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Members of the Omnibus Cannabis Bill Conference Committee:

On behalf of NAMI Minnesota, we are writing to share our comments on the House and Senate versions of HF100. We're grateful to both authors for working with us this session to listen to our concerns and address many of them. Our priorities for this bill are about protecting vulnerable people, including young people, pregnant people, and people with mental illnesses and substance use disorders.

Something we have noticed reading through the bill is the confusing differences in definitions of products, the dosage and potency allowed, and how and where they are regulated. In some places lower-potency hemp edibles are named, but they are left out in others. In the bill, lower-potency hemp edibles and beverages are limited to 5mg of THC per serving, but other edible products and beverages could be as high as 20mg per serving. If there are multiple items in a bag or like a candy bar that is scored, is it easy to understand how much is in each piece? Our overall concern is that people should know what they are consuming and what they can expect. We hope that the committee will prioritize clarity and consistency for the public, so that regardless of the source or the type or product, consumers and people who will use products that someone else has purchased will know the potency and possible intoxicating effects.

We support these provisions in **both versions** of HF100:

- Requiring the Office of Cannabis Management to establish potency limits on cannabis products;
- Ensuring that cannabis products are sold in child-proof packaging and not marketed to children;
- Allowing local governments to regulate the location of cannabis businesses. We prefer the House language which explicitly names areas near schools, daycares, and playgrounds as places where businesses may be restricted;
- Requiring information for consumers and patients on the risks and impairment effects of using cannabis;
- Providing grants to expand first episode psychosis programs, harm reduction programs, and culturally specific substance use and mental health treatment; and
- Decriminalization and expungement of previous cannabis crimes.

We support these provisions in the **Senate version** UEH0100-2:

- Requiring the Office of Cannabis Management to develop a warning label on the effects of cannabis use *by persons 25 years of age or younger*;
- Expanded membership of the Cannabis Advisory Council including the commissioner of the Department of Human Services, an expert in pediatric medicine, an expert in adult medicine, and two licensed mental health professionals;
- We worked on the Senate language in Article 1, Section 4, paragraph (e) which requires the Office of Cannabis Management to collect existing data from DHS and MDH on mental health and substance use disorder services, and first episode psychosis programs to report any increases in services provided;

- Requiring information on funding needed for training home visiting programs *and child welfare workers* in the Office of Cannabis Management’s annual report;
- Requiring cannabis to be inaccessible to children and stored away from food in family day care programs;
- Including DHS licenses in health care facilities which may adopt restrictions on using medical cannabis;
- Requiring home child care facilities to disclose if cannabis use is permitted on the premises after hours;
- Requiring information for consumers and patients on substance use disorder treatment options;
- Requiring a label on all cannabis products stating “Cannabis can harm your health, and your baby's health if you are pregnant.”
- Requiring education programs in Article 6 to raise awareness about the effects of using cannabis *before the age of 25* and including child welfare workers in education for home visiting programs.

We would like to note that the House version requires the Office of Cannabis Management to review medical and scientific literature to determine if warning labels for people under 25 and pregnant people are appropriate. We believe that the medical and scientific literature are clear that there are definite risks to these vulnerable groups. We do not need to review any more literature, and we should include warning labels from the outset.

We support these provisions in the **House version** HF0100-11:

- Allowing the Office of Cannabis Management to establish limits on the total THC in products;
- Allowing a lower limit of 1.5lbs of cannabis flower from any source in private residences;
- Including cannabis products, lower-potency hemp edibles, or hemp-derived consumer products when a family day care program must disclose if use is allowed after hours of operation;
- Limiting the THC per serving of hemp-derived edibles and beverages to 10mg per single serving and 100mg total per single package;
- Requiring designated caregivers to be 21 years of age to assist with cannabis flower; and
- Allowing sober homes to prohibit the use of cannabis.

Thank you again for considering the needs of people with mental illnesses and their families in this process. We are happy to follow up on any of these issues.

Sincerely,

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