## Sara R. Weaver

**From:** Joseph Theile
**Sent:** Sunday, December 22, 2013 11:43 AM
**To:** Marla McDade-Williams
**Cc:** Chad Westom; Sara R. Weaver
**Subject:** FW: SB 374 comments and possible changes. Also, I am qualified to fill an upcoming position.

Via Listserv on Sunday

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**From:** Medical Marijuana
**Sent:** Sunday, December 22, 2013 11:36 AM
**To:** Joseph Theile
**Subject:** FW: SB 374 comments and possible changes. Also, I am qualified to fill an upcoming position.

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**From:** Jesse Alexander [jesse1288@gmail.com]
**Sent:** Friday, December 20, 2013 10:29 PM
**To:** Medical Marijuana
**Subject:** SB 374 comments and possible changes. Also, I am qualified to fill an upcoming position.

Hi Jenn and other office folks,
As a patient I have a couple things I wanted to point out.
---- I am also interested in applying for your compliance officer position once you establish the clubs/collectives.----
I have been an advocate for many years and have several contacts in the medical marijuana industry that can help when you are researching new regulations and operating procedures for the growers, edibles makers, and extraction experts. I am also an organic farmer, which gives me background in growing organic healthy medicine including high CBD stains specifically grown for cancer patients, epilepsy patients, and children using medical cannabis to treat ailments. I am up on new techniques and both indoor and outdoor gardening using both hydroponics and soil and maintaining national organic standards provided by USDA and the organic program.
Here are just a handful of changes that will make operations run smoother while protecting patients and doctors as well as keeping the collectives and clubs running with a clean professional atmosphere. I believe the Harborside model should be used as a basis for any place patients will be receiving their medicine. It maintains a safe atmosphere where patients can receive clean medicine and feels more like a pharmacy or bank. But back to the new law:
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**Nevada Draft Regulations**
SECTION 137

> *1.. The Division shall register and track the attending physicians licensed in this State who advise a patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition. To the extent possible, the Division shall maintain a confidential record of:*
> *(a) The number of patients to whom a physician advises that the medical use of marijuana may mitigate the symptoms or effects of the patients' medical conditions;*
> *(b) The chronic or debilitating medical conditions of such patients;*
> *(c) The number of times a physician advises each patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition;*

*(d) The number of different chronic or debilitating medical conditions for which a physician advises each patient that the use of medical marijuana may mitigate the symptoms or effects of the patient's medical conditions; and*
*(e) How frequently a physician advises each patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition.*
*2. Based on its evaluation of the records maintained pursuant to subsection 1, if the Division determines that an attending physician is advising patients that the medical use of marijuana may mitigate the symptoms or effects of the patients' medical conditions at a rate that is unreasonably high, the Division shall notify the Board of Medical Examiners or the State Board of Osteopathic Medicine, so that the appropriate Board may subject the physician to the progressive discipline process of that Board.*
*3. The Division shall, for each calendar year, submit to the Board of Medical Examiners and the State Board of Osteopathic Medicine the number of patients to whom each physician licensed by that Board recommended the medical use of marijuana.*
*4. If the Division has reason to believe that the public health, safety or welfare imperatively requires action, the Division may refer a case involving an alleged violation by a physician of any provision of Nevada law or regulation related to the medical use of marijuana to the Board of Medical Examiners or the State Board of Osteopathic Medicine.*

**Problem**: When a state requires that physicians must register with a state agency in order to recommend medical marijuana, there is a chilling effect on the number of physicians willing to write recommendations. This can create a set consequences that are undesirable for patients. First, it makes significantly more difficult for patients to physicians who are willing to recommend medical marijuana, meaning patients may have a hard time obtaining a recommendation from their primary care physician. By artificially shrinking the pool of available physicians willing to write a medical marijuana recommendation, the state would be creating the set of circumstances in which a small number of physicians are willing to recommend, and therefore may be responsible a large proportion of the recommendations in the state. Physicians are already held responsible for maintaining a practice in conformity with Board of Medical Examiners and the State Board of Osteopathic Medicine requirements. Physicians do not need additional requirements in order to recommend medical marijuana.

**Suggested Solution**: Strike this provision in its entirety.

SECTION 73

*1. Any product containing marijuana must be packaged in child resistant packaging in accordance with Title 16 C.F.R. § 1700 of the Poison Prevention Packaging Act or use standards specified in subsection 2 or 3 of this section.*
*2. Marijuana-infused products in solid or liquid form may be packaged in plastic four millimeters or greater in thickness and be heat sealed with no easy-open tab, dimple, corner, or flap as to make it difficult for a child to open and as a tamperproof measure.*
*3. Marijuana-infused products in liquid form may also be sealed using a metal crown cork style bottle cap.*
*4. Any container or packaging containing usable marijuana or marijuana products must protect the product from contamination and must not impart any toxic or deleterious substance to the usable marijuana or marijuana product.*

**Problem**: Adult patients with severe pain, movement disorders, and other conditions may experience difficulty or even inability to open medical marijuana packages in accordance with Section 73 requirements.

**Suggested Solution**: Allow for patients who may have difficulty opening products to affirmatively opt into purchasing medical marijuana products with easy to open packaging. Patients or their caregivers who purchase opt to purchase easy to open packages should sign a statement similar to the following, "I understand that this product is in an easy-open package and should be kept away from children and others who are not authorized to handle it."

SECTIONS 57(5)(a), 59(2), and 67(1)(g)

*57(5)(a) Maintain the documentation required in subsections 3 and 4 at the establishment for at least 5 years after the date on the document*

*59(2) Maintain copies of any documentation required pursuant to chapter 453A of NRS or this chapter for at least 5 years after the date on the documentation and provide copies of the documentation to the Division for review upon request.*

*67(1)(g) A patient record is maintained for at least 5 years after the date on which the patient or his or her designated primary caregiver last requested medical marijuana from the dispensary.*

**Problem**: Retaining all the information required for these three provisions puts patients at greater risk of having their medical information become known to unauthorized parties. Requiring maintenance of records for 5 years means patients are more likely to have their information divulged to law enforcement, who in turn may use the information to harass patients. Additionally, even if the information is electronically protected, breaches by hackers or other unauthorized parties may be possible.
**Suggested Solution**: Reduce the required length of record retention from five (5) years to one (1) year.
SECTION 39(2)
*2. The Division must revoke a medical marijuana establishment registration certificate if:*
*(a) The establishment engages in an activity set forth in NRS 453A.340;*
*(b) An owner, officer or board member of the establishment has been convicted of an excluded felony offense; or*
*(c) The Division receives formal notice from the applicable local government that the establishment has had its authorization to operate terminated.*

**Problem**: It is important to make sure that medical marijuana establishments are overseen by reputable people; however, under the proposed regulations, an entire medical marijuana establishment MUST be terminated if merely a single officer or board member engages in banned or felonious conduct, even if every owner, officer and board member is in strict compliance. Worse still, if an owner, officer or board member becomes aware of revocation conduct by a fellow owner, officer or board member, and immediately takes action to notify the authorities of the offending partner's activity, the medical marijuana establishment still must be terminated. This harms patients because it could result in an interrupted supply of their physician-recommended medicine.
**Suggested Solution**: Strike "must revoke," and replace with "may revoke or suspend." This change would give the Division greater discretion as to when utilize it's revocation powers in the best interests of patients and law abiding owners, officers, and board members. Moreover, this language would be consistent with NRS 453A.340, which simply establishes that certain conduct is grounds for immediate revocation, but does not require the Division to indiscriminately revoke registration certificates of medical marijuana establishments operating in compliance with the exception of a single bad apple, thereby preventing patients from unnecessarily losing their source of medicine.
SECTIONS 78(g) and 79(m)
*Warnings that state: "This product has intoxicating effects and may be habit forming"*
**Problem**: Some forms of medical marijuana, such as high-CBD/low-THC strains, lotions, and balms, do not cause the patient to become intoxicated. While patients should be warned that the medication may cause intoxication, patients who use high-CBD/low-THC strains, lotions, or balms, and then later have their physician suggest a different form of medical marijuana that is more likely to cause intoxication may be under the false impression that they are familiar with marijuana intoxication.
**Suggested Solution**: Strike "has" and insert "may have" and strike "may be habit forming."

SECTION 26(3)

*3. Documentation from an in-state or out-of-state financial institution which demonstrates:*

*(a) That the applicant has at least $250,000 in liquid assets as required pursuant to sub-subparagraph (III) of subparagraph (2) of paragraph (a) of subsection 3 of NRS 453A.322 , which are unencumbered and can be converted within 30 days after a request to liquidate such assets; and*

*(b) The source of those liquid assets.*

**Problem**: Under current federal law, financial institutions are prohibited from dealing with medical marijuana establishments, therefore applicants may have difficulty producing the required documents.

**Suggested Solution**: Amend the opening provision to read, "Verifiable documentation which demonstrates..."

Also, the state should consider lowering the application fees to help provide a break for already sick people to be able to afford the cost. right now it's equivalent to a months rent, or two months groceries, and could pay for almost a couple weeks of prescription pills that they may have to pay for already.

please feel free to contact me if I can help in any other way, or help regulate or maintain the future industry.

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Jesse Alexander
CEO
Dirt Merchant Farms
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