustainable growth and long term-viability of the industry.

c. A National Standard.

Our research has shown that most operating adult-use and medical cannabis combination programs provide for a single supply chain or allow product flow between medical and adult-use inventories as needed (other than product lines specifically reserved for medical patients). These states include Alaska, Arizona, California, Connecticut*, Illinois, Massachusetts Maryland, Missouri, Montana, Michigan*, Nevada*, New Jersey, New Mexico*, New York, Oregon, Rhode Island, Vermont and Washington.² The most recent states to begin adult-use sales, Connecticut, Maryland, New Jersey, New York, and soon, Ohio, have all adopted some version of this single supply chain model.

d. Combating the Illicit Market and Promoting Public Health and Safety.

A viable regulated market needs to be available when adult-use sales are announced to reduce consumer confusion and reduce illicit sales of untested and unsafe products.³ For example, New York's failure to have a balanced approach of licensing existing

² (*) indicates that a state has separate product lines reserved for medical patients (generally those with higher potency, or higher dosages)

³ <https://www.forbes.com/sites/dariosabaghi/2022/12/07/marijuana-sold-in-new-yorks-unlicensed-businesses-contain-harmful-contaminants-report-finds> ("Analyzed by a third-party lab, the test results show that 40% of marijuana products contain harmful contaminants, including E. coli, pesticides, heavy metals, and salmonella.")

operators with new operators resulted in a proliferation of the illicit market. Since enactment in 2021, only 70 adult-use licensed dispensaries have opened to consumers⁴. Thousands of unlicensed cannabis dispensaries appeared across the state, with over 1,500 in New York City alone. The state was forced to add an additional \$16 million to its 2023-2024 budget just to combat sales by these unlicensed operations. Notably, New York only collected approximately \$16.3 million in tax revenue⁵ in its first year of adult-use sales⁶.

e. Medical Patients Will Remain a Priority.

A streamlined supply chain will still prioritize patients, as they are the backbone of any Minnesota cannabis program. GTI has a track record of successfully prioritizing patients in adult-use rollout. Examples include:

- higher dosed products reserved for medical patients
- increased purchase limits for medical patients
- medical patient “fast lanes” (curbside and/or in-store)
- medical cannabis supply preservation requirements for operators

* * *

Thank you for allowing us to address these critical issues. We hope that an engaged dialogue will lead to an industry-leading and sustainable adult-use program.

Best Regards,

Tiffany Newbern-Johnson
Director of Government Affairs
Green Thumb Industries

⁴ <https://www.ourtownny.com/news/bud-snob-manhattan-snags-only-one-of-38-new-dispensary-licenses-handed-out-by-nys-MI3192428#:~:text=The%20governor's%20office%20proudly%20noted,York's%20cannabis%20industry%20in%202024> (“The state reportedly now has 70 adult-use dispensaries, whether delivery-only or storefront-oriented.”)

⁵ <https://cannabis.ny.gov/system/files/documents/2023/12/annual-report-2023-final.pdf> (“Nearly \$16.3 million in revenue in State Fiscal Year 2022-2023.”)

⁶ In comparison, Illinois received over \$216 million in state tax revenues in its first year of legalization; New Jersey received over \$20 million in state tax revenues; Colorado - a state with 30% of New York’s population- generated approximately \$70 million in tax revenue.