
Committee Meeting

of

ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

*"Testimony from invited guests regarding the State's implementation of
the New Jersey Compassionate Use Medical Marijuana Act"*

LOCATION: Committee Room 14
State House Annex
Trenton, New Jersey

DATE: February 20, 2014
2:00 p.m.

MEMBERS OF COMMITTEE PRESENT:

Assemblyman Reed Gusciora, Chair
Assemblyman Timothy J. Eustace, Vice Chair
Assemblywoman Cleopatra G. Tucker
Assemblyman Chris A. Brown
Assemblyman Samuel L. Fiochi



ALSO PRESENT:

Tracey F. Pino Murphy
Jamie E. Galemba
*Office of Legislative Services
Committee Aides*

Queen Stewart
*Assembly Majority
Committee Aide*

Kevin Logan
*Assembly Republican
Committee Aide*

***Meeting Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey***



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Vice-Chairman

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COMMITTEE NOTICE

TO: MEMBERS OF THE ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

FROM: ASSEMBLYMAN REED GUSCIORA, CHAIRMAN

SUBJECT: COMMITTEE MEETING - FEBRUARY 20, 2014

The public may address comments and questions to Tracey F. Pino Murphy, Committee Aide, or make bill status and scheduling inquiries to Sophia Love, Secretary, at (609)847-3890, fax (609)777-2998, (609)847-3855, fax (609)292-0561 or e-mail: OLSAideARO@njleg.org. Written and electronic comments, questions and testimony submitted to the committee by the public, as well as recordings and transcripts, if any, of oral testimony, are government records and will be available to the public upon request.

The Assembly Regulatory Oversight Committee will meet on Thursday, February 20, 2014 at 2:00 PM in Committee Room 14, 4th Floor, State House Annex, Trenton, New Jersey.

The committee will hear from invited guests regarding the State's implementation of the "New Jersey Compassionate Use Medical Marijuana Act".

Issued 2/14/14

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ASSEMBLYMAN REED GUSCIORA: I just wanted to welcome everybody to this hearing on the Compassionate Care Act.

My name is Reed Gusciora. I'm the Chairman of the Regulatory Oversight Committee.

I'm particularly pleased to introduce my distinguished colleagues: Dr. Tim Eustace, who is our Committee Vice Chair; Cleopatra Tucker, a long-term Assemblywoman of the House; distinguished member Chris Brown, from Atlantic City; and we welcome our newest member, Sam Fiocchi.

Did I get that right, Sam?

ASSEMBLYMAN FIOCCHI: Perfect.

ASSEMBLYMAN GUSCIORA: Perfect.

So I want to welcome all the members and also welcome to those who are testifying.

As prime sponsor of the Compassionate Use Medical Marijuana Act signed into law by then Governor Jon Corzine, I am pleased to have this hearing on the implementation of this important law that brings much relief to so many people who suffer from diseases such as cancer, HIV/AIDS, multiple sclerosis, glaucoma, and Crohn's disease.

In the last four years we've seen the start of the three of six compassionate care centers that dispense marijuana to over 1,500 registered patients. Today we are here to get information from both representatives of the New Jersey Department of Health, as well as the marijuana dispensaries and patients themselves.

It is the aim of this hearing to see what regulations are working, what may be too burdensome for the dispensaries to operate at their fullest

potential, and what are the challenges patients face in receiving the care that they deserve. It should not be the purpose of this hearing to cast dispersions on anyone, on any entity, but to elicit testimony so that we can make constructive improvements on this important Act.

I'd like to invite up Victoria Brogan, from the Department of Health, who will be speaking on behalf of Commissioner O'Dowd.

And I just wanted to publicly state that I've been in constant contact with Commissioner O'Dowd and that her office has been very cooperative. I know that the Department is going to be soon issuing a report on the status of the Program for further review by the Committee.

With that, I understand we have to take attendance first.

So, Victoria, if you could, hold on for a roll call.

MS. PINO MURPHY (Committee Aide): Assemblyman Fiocchi.

ASSEMBLYMAN FIOCCHI: Here.

MS. PINO MURPHY: Assemblyman Brown.

ASSEMBLYMAN BROWN: Here.

MS. PINO MURPHY: Assemblywoman Tucker.

ASSEMBLYWOMAN TUCKER: Here.

MS. PINO MURPHY: Vice Chairman Eustace.

ASSEMBLYMAN EUSTACE: Yes.

MS. PINO MURPHY: Chairman Gusciora.

ASSEMBLYMAN GUSCIORA: Yes.

MS. PINO MURPHY: You have a quorum.

ASSEMBLYMAN GUSCIORA: And welcome, Ms. Brogan.

VICTORIA BROGAN: Thank you, Chairman.

Good afternoon.

My name is Victoria Brogan, and I am the Director of Legislative Services for the Department of Health.

Commissioner O’Dowd asked that I represent her today and read a statement on her behalf.

“Chairman Gusciora, Vice Chair Eustace, members of the Committee, thank you for your advocacy and leadership on the issue on behalf of patients and the New Jersey Medicinal Marijuana Program.

“The Medicinal Marijuana Program is currently finalizing two reports that we will submit shortly to the Governor and the Legislature. These reports will provide an overview of the Program; product testing protocols; and statistics, such as the most common medical conditions of registered patients, the percentages of patients served by each Alternative Treatment Center, and percentages of how much product has been successfully harvested by each ATC.

“The three ATCs that are now operating have dispensed more than 132 pounds of marijuana. There are more than 1,700 patients registered with the Program, and nearly 80 percent of them have been served by these three dispensaries: Compassionate Care Foundation, in Egg Harbor; Garden State Dispensary, in Woodbridge; and Greenleaf Compassion Center, in Montclair. Currently, 250 physicians are active with the Program. A fourth dispensary, Breakwater, had its business plan and background examination completed at the end of December and is now working on building out its warehouse. Examinations are ongoing for two additional ATCs, bringing to six the total number of nonprofit ATCs. We continue to work closely with all of the ATCs. While the Department of

Health does not produce the medical marijuana and does not operate or fund the ATCs, we do everything we can to appropriately support their success.

“As required by the Act, these are private, nonprofit enterprises created at the initiative of entrepreneurs and financiers. Our goal is regulatory, to ensure that the product tested in our lab is safe from contaminants that could be harmful to patients with compromised immune systems. Nine strains have been approved so far by our lab, and more than 20 additional strains are in cultivation.

“A clear priority of the Program has been a focus on customer service. We have responded to more than 16,600 telephone calls and e-mails. Additionally, the Program has reached out to every registered patient and caregiver. We have partnered with the Medical Society of New Jersey and the Drug Policy Alliance to provide resources for physicians and patients.

“In summary, the Medicinal Marijuana Program has made significant progress. Sister State agencies, including the Departments of Law and Public Safety, Agriculture, and Environmental Protection have assisted the Department in building this Program, which is based on a medical model. With the capacity of our current dispensaries, and more scheduled to come on line in the future, the Department is committed to an effective State safe and secure Program.

“Thank you for inviting the Department to be here today.”

ASSEMBLYMAN GUSCIORA: Thank you so much, Victoria.

I would ask members if we could just hold off on questions for the moment. The Department is about to issue a report, and I think that

we should all review that report and then invite Victoria or the Commissioner back. And then we can have a more thorough discussion. I'd rather have this for the patients and the providers -- give them an opportunity, rather than us get bogged down with questioning the Department of Health, if that's okay.

MS. BROGAN: Thank you.

ASSEMBLYMAN GUSCIORA: Thank you very much.

MS. BROGAN: Thank you.

ASSEMBLYMAN GUSCIORA: I'd like to call Michael Weisser, a representative from the New Jersey licensed dispensaries.

M I C H A E L W E I S S E R: Good afternoon, Mr. Chairman and members of the Committee.

My name is Michael Weisser. I am the Chief Operating Officer of the Garden State Dispensary, located in Woodbridge. We opened on December 6, 2013. And I'm here today on behalf of not only our dispensary, but on behalf of all dispensaries in the state. We have formed a coalition, and I have been asked to be the representative. And the matters that I'm going to testify to today are things that we have discussed and have the approval of all of the other dispensaries.

The first and fairly important issue that we see where improvement could be achieved is with respect to the requirement that a doctor register on a State registry, which can be accessed by the public. There are a number of doctors, I think, that would be reluctant if they have, perhaps, four, five, or eight patients who qualify -- but are reticent to be on some type of public registry. And on the other hand, I think that there are a number of physicians who would want to be publicized because it would

bring them more business. So I think the registry should be changed from a mandatory to a voluntary registry. And I think that that would greatly enhance the accessibility to patients who go to a particular physician and, for whatever reason, he doesn't want to be on a registry so he's not recommending them. And due to the stringent rules of this Program, they're left with no alternative. So I would like to see that changed.

The second thing that I would like to address -- forgive me, I'm going to look at my notes -- is with respect to edible products. Now, I know that Governor Christie has approved it for dispensing to children, but we see a number of very, very ill patients, many of whom have lung diseases. And requiring them to smoke the product -- which is the only alternative other than a lozenge, and no one is producing the lozenges at this time -- I think is patently unfair and it doesn't really address the issue. There should be no difference in terms of dispensing edibles to adults than there is to dispensing to children. So I'd like to see that changed. I'd like to see just an amendment. I don't know whether or not that requires a legislative act or could be done by the board of health.

The third item that I'd like to talk about is chronic pain. There are a great number of people who suffer from chronic pain. We currently operate eight dispensaries and have one of the larger operations in the state of Colorado. And I would say that a tremendous number of medical patients that we see are suffering from chronic pain, which is a real problem and ruins people's, I guess, quality of life. I would suggest though that if an amendment was done, and if this was incorporated, that instead of a doctor, treating physician recommend it, that the patient with chronic pain be required to see two separate physicians, both of whom certify that this

patient would qualify. I think that would avoid abuse, and I think that it would be a far superior way to manage this Program.

The next item that I'd like to bring up is, at the moment patients are required to be recertified every 30, 60, 90 days. If someone has MS or Parkinson's, requiring them to go back every 30, 60, 90 days to get recertified doesn't make any sense. The more appropriate way to do this -- and what they do in virtually every other state that has a medical marijuana program -- is an annual recertification. At a minimum, I think it should be 6 months, but I think that 12 months makes more sense. And it has been my experience that that works. And I would invite the Committee to look at other states that have implemented this.

Along the same lines, I would like to see-- The annual fee that we're charging patients, paid to the State, to get on the registry is \$200. I think that's a very high amount of money for some of these patients to come up with, and I would like to suggest that it be reduced to \$25. I don't think that the State will suffer greatly from the loss of revenue, because I think the offset is that you will have more patients on the registry spending more money. And since the product is taxed, I think that the potential loss of revenue would be a wash by reason of the increased sales.

The next item I would like to talk about is home delivery. There are a number of patients in hospice where they have only days, weeks, or perhaps a month to live, who are simply incapable of signing up for this Program due to their infirmity. What I would like to see is a doctor certification that the person is in a hospice facility or under hospice treatment. And I would ask that the law be amended so that these persons do not have to pay a registration fee and fill out all of the documentation,

because in most instances, they're incapable of doing so. And I would like to see a delivery system where the ATCs are permitted to deliver this product to a person designated at the hospice who will then administer it or provide it to the patient. Likewise, I would like to see that type of program instituted for the hospital patients who are undergoing serious treatment for the variety of illnesses that we currently provide marijuana for. And, again, we would request that we be allowed to deliver this to a designated person or persons at the hospital who would then, in turn, administer it to the patient.

With respect to home care -- people who are in nursing homes or invalids who can't get out -- I would like to see, again, an amendment to the Program to allow us to provide the medicines to these caregivers and not limit it. Because at the present time, I believe it's only one caregiver per patient. And I would like to see that increased with respect to registered nurses, visiting nurses, and health aid specialists who are -- you know, hold a license from the State and, we would hope, would be very qualified to make these kinds of dispersement.

And that's pretty much it. There are a host of other things. But I would like to say that the board of health has worked with us hand-in-hand and has been very, very helpful with us. They've been sympathetic to things. And our experience has been very, very positive, so I would like to thank them and, obviously, you.

ASSEMBLYMAN GUSCIORA: Thank you, Michael.

Can you take some questions?

MR. WEISSER: Sure.

ASSEMBLYMAN GUSCIORA: One of the things when we were working on the Medical Marijuana bill -- we narrowly tailored it to six ailments. And there were a whole host of reasons, and one of them was just, frankly, trying to get it past a lot of cynics and people who were against the Program. I understand our Program is the strictest in the nation.

We did look at chronic pain, but it was hard to get a definition of it to put in the law. And I was wondering, in your experience, if you know of any other states that have defined chronic pain and, if possible, you could assist us in providing a definition.

MR. WEISSER: We'd be happy to provide that to you. I know for a fact that in Colorado chronic pain is one of the approved illnesses. And I can provide the Committee with a copy of the Colorado act.

ASSEMBLYMAN GUSCIORA: The fear was that it was a slippery slope, and that it was too vague, and that anyone could fall into that category. So we would want to look for as narrow a definition as possible.

MR. WEISSER: Well, that's why you have the abuse going on in California where if you have a hang nail, "Oh, that's chronic pain."

ASSEMBLYMAN GUSCIORA: Yes, exactly.

MR. WEISSER: We don't want to see that. But by the same token, not having it at all, I think, is counterproductive to the Program. And the whole thing here is to try and get more patients. Quite frankly, we have more product than we can sell because of the backlog and people just not getting on this Program.

ASSEMBLYMAN GUSCIORA: Now, regarding the annual fee, I do agree that \$200 may be steep for many. In the other states, do you have any-- What is the average annual fee that they have, if they have one at all?

MR. WEISSER: Colorado is \$15 a year, and I believe, if memory serves me right, Arizona is \$75.

ASSEMBLYMAN GUSCIORA: Okay. Certainly less than the \$200.

MR. WEISSER: Two hundred, by far, is the most in the whole country.

ASSEMBLYMAN GUSCIORA: Vice Chairman Eustace.

ASSEMBLYMAN EUSTACE: Thank you, Mr. Chairman.

One of the things that my patients complain about is availability. And one of the things I know we spoke about was, if you have lots of marijuana at your dispensary, it's impossible for a dispensary that has none to share that resource, from what I understand.

MR. WEISSER: That is an issue we, in our meeting with all of the other dispensary owners-- There was a catastrophic event with respect to Greenleaf, and they virtually have no product. We would have been happy to provide them with product since we had excess product at the time. And it would help the whole Program, from my perspective. We were told that the rules currently in place do not allow for that.

ASSEMBLYMAN EUSTACE: Excuse me.

And those are DOH rules?

MR. WEISSER: Yes.

ASSEMBLYMAN GUSCIORA: Any other questions from members? (no response)

Thank you very much, Michael, for coming.

MR. WEISSER: Thank you.

ASSEMBLYMAN GUSCIORA: If anyone else wants to speak, if they could, make sure they fill out a form so that our Aide, Tracey, has one.

I'd like to bring up the Coalition for Medical Marijuana panel: Ken Wolski, Peter Rosenfeld, and Jim Miller.

K E N N E T H R. W O L S K I: Thank you, Chairman Gusciora.

My name is Ken Wolski.

Jim Miller is ill today and is not going to be able to appear.

I am here with Peter Rosenfeld, from our organization.

I am a registered nurse. I've been an RN for 38 years here in the State of New Jersey and in Pennsylvania. And I've been Executive Director of the Coalition for Medical Marijuana New Jersey for 11 years. I've included a copy of my résumé in the packet of materials that I distributed to the Committee members.

I'm very grateful to the Regulatory Oversight Committee for holding this hearing on the evident failure of the Medicinal Marijuana Program to meet the needs of the vast majority of patients in the State of New Jersey.

When CMMNJ formed in 2003 -- and we have been following this issue since before there was legislation. And we have tried to lend our guidance to this process, but we have been essentially excluded by the -- our input has been excluded from the Department of Health.

I have included in the packet of material a list of published materials that I've had, along with a compact disc of the regulations, the proposed changes that we have -- our organization has developed in association with the Association of Safe Access Providers-New Jersey. And line by line we went through those regulations -- 110 pages of the regulations, and suggested what needed to be deleted in parentheses and what needed to be added in underlined. So for your consideration--

Our first real argument with the Program started with the bill itself. Before it passed into law, the op ed that I submitted on June 23, 2009, *Marijuana bill restrictions mitigate its usefulness*, talked about how the original version of the bill that passed in February of 2009, through the entire State Senate, approved home cultivation of a small number of plants for patients and caregivers. And the Alternative Treatment Centers, in that regard, looked like collective gardens rather than the (indiscernible) pharmacies that we have now. And this is part of the problem that we're having -- trying to take a process that has been proven in 13 other states that allows for home cultivation as an alternative, and instead, puts the entire onus on these (indiscernible) pharmacy Alternative Treatment Centers to produce medical marijuana.

Before I forget, I also included testimony from Vanessa Waltz; Scott Waselik; Dr. Jay Rosen and Susan Rosen; Jennie Stormes, RN; Sean Green, and Stephanie Joynes-Pierce. So you also have that as coming from the Coalition for Medical Marijuana New Jersey.

In an open letter to the New Jersey legislators dated December 31, 2010, we predicted that patients -- medical marijuana would only be available to very few patients at a high price, and it would be poor quality

marijuana with the restrictions on the cannabinoid content. And that certainly has proven to be true.

And to this day, the process for adding qualifying conditions has not even begun with the Department of Health. We believe that the rules are not consistent with the intent of the legislation and only prevent the vast majority of patients from gaining safe and legal access to medical marijuana.

The physician registry, we predicted, would accurately -- would only discourage Program participation and limit patient access; and the micromanagement of the ATCs would cause the ATCs to fail, or fail to even start. And so far, only two of the ATCs are actually working full-time. Three haven't even opened yet, and one is only available part-time.

I also included an op ed on home cultivation for your consideration -- about the benefits of that particular program.

The goal of the rules of the Department of Health should be that patients have timely and affordable access to medical-grade marijuana in an adequate amount for all qualified patients, in a safe and secure manner. Those are the underlying goals of the regulations that we feel just have not been met. And the Department of Health should really listen to the advocates and patients who are involved in this and the experts in the industry.

The physician registry, again, is just -- really undermines the intent of the legislation. The legislation really was to ensure a bona fide doctor-patient relationship. But forcing patients-- What this registry does is, it forces patients to abandon their bona fide doctor-patient relationship and seek a doctor who is on the registry staff. I do want to let you know

about two patients who called me -- both hospice patients. Both were, obviously, dying. One was from Jersey City and one was from Trenton. They were both impoverished, they were both bed-ridden, and they could not get access. They talked to their doctor, and one doctor said, "If you want medical marijuana, go find yourself another doctor." And we think there is a great deal of ignorance and misinformation in the physician community that really needs to be addressed. The science that underlies the medical marijuana basically was not taught in medical schools. It's an emerging science that really began in the 1980s and 1990s. And this is a type of education that the physicians in the State of New Jersey really need to know about -- this entire endocannabinoid system, which gives the scientific basis for why marijuana is safe and effective for so many different diseases, and symptoms, and conditions -- from glaucoma, to seizures, to irritable bowel syndrome. And it's especially useful for hospice patients in so far as it controls pain without sedation, it controls urinary incontinence in many cases, it improves the appetite, and it lifts the spirits of the patients.

Thank you so much for the help you are doing in addressing these issues.

ASSEMBLYMAN GUSCIORA: Thank you, Ken.

Peter.

P E T E R R O S E N F E L D: Peter Rosenfeld, also a member of CMMNJ, and I am a patient and patient representative within our group. So I can only speak anecdotally from talking to the patients -- what they are saying about the system.

There are two big areas that are causing major problems with the -- I would call them the *mobile patients*, patients who are not so sick that they're not in hospice or whatever they have. These patients have things like MS, cancer, those sorts of problems. They're still able to get around. Just about all the patients I know are on Social Security Disability due to their illness, which leads to some of the problems they're having in the system.

So the two major areas-- The first area is basically -- will perhaps be helped when there are more ATCs. But, right now, we have three active ATCs. In reality, one of them is severely undersupplied, another one is having quality control problems. I don't want to go into it, but the patients, in general, are switching away from it, don't want to use it. So they're primarily using one. And that's a major problem, transportationally. I actually run a carpool for patients from southern New Jersey there to the dispensary. It takes us three hours round trip. Just yesterday I did a run. One of the people in my car was a 70-year-old woman in severe pain. We had to stop three times on the way up there because the pain got so bad. She was crying by the time we got there due to the trip. It's a very bad problem -- just transportation to the ATCs.

I asked them all, "Why not use a caregiver for it?" They all tell me the same story; the rules for getting a caregiver are so extreme, it's not worth doing. The caregiver has to register, pay \$200 if they're not on Disability. They have to be fingerprinted and have a background check. Who are you going to find to do that for you? So they physically travel. Every single patient physically travels to the dispensary right now.

No delivery, as was raised earlier, is another issue. That's part of the problem.

The other problem is price. These are people on Disability. Typically they're taking home between \$1,500 and \$1,600 a month on Disability. The price of two ounces of marijuana from the dispensary is \$1,000, plus State sales tax. Right there, that's two-thirds of their Disability. They simply can't afford it. A woman I transported yesterday said she could afford half an ounce. And when that's over, she would have to go back on opiates. That's the situation they find themselves in. Other patients just are not going to mess with the system at that price. They can't afford it. I've been told that by patient after patient. The system is unaffordable to them.

So as I said, more ATCs would help. Of course you'd start getting competition, you'd get less distance in traveling. But this weekend I visited Compassion Science's site in Belmar. It's an empty shell. Nothing has been done to it since they announced they're building there. So patients have become very discouraged that there is any movement happening in this area.

All of them said home growing would help at least reducing cost and transportation, even if it was a six-plant limit like they have in the other states. That would help with the cost. I advise them that I don't think it's going to happen, but it's certainly something that could be implemented and could be controlled, if we wish, using the same complex rules we use for the ATCs. You could use that for home growing also and let the patients grow. It would not be a good system, but it would at least

allow them homegrown. So that's the big problem right now: price and distance.

The other is, as was mentioned, availability of doctors. I believe there are only about 250 doctors registered -- maybe a few more by now. Some of those are not even active in the Program, according to patients. They say they call, and they say, "We're not accepting patients," or, "I'm backing out of the Program." Because of this, severely ill patients on Disability have to go to a new doctor if they want to get a recommendation. Typically, the doctors are interpreting the rules as they must have four visits with them before they can make a recommendation. These visits are not covered by insurance -- no insurance, because they're for medical marijuana, which is not a covered area. The average patient is paying \$540 for those four visits, and some are paying much more. Again, that's unaffordable.

So these impediments to the patients are severe -- the financial alone, and also somewhat the complexity. Now, I've talked to the doctors about why more doctors are not registering. My own doctor, who is a registered doctor, told me that many doctors are interpreting the DOH rules as saying you have to be an addiction and pain medicine doctor because of the training requirement. And he says there are only 3,000 addiction and pain doctors in the country -- at least who are members of the American Society of Addiction Medicine; which, by the way, does not support medical marijuana. My doctor is a member of that Society, and he says he has some pressure on him about him making recommendations. He says other doctors he's talked to in meetings say they object to the training requirement because they don't feel like marijuana is addicting, and they're

not allowed to recommend it for pain. So why would they take an addiction and pain course for medical marijuana? It's not even pertinent. And so they reject it out of hand.

He said the third category of doctors who might do it are pain doctors -- who are not addiction specialists, but pain doctors. And he says a couple of problems they have-- They generally have very full practices and are not taking any new patients. And the paperwork requirements-- They have set up yet another paperwork requirement just to handle the medical marijuana, which they would maybe only be doing for a few patients, and they do not have the time or interest in doing that. So the registration system, as it stands now, has been a severe impediment to doctors joining it, which reflects on patients not being able to have doctors, and financial hardship on them doing it.

I was also asked to very briefly talk about the problem with pediatric patients right now, even with the rule changes. This is from Jackson Stormes' mother, the child with epilepsy. And she says that one of the problems is there is no communication with the patients by DOH. They call and they never get a call back. That should be changed. The current Program has been very tough to access -- confusing. The three-doctor requirement is overwhelming, especially when money is tight.

The three strain limit, even though that was removed -- there are still no CBD-type medicines available. Now they hear the push to only allow CBD medicines. They say, "No, that's not correct either." They often need a small amount of THC, and they don't want to see it go that way.

Oh, and there are no edibles yet. That's been an ongoing thing. I've talked to some of the dispensaries about that, and they said there has been a push-back by DOH. I'm not quite sure what's going on in the making of the extracts that we would use for the edibles. And so as you know, a lot of pediatric patients -- their parents are leaving the state to go to Colorado where they can get immediate access. Even though the Governor set up the system in September 2013, no pediatric patient has been served yet.

So there are a lot of patient problems going on. I think they're all based on the DOH rules and are driving this.

ASSEMBLYMAN GUSCIORA: Thanks, Peter.

MR. ROSENFELD: Sure.

ASSEMBLYMAN GUSCIORA: Does any member have any questions? (no response)

Thank you very much.

I'd like to call up Evan Nison, Marianne Bays, and Anne Davis.

E V A N N I S O N: Should I begin?

ASSEMBLYMAN GUSCIORA: Yes.

MR. NISON: My name is Evan Nison. I'm the current Executive Director of NORML New Jersey. We represent not just medical marijuana patients, but all marijuana consumers and producers. Today I will stick to medical marijuana.

So we were the 14th state. Since then, six states have passed us, and most have exceeded us. We are the strictest program in the country, and one of the most underdeveloped programs in the country as well. We are still actually-- While Chris Christie is waiting -- is talking

about extending the Program, we're still waiting for the initial law to be implemented fully, which I think most people on this Committee understand.

And I personally -- by way of background -- took tours of the dispensary in Montclair and Woodbridge, and just two weeks ago I flew out to Colorado and took tours of dispensaries and grow facilities, both recreational and in medical out there. So I can also potentially answer questions about their program -- their successes and their failures, because they also have some.

So I'm going to keep my testimony pretty short, because we have two other people who, quite honestly, have been following this a little bit closer than I have. My suggestions are broken up into two parts: supply and demand. It's pretty simple. In terms of supply, I feel that we need to give more autonomy to ATCs. These people were picked because they're experts at what they do. And their hands right now are being tied by the Department of Health with overly burdensome regulations that have prevented them from succeeding in their business. And because of that, another recommendation of mine would be to at least include input from the Division of Consumer Affairs, because they're used to regulating businesses; our Department of Health is not. Other states such as Connecticut and, actually, Colorado have put the regulations in the hands of agencies that are used to regulating and establishing industries, not health-related -- what the department of health does.

In terms of expanding the patient population and protection -- the supply side. We also would recommend easing the restrictions, and the regulations, and the paperwork that goes along with the doctor registry. I

would also echo the recommendation of making it optional to be public. I think that was a great recommendation.

We have patients who are still getting arrested -- legitimate, card-carrying patients who are contacting us on a weekly basis. So I would suggest making sure that there is more, I guess, training for the police departments. A lot of patients who would qualify simply are not even trying because they're hearing stories of patients getting arrested, marijuana is very expensive, and it's hard to get. So those are some of the reasons that-- Again, Governor Christie said that there is not a major outcry to use this Program. That, I think, is false. It's just overly burdensome regulations.

We would also recommend including chronic pain -- and I can help get you some language for that -- as well as PTSD, because of the vet situation.

That's my testimony.

ASSEMBLYMAN GUSCIORA: Great.

Thank you, Evan. And the written testimony has the specific suggestions on the regs.

MR. NISON: Correct.

ASSEMBLYMAN GUSCIORA: Great.

M A R I A N N E B A Y S, Ph.D.: I'm Marianne Bays.

ASSEMBLYMAN GUSCIORA: Marianne, can you turn your mike on? Make sure it's red.

DR. BAYS: I'm Marianne Bays, and I'm here with NORML New Jersey. I've been working as an advisor to the NORML New Jersey

Women's Alliance. In that capacity I come in contact with a lot of patients, and a lot of the interested public as well.

Prior to that, my initial involvement was with the Coalition for Medical Marijuana. Ken Wolski mentioned an organization called the Association of Safe Access Providers. I formed that organization during the time of regulatory review so that we could bring a group of people who were focused on the business aspects of the regulations together. And I know that Ken has submitted to you a redraft of the regulations that we did. ASAP New Jersey was the group that did the work on the revision of the business regs there.

A lot of people here today have already said things that I agree with. And I've given you some testimony. So I'm just going to emphasize a couple of things and make a suggestion or two. One of the major problems that we have is that this Program has not met even the minimum mandate of the law, which is to have six Alternative Treatment Centers: two in the north, two central, and two south. It is absurd that we have no deadline on the implementation of an Alternative Treatment Center. Connecticut, looking at our lack of success, has put 180 days on their provisional licenses. You have to be getting operational or you lose it. It makes sense since our objective here is to provide patients with medicine.

I think that we should also consider opening up to new applicants for Alternative Treatment Center permits. Clearly, the restrictions that have been regulated here have made it impossible to deliver, made it impossible for people to travel. And we're dealing with the sickest people in the state, and then we're asking them to travel to remote locations. It's not a good model.

I think that we should also see, at this point, much more focus on establishing the professional resources that are needed in order to improve the utility and the quality of the Alternative Treatment Center products. At this point, we don't have the testing capability in the state that allows us to assure that we have safe infused products, which we're at least able to do for children.

One thing that has been done in Colorado successfully that I think should be given consideration is actually licensing marijuana-infused products -- producers who can then supply the dispensaries in this state. One of the problems we're facing with the start-ups is they've got to get their grow going, they've got to get the basic production in place, and it's going to take awhile before they can get to the point where they have the sophistication and capability to provide the edibles. But those are very important things for us to do.

I concur that we should have opened up hearings a long time ago to start considering other conditions. And there are many of them that the other states have approved from which people in New Jersey suffer but don't have access.

The last point I have is that I really think we need to reconsider the cost to patients. We've talked about the registration fee, and the \$200 caregiver fee has been mentioned as well. I find that particularly a problem with the patients who are on Disability. They often are too ill to obtain the medicine themselves, need a caregiver, but they don't have \$200 to pony up for the caregiver. And the caregiver is usually doing them a favor in the first place, and we're asking them to pay \$200 to do it.

The Legislature did a wonderful job in attempting to modify our laws, our regulations around children and their access to cannabis. But we still have a situation that doesn't make sense. I'm going to give you an example of how this plays out when you're a mother with three children who qualify. I got a call from a woman who has three children with Crohn's disease, and she wanted to know what she could do to legally register them in the Program, because she's heard that cannabis can help her children. And so I talked her through it. Basically what she has to do is take each child to three doctors, and one of them is a psychiatrist, to which she said, "What am I going to tell my children about why I'm taking them to a psychiatrist? This has nothing to do with this." Their primary physician is not registered. And so we have a situation where she's basically going to the black market, because what else can she do?

And that's really one of the major problems with this Program right now. We've raised awareness of the medical efficacy of cannabis, and then we've given no resources to the patients in this state.

Thank you.

ASSEMBLYMAN GUSCIORA: Thank you.

ANNE M. DAVIS, ESQ.: Good afternoon.

Thank you for the opportunity, and thank you for holding this hearing. I had given up hope on the Program, quite frankly.

My name is Anne David. I'm the former Executive Director of NORML New Jersey. I'm an attorney. I'm the lead attorney on the litigation that was filed against the Department of Health. And most recently, I was diagnosed with multiple sclerosis myself, so I can speak as a patient as well as an attorney and an advocate.

I'm not going to point blame, but I'm going to just set some facts for the record that I think are very significant. This is now four years after the enactment, and we have three centers open out of six. And the regulations, as drafted, require the DOH to approve or deny within 60 days. Now, we can say, "Okay there is reason for delay. They need to go through this vetting process." But these entities were selected March 21, 2011. We are now in 2014. There is no reason that the Department of Health has taken three years to get through the vetting process on these three remaining entities.

I have attached to my testimony an article that came out in the *Star-Ledger* on October 23, 2011, where a reporter found Foundation Harmony -- one of the three selected applicants -- had numerous misrepresentations within their application. They had directors, medical advisors facing allegations of insurance fraud, two of the directors were bankrupt, they were linked to a school in Colorado that was suspended, and they had misrepresented their status as a 501(c)3. I cannot understand why a reporter from the *Star-Ledger*, in October of 2011, found all these inconsistencies from their application and the Department of Health has not denied them. That's not fair to the patients. And now that I'm one of them, I can tell you I am an hour away from all three of the centers that are open. If they do not have a location -- and that's the Department of Health's reason that Foundation Harmony hasn't been approved -- three years later, then they need to be denied. The Department of Health needs to be legislatively mandated to do what they were already mandated to do.

As far as the annual reports, the Act, as passed, required the Department of Health to file annual reports. This is very significant not

just because of public information, but because it creates a procedural problem for patients. As there was testimony about adding PTSD, chronic pain, numerous other conditions, the enacted legislation did not impose any requirement of these annual reports. But the DOH promulgated regulations which required two annual reports had to be filed before any patient could petition to add a qualifying condition under the State's Program. So what has happened, by their failure and refusal to file the annual report, as of now patients cannot apply until 2016 regarding adding any other qualifying condition without any kind of legislative fix to that.

So the Department of Health has refused to make any of their information public. Again, I'm not pointing fingers; I'm stating facts. We had made OPRA requests as to the progress of the Program, and I've attached my response from the Department of Health, "Pay us \$6,475 and we'll let you know which records, if any, we may or may not release to you." And that has been attached.

As far as the physician registry, I will tell you that it's probably the biggest problem with the Program. Once I was diagnosed with MS, I talked to -- three of my doctors all recommended medical marijuana for MS. It has neuroprotecting qualities, as well as helping with some of the symptoms. Three out of three said use it. None of them are registered, none of them will register with the Program. I ended up going to a fourth doctor, who is not in my insurance; I had to pay out-of-pocket, and I had to drive an hour away to see him. Why? Because it's overly burdensome. It requires these physicians to put a statement that they have advised of its addictive qualities. Things that they don't necessarily believe in they're being forced to certify to be able to sign up a patient with the Program.

And I'm telling you, three out of three -- every one of them said, "Use marijuana, it's good for MS." All of them -- three of them -- will not register with the Program.

And finally, I added in a little snippet about what is going on. But we have the Executive Branch exceeding their authority. Governor Christie stated himself, on September 27 -- and it's attached in my testimony -- "We essentially had to remake the bill by regulation because it was so poorly written." And that's just not how it works in the State of New Jersey. The Executive Branch does not write the legislation; the Assembly and the Senate do. And I point out that I believe that's what has been going on. And I ask that in your review of all the testimony, you further inquire and research as to what is really going on.

I solidify some of the other comments -- that cultivation should be implemented. It is in the state of Rhode Island, and I'm also very actively involved with the Slater Center in Rhode Island that serves over 2,500 patients a month. And they have home cultivation in Rhode Island without a problem, without an impact on the dispensaries.

That is all that I have, and I'm open for any questions.

ASSEMBLYMAN GUSCIORA: Thank you.

Any questions from the members? (no response)

Thank you very much.

MS. DAVIS: Thank you.

ASSEMBLYMAN GUSCIORA: Chris Goldstein.

C H R I S G O L D S T E I N: Chairman Gusciora, Vice Chairman Eustace, thank you for inviting me here to testify today.

My name is Chris Goldstein. I'm an independent journalist. I served as Executive Director of NORML New Jersey, and I was on the Board of Directors at the Coalition for Medical Marijuana of New Jersey.

Hopefully today we can begin to address and repair one of the worst failures of law implementation this state has ever seen. What you've heard is a litany of what is wrong with the regulations that were crafted with the Executive. Now, there were a number of agencies. This was the Department of Health, this was the Department of Consumer Affairs, this was the Governor's Counsel, and this was the State Police. That's who crafted these regulations that are out here today. It wasn't just one entity. It wasn't just the Department of Health or anyone else.

You, the legislators, know the history of this law. It took five years to pass here in the House. The promises then started right away. First, there was the promise that there would be medical marijuana in the summer of 2010, then it was the fall of 2010, then it was the fall of 2011. But it wasn't until the fall of 2012 that the first dispensary opened.

The Department of Health held public hearings on these regulations. They asked patients to travel from all over the state. But as you heard here today, and I want this to be understood, the tone from the Department of Health and from the Executive -- from the Governor's Office -- has been nothing but a stone wall to every concern from every patient that they have heard from. Patients have been left crying in the front office; patients have since passed away without ever getting access to this Program.

The Legislature realized there were problems with these regulations. In 2011 and 2012, you in the Assembly and the Senate passed

joint resolutions -- SCR-151 -- declaring that these regulations were against the intent of the law. There were clear fixes within that resolution. But unfortunately, the Legislature only went two steps down an important three-step process and never invalidated the rules. Instead, last year, in 2013, you passed several pieces of legislation for the same types of fixes. We passed legislation to allow dispensaries to grow more strains. Legislation was vetoed by the Governor that would have recognized marijuana with all other medications and made sure that patients are not denied organ transplants.

The truth is, right now, as you've heard today, the Compassionate Use Medical Marijuana Act has never been fully implemented. The less than 2,000 registered patients in the state have jumped over every single hurdle. The path is no better than it was in 2009. They can either move away to a state with a better program, or they can break the law and get arrested. And as you've heard today-- I've interacted with several patients. I mean, one of them -- Scott was stabbed. He had the police come to his house. They found some of his medical marijuana. He's currently being prosecuted. He's a card-carrying, registered, New Jersey medical marijuana patient. He was arrested, and they didn't even drop the charges at the prosecutor's office. So even if you jump through all these hurdles, police have no regard in this state. They don't care. They just care if you have marijuana.

Patients have tried every ATC -- all three of the facilities that have been opened. They've bounced back and forth. They've spent thousands of dollars on doctor visits. And then they've spent thousands of dollars on medication. Not only is New Jersey's medical marijuana some of

the most tightly controlled, it's some of the most expensive in the country. And it's one of the only programs in the country that puts a tax on top of it. Our patients are paying far more than street-level prices for marijuana in these facilities, and they're getting much lower quality, which is why you don't see any registering in the Program.

We're also finding out that ATCs are now putting some extra limitations on their clientele. You heard some of the parents need to make extractions, edibles. ATCs are unsure how to deal with this, so they're asking patients to just deal in certain ways. This is not how this is supposed to work. Four years on, instead of a medical marijuana program, we have a State-run cartel for marijuana. These facilities are holding secret meetings to decide what they're going to do with patients, with no oversight by patients or this legislative body. This is not how this Program should run.

There are important questions that need to be answered. I'm glad the Department of Health is coming out with some of these today. But how much cannabis has been produced? How much has been sold? How much in the sales tax has been collected? How much are we taxing our severely ill residents to access this Program? Is any research being performed on the cannabis? Greenleaf had whole crops of marijuana that never saw patients. One of these facilities says that they have more marijuana than they know what to do with. What is happening to that marijuana in the back room? We could speculate, but we should know. There is no reason that this Program should be so secret. All of the information associated with it should be readily accessible, not just to you the legislators, but to all of us in the public. It's not just about severely ill residents being available -- on this Program one day. All of us are potential

patients. All of us could get diagnosed with cancer. All of us could be in a terminal illness one day. All of us should have access to this Program and the information associated with it.

The Compassionate Care Foundation also received a \$300,000 loan from the New Jersey Economic Development Authority. Why are we spending \$300,000 to expand a facility that can't even produce -- that has more marijuana than they can give away or sell? Why are we spending this money now? We hope some sunlight can shine on all of this. We hope these questions can be answered.

The only real way to bring the Compassionate Use of Medical Marijuana Act to the people of New Jersey is to completely rewrite the regulations and start to restructure this Program. I beg the members of this Committee to use whatever power you have here today moving forward. Act decisively, act immediately to improve the law, because we've waited five years and been given nothing but empty promises.

A quick set of recommendations: I think the Committee should undertake a voluntary survey of patients. Ask them about their experience with the Program. I think that's an easy first step. I think many patients would volunteer to tell you what their problems were, just like you heard here today. I think the Committee should also attempt to do something that we at the Coalition attempted with the Department of Consumer Affairs. Reschedule marijuana under the State Controlled Substances Act. In order for the Compassionate Use Medical Marijuana Act to equate with the rest of State laws and avoid obtuse regulations in the future, I think that's a good step to take. It's something the Legislature can do, along with the Department of Consumer Affairs. Reschedule marijuana at the State

level. And then, finally, the regulations, again, promulgated by the Department of Health and the Governor's Office have been so fully ineffective at implementing the Compassionate Use Law that it has completely dismantled its legislative intent. The regulations should be nullified. The Legislature should undertake a process to rewrite these regulations within a reasonable timeframe and create an oversight committee that gives all the patients that you heard here today -- all the patients who've got nothing but a stone wall -- give them a chance to make this Program work in the future.

I hope you'll hear some of these recommendations. I've written extensively about the Program and those involved with it. So I'm happy to take any questions.

Thank you.

ASSEMBLYMAN GUSCIORA: Thank you for your compassionate testimony, Chris, as usual.

Any members have any questions? (no response)

As long as we can get a copy of your recommendations--

MR. GOLDSTEIN: Absolutely.

Thank you.

ASSEMBLYMAN GUSCIORA: Thanks a lot, Chris.

I'd like to call up Stephen Cuspilich and Paula Joana.

P A U L A J O A N A: Hi.

ASSEMBLYMAN GUSCIORA: Hello.

MS. JOANA: I'm Paula Joana. I came here today on a whim. My plans had changed. I represent the Love Nugget Foundation. It's a

501(c)3 foundation that my husband and I created in memory of our daughter.

I don't have a written testimony for you. On August 21, 2012, I gave birth to a baby girl -- perfect girl. She was later diagnosed with Dravet Syndrome. She tried and failed five medications. She started with Phenobarbital at five months old. When she was a year old, she was prescribed ONFI, which is a benzo. When she was diagnosed in August with Dravet Syndrome, my husband and I followed everything we had to do to get a medical marijuana card. Her neurologist wrote us a letter; her pediatrician wrote us a letter; we went into New York City to see a psychiatrist, and he wrote us a letter.

I got every file, every test, every ounce of blood work that I ever had, and I submitted it to a certified medical marijuana doctor in the State of New Jersey. He said he was going to file her application a week later. Well, two weeks went by, and nothing happened. I called his office; I called the State to see what could happen. He cashed my check right away.

November 26 we put Sabina to bed. And when we came in the morning to wake her up, she was unconscious; she was nonresponsive. We brought her to the emergency room, and the doctors told us that she probably had a seizure the entire night. It took another 13 hours to stop that seizure. She was put into a coma. She was given Phenobarbital loads, she was given Ativan, she was given rectal DIASTAT, nasal Versed to stop the seizure. It never stopped. She was put into a coma, like I said. And on December 2, the very same hour Governor Christie was saying, "We will not expand the Medical Marijuana Program," we took our daughter off the ventilator. She was 15 months old.

My daughter never had the chance to try medical marijuana. Her funeral was December 5. And on December 5, another little boy in Washington died the same exact way she died. These are babies. She was on a benzo. She was visibly high. All this controversy about allowing parents to get it out-of-state. If the pharmacy near our house ran out of her benzo prescription, I would be able to go to Pennsylvania to the CVS there and get it. Nobody has an opinion about a 15-month-old baby taking a medication that is recommended for kids 2 years old and up.

The side effects of her medication was anxiety. She would clench her fists, bang her head against the wall. She would have screaming fits. We would have to force-feed her medication. A toddler. My girl never walked unassisted. The medication she had made her hair thin. She was on Depakote, which has side effects especially in women, that messes with their hormones. This is not a way that a baby girl should go through life and then eventually pass away. She never had access.

Make no mistake that I am a law-abiding citizen. I did try to get it legally for her. As any parent, you'd do whatever you can for your child who is laying in a hospital bed in a coma for days. What do you do? Why didn't that doctor submit her application? Why hasn't he still returned my phone calls? Why did he cash my check? Why isn't the Department of Health looking into these doctors?

Dispensaries need to be-- They need some sort of-- They need better guidelines. We need edibles in this state. I know kids right now who are suffering. Their mothers beg me to help them. The only thing I can do is tell you Sabina's story. My daughter should not be dead. I had a son in

October. They were 13-and-a-half months apart. He should not be without his big sister. This shouldn't have happened. She should have had access.

You will never, ever hear a story about kids in Colorado having a status seizure and being put into a coma and passing away, because they have access to the proper medication. You will never, ever hear that, but you hear it in other states that don't have this.

I'm a recovering addict. I'm in recovery many years, multiple years. I don't use drugs anymore, I don't drink alcohol, I don't condone recreational use. That's not who I am. I don't judge people. Whatever they want to do with their lives is their lives. But medical marijuana would have saved my daughter's life, bottom line -- saved her life. We wouldn't have had to take her off a ventilator.

Thank you.

ASSEMBLYMAN GUSCIORA: Thank you very much.

S T E P H E N C U S P I L I C H: I don't know what to say. I'm so sorry for you.

MS. JOANA: Thank you.

MR. CUSPILICH: My name is Stephen Cuspilich. I'm a resident of South Hampton. I'm here by myself. I know everybody here. But I'm a sick person.

I don't even know where to begin. There is so much wrong with this. I just came today to actually listen and see what was said. I wasn't going to come up here until I got done listening to the gentleman from the ATC speak. He was talking about how he has an abundance of product there, and we're paying \$540 an ounce. Well, if he has an abundance of it, why is there not price control? Why is there not the help

that was told, when they first started running all of this through the law, about how the ATCs were going to do it-- It was going to be on a price control for people on limited incomes, fixed incomes. Thank God I'm on the upper end of the scale for Social Security. But even with mine, I can't afford what-- Two ounces is almost \$1,100 from a \$1,700 Social Security check. What about the rest of my bills?

Now, having Crohn's disease, I am used to expensive medicines. All of them are \$300 to \$700; some of them are in the \$1,000 range and I can't take them.

You want to get into doctors? A chronic disease does not change. It's chronic when you get it. It means it's long-term and it's there for life. An acute disease is something that changes; it's over the short-term, so you can watch those people. But somebody with a chronic disease -- why do they have to run back to the doctor every two months?

I wanted the card. I came in front of everybody here before. I wanted the card so I would not be getting arrested for taking something for my sickness instead of being on pharmaceutical medication. And what you gave me was something I can't afford. I can get it. I can get very good cannabis at half the price of what they're charging me. So why am I not doing that instead of being on fentanyl patches and oxycodones? I have a card, but then you tell me I have to go to this specific person who is going to charge-- Some of these people are only getting \$750 Social Security -- people who have been sick -- MS -- their whole life. At least I had a work history before I had to stop working.

Autoimmune diseases stink. Cannabis works wonders for them. Science puts it there. They know it.

The ATCs -- if they have an abundance, they need to start handing it out to the people who are sick. They need to start cutting their prices. They have what they cut off the plant. Half of it they have to throw away because it doesn't meet the State's standards to sell it. I'm sorry, but there are a lot of patients who would love to have a \$100 ounce of shake that they can sit there and do something with instead of spending \$500 on an ounce, which is way too high.

You asked what chronic pain was. Well, if you can get a medicine that will kill you, I think that justifies getting pot that doesn't kill you. If I can get opiates by the handful, morphine by the truckloads, and fentanyl patches like they're stickers -- and they keep telling me, "Is the pain okay?" "Well, doc, if I have enough cannabis, I can cut down the opiates to about a quarter of what I actually have," which works out about a week a month, and that's stretching it. A quarter ounce is stretching it for a week.

It's not compassion. I'm one of the sick people. My disease isn't going to change. When it changes is when I hit the finish line. But you're making it real hard to get there. Remove all kinds of restrictions. I don't think I should be forced to have to go to an ATC that is going to charge me astronomical prices. Granted, it's great. He's got overhead and everything. But why do I have to suffer for it? Why is my disease turning into everybody else's cash cow? It's not much to ask. I mean, all the regulations were written in the original law. They're right there. I register, not my doctor. I register. I bring him the application, he fills it out, I bring it in, he stamps-- The same stamp he uses to prescribe fentanyl patches he uses to prescribe the pot. I can't see it's a big deal. Three-quarters of the

medicine I have, have death warnings, suicide warnings, and they have all kinds of weird warnings with them. Here is something that has no warnings. What am I going to do? Fight with the ex-wife over a Twinkie? It's not happening.

You were joking earlier with the gentleman sitting over there, Mr. Brown, and you talked about handing out coupons to go to the ATCs. Boy, I'd love some of those coupons.

ASSEMBLYMAN GUSCIORA: I want to thank you very much for coming here.

MR. CUSPILICH: Yes, I don't have anything else. I'm sorry. I wasn't going to speak. But I'm a little animated about this because I am sick.

ASSEMBLYMAN GUSCIORA: I think everyone's testimony has been very helpful. I think the Committee members are going to be looking at the recommendations, and hopefully we may very well be drafting legislation to make corrective changes and work with the Department of Health to change some regs internally.

So with that, if anybody has any comments? (no response)

Does anyone else want to speak?

MR. WEISSER: (speaking from audience) I would just like to say one thing to address this issue.

ASSEMBLYMAN GUSCIORA: Michael, you have to-- Everything is on the record here.

MR. WEISSER: I'm sorry. I was not aware of this problem until I spoke to him a few minutes ago outside. We would like to sell the shake and sell it at a very reasonable price. I'm not sure if we're allowed to.

But I instructed my general manager to contact the Department of Health. And I think that would be a good way to provide the product at a very reasonable price.

MR. CUSPILICH: One more thing. They touched on edibles earlier -- that they were supposed to be there. If nobody wants to take responsibility for them, let the people learn how to make their own, because it's really very easy. You're putting oil in, you're dumping it in the oil, you turn the oil up to 200 degrees, and you let it sit there for 45 minutes, you strain it out, you make brownies with it. What is so hard about it?

ASSEMBLYMAN GUSCIORA: That's one of the reasons why we're having the hearing -- is to find this out.

MR. CUSPILICH: It's not rocket science.

ASSEMBLYMAN GUSCIORA: Thank you.

Thank you very much, Michael.

And thank you members for our first hearing.

Yes, ma'am.

STEPHANIE JOYNES-PIERCE: Can I speak informally? My testimony was submitted -- a written testimony.

ASSEMBLYMAN GUSCIORA: You have to be on the record, ma'am. Yours was one of the written testimonies.

MS. JOYNES-PIERCE: I'm Stephanie Joynes-Pierce. I am the New Jersey Chapter leader for the International Women's Cannabis Coalition. I'm the former chapter leader for (indiscernible) Marijuana. I'm also a resident of New Jersey. I'm also a potential patient who cannot afford it. I'm nobody.

Thank you, each and every one of you Assembly people, Assemblywoman, Assemblymen, Assembly persons -- sorry, I'm not great with semantics -- for having -- for finally recognizing, for seeing that in other states medical marijuana is working. If this was supposed to be the premiere program to set the standard, how come it's not working? I think just by you having this hearing today shows me, a voter; my daughter, who turned 18 yesterday, a potential voter, that, yes, government does care. Government can listen if given the right opportunities for the people to tell their stories. I felt that it was important that you hear Ms. Joana's testimony. How heartbreaking it was to see--

Are you a mother?

Are you a father?

ASSEMBLYMAN GUSCIORA: I have two cats. (laughter)

MS. JOYNES-PIERCE: I have a cat too.

So you understand-- For her to just be on TV and not having her legislator reach out to her saying, "Gee, I'm sorry." "Is there something you can personally tell me to help so that the next baby doesn't die?"

That's all I have to say.

Thank you.

ASSEMBLYMAN GUSCIORA: Thank you very much for participating.

I want to thank everyone for coming in. We do take all of your testimony seriously. We hope to act on this. And we're going to hopefully make improvements in the Program, and look forward to coming back in a follow-up.

Thank you very much.

(MEETING CONCLUDED)