CANNABIS CONTROL COMMISSION

August 3, 2020
10:00AM

Remote Participation via Microsoft Teams Live*

PUBLIC HEARING MINUTES

- The Chairman called the hearing to order and gave an overview of lay out.
- The Chairman gave notice to the public that the meeting is being recorded.

- Nicole Snow
  - President of the Mass Patient Advocacy Alliance.
  - Recommends a Case by Case caregiver registration rather than an arbitrary line number.
  - Remove MTC vertical integration – supports endorsement policy Commissioner Doyle proposed.
  - Allow Telehealth permanently.

- Morris Partee
  - Advocating for Social Equity Applicants who want to get into delivery.
  - Do not think delivery is economically viable in current form
    - Recommending three changes:
      - Ability to purchase at wholesale.
      - Allow for storage methods allowed by other Licensees.
      - Three year exclusivity period for EEA and SEP to allow more time to evaluate.

- Michael Latulippe
  - Initial patient certification
    - Allowing permanent telehealth after public emergency.
      - Rural residents, veterans, incarceration, or disabilities prevent or impede access to in person health care.
    - MTC vertical integration should be dismantled.
• Support Commissioner Doyle’s endorsement option.
  o Believe it will help lower prices and product availability.
• Caregiver regulations should do the following:
  • Prohibit advertising.
  • Require testing of Caregiver cultivated products.
  • Proscribe delivery by Caregivers
  • Establish a patient complaint process for non-compliant Caregivers.
  o Will submit written comment.

• Christopher Fevry
  o Founder of Your Green Package and president of the Massachusetts Cannabis Association for Delivery (MCAD).
  o Three most important changes to the delivery regulations:
    ▪ Giving all delivery companies the ability to purchase at wholesale, which gives the company more control over its business model.
    ▪ Part and parcel with wholesale purchase is the ability to store product overnight (as opposed to returning back to the retailer at the close of business each day.
    ▪ Extend exclusivity “three years plus 1” to allow for three year exclusivity and then have the option to extend by one year, as needed.
    • Two years is not sufficient to assess the success of a business.

• Jeremiah Mackinnon
  o Vertical integration requirement:
    ▪ It is a risky and high capital business structure that limits the number of market players.
    ▪ Due to high demand but limited locations, prices are resulting high, making it so that some patients have difficulty with access.
    ▪ Supports Commissioner Doyle’s endorsement option
      • Believes it will increase specialization, product variety, and reduce prices.
  o Caregiver regulations:
    ▪ Concerned about allowing caregivers to serve 10 patients
      • Could open to door to abuse.
      • Registration should be case by case to ensure the Caregiver can truly serve the needs of associated Patients.
    ▪ Clarification of the “safeguard” proscribing against kickback
      • Believes this should not apply to discount programs for Patients.
  o Will submit written comment.

• Frank Shaw
  o Vertical integration:
• Supports endorsement option.
• Increases competition, which will reduce prices and increase product variety.
• Would create flexibility for business models.
• It will lower the barriers to entry into the market and
  o Supports allowing for certain individuals to receive a two year patient certification.
    ▪ SSDI and SSI as the qualification is too broad a category and doesn’t ensure those who truly need the two year certification get it.
    ▪ Should be based on permanent disability or terminal illness.
  o Does not support in person visit for two year certification
    ▪ If a regular patient can renew via telehealth, then it makes sense that a permanently disabled person receives the same benefit.
  o Concerned with increasing the Caregiver-patient ratio up to ten.
    ▪ Believes it should be a case by case decision.
    ▪ Concerned it opens the door for fraud or abuse.
    ▪ Believes Caregivers should not be allowed to advertise.
    ▪ Believes testing should be required for products cultivated by a caregiver to ensure that harmful additives are not used.
  o Hardship cultivation should allow for cloning and cuttings.
    ▪ Believes there should be definitions for “immature plants” and “vegetative plants.”
    ▪ Believes the sale of clones and cuttings should be regulated to help accommodate hardship cultivation.
  o Supports the new MTC Leadership rating category.
  o Will submit written comment.

• Devin Alexander
  o Graduate of first cohort of Social Equity Program.
  o CEO of Rolling Relief, delivery licensee.
  o Vice President of MCAD.
  o Proposing changes to the delivery regulations.
    ▪ As written, the regulations do not allow for a financially viable business model.
    ▪ The requirement that products be bought and returned to an MTC, especially in light of the prescribed hours of delivery, creates logistical hurdles. Suggested solutions:
      • Allow delivery licensees to purchase at wholesale from cultivators and product manufactures.
      • Allow for storage overnight, in a safe, in order to alleviate the “end of the night” pressure to get product back to the retailer.
        o Believes this will help diversify the market.
    ▪ Exclusivity period for EEA and SEP licensees.
• Believes this period should be extended to three years with an option for a fourth year.
  o Two years does not provide sufficient time to determine the success of the business.
  o Since the license is so new, SEP and EEA applicants are learning as they go.
  o As the first state on the east coast with adult-use, it has to set be the model for equity and delivery.
  o Supports the 10:1 Patent/Caregiver ratio.
    ▪ Supports allowing Caregivers to cultivate up to 500 square feet of canopy

• Marcus Johnson-Smith
  o Economic Empowerment Applicant seeking retail licensure.
  o Operates an accessories and apparel brand.
  o Advertising
    ▪ Any advertising solely for the promotion of marijuana …. (subsection 15)
      • Should be removed.
      • Perpetuates stigma of marijuana and NIMBY-ism.
      • Prevents folks from telling the best story about their brands.
      • Helps businesses in urban communities to thrive and tell their cultural story.
  o Municipal Process
    ▪ Asks that the Commission work with the legislature to establish more accountability on cities and towns.

• Joseph DiLorenzo
  o CEO of Alfred’s Finest, a Social Equity applicant for adult-use retail, cultivation, and product manufacturing licenses.
  o Suggested changes to delivery regulations:
    ▪ Extend exclusivity period to three years.
    ▪ Allow for storage of product overnight, in accordance with retail requirements.
    ▪ Allow delivery licensees to purchase at wholesale and make direct retail sales to consumers.
    ▪ Clarify whether retail operations that already have an HCA have to go back to the town to get a new HCA for delivery.

• Vernon Jackson
  o Economic Empowerment Applicant certificate holder.
  o Member of the first cohort of the Social Equity Program.
  o Registered Agent at a Boston Marijuana Establishment.
  o Currently going through precertification for delivery license.
  o Supports MCAD petition, given the current model designed in the regulations would struggle to make a profit.
In order to establish a business that will allow the building of generational wealth, the regulations should allow delivery licensees to purchase at wholesale and warehouse/store products.

Current regulations are designed to create lower barriers of entry, but do not necessarily allow for meaningful scale up, and relegates EEAs and SEPs to the role of glorified courier for larger retail operations.

The regulations as written make concerning assumptions about EEA and SEP applicants.

- Contrary to those assumptions, many SEP applicants can get capital and are sophisticated operators.
- Anything less has a whiff of paternalism and low expectations for these communities.

Expansion of SEP benefits to other groups supports important work but could dilute the impacts on communities of color or ADIs.

- Michelle Herman
  - Director of Media at MassSense (part of the Massachusetts Grower Advocacy Council).
  - Supports MTC Endorsement option.
  - Supports research on cannabis.
  - Supports a pediatric program.
  - Believes the commission should do more to expand the medical program.

- Peter Bernard
  - Executive Director of MassSense (part of the Massachusetts Grower Advocacy Council).
  - Hardship Cultivation
    - Believes that a regulation by which the Commission could send police to a patient’s home, without a warrant, violates 4th Amendment rights against unlawful search and seizure.
    - With respect to patient plant growing outside Hardship cultivation, supports 12 plants.
      - Believes there should be additional definitions added cloning and cutting definitions.
      - Believes this would make adult and medical the same and reduce confusion among law enforcement in distinguishing between the two.
  - Delivery
    - Believes that delivery drives should be able to purchase at wholesale from cultivators and product manufacturers.
    - Provided calculations that lead him to believe why the delivery only model is not economically viable.

- Maggie Kinsella
501.027 Hardship Cultivation Registration.
- Supports the addition of Section 8, however it could be read to imply that one doesn’t need a hardship cultivation to grow at home to supplement their 60 day supply.
- Does not support subsection 3 with respect to Patient Allotment (subsection 3)
  - Does not think this needs to be overseen by the Commission
  - The patient’s doctor should be overseeing quantities.

MTC Vertical Integration
- Supports the endorsement option and believes it could reduce costs and lower the barriers of entry into the medical space.

Caregiver
- Supports the increase in the patient/caregiver ratio but does not think there needs to be a cap if a caregiver can demonstrate ability to actually support the number of patients.
- Supports creating an option to allow caregivers to be refunded or gifted in exchange for Caregiver work.

MTC Priority Applicants – 500.101(4)
- Supports the clarification made.
- Appropriate to allow an EEA to have the same extension to allow get in compliance with modified definitions.

Edward DeSousa
- Quality Control and Vendor Sampling
  - Applauds these additions as it will help deter diversion.
  - Quantities are too low. Believes it should be raised to 1 Ounce of flower per calendar month.
- Caregivers
  - Supports increasing the patient/caregiver ratio.

Blake Mensing
- Believes that the Commission has defined too many terms.
  - One example is the definition of Canopy and its definition of mature plants, defined as a plant that is 8” or taller.
  - Believes that if a Delivery License is going to count against the 3-license limit, then it should be able to function as a retailer, including purchasing at wholesale.
- With respect to security requirements for delivery, believes body camera requirements are an issue and over the top.
- Does not support the ability of municipalities to opt out of delivery. Creates a further hurdle for EEA and SEP applicants.
- Asks the Commission to clarify that for purposes of executing an HCA, the business does not have to require a location.
- Supports changes to the definition of Buffer Zone, in particular with definitions of impassible barrier and the definition of entrance.
  - Believes this would be particularly helpful in the city of Boston, where a half mile buffer zone, as the crow flies, would be prohibitive.
- Believes the quantities provided for under Vendor Samples are too low.
- Believes that at least a portion of fines collected by the Commission should go to equity programs.

- Edward DeSousa
  - With respect to Delivery believes the inability to purchase at wholesale puts EEAs and SEPs at a disadvantaged to other operators who are not limited in this way.
  - Quality Control and Vendor Sample limits should be increased to 1 oz. per month.
  - Believes there need to be more clear, consistent timelines for the Commission’s review of applications and scheduling of inspections.
  - Supports increase to Patient/Caregiver ratio.
  - With respect to Responsible Vendor Training, believes that regulations should allow one official to get training from an RVT vendor then pass it on to other employees rather than requiring every employee to get that training. Believes internal Standard Operating Procedures should be sufficient.

- Jonathan Batres
  - Member of the second cohort of the Social Equity Program.
  - Supports the petition advanced by MCAD. Believes that these changes are required to allow for a viable business model.
  - Supports the increased Patient/Caregiver ratio/
  - Supports allowing Caregivers to cultivate up to 500 sq./ft canopy
  - Supports permanent allowing appointments for patient certification by Telehealth.

- Tim Phillips
  - Represents one of the earliest microbusinesses.
  - Would like to modify regulations to allow microbusinesses to participate in home delivery.

- Grant Ellis
  - Supports the increase in the Patient/Caregiver and allowing Caregivers 500 sq./ft of canopy.
  - Would like to have seen the endorsement policy drafted by Commissioner Doyle with respect to vertical integration, so that the public could comment on it.
  - Supports MCAD proposals to allow delivery businesses to purchase at wholesale.

- Jason Kebbes
  - Testing Laboratory operator in Ohio, aspiring to enter Massachusetts markets.
o With respect to Section 4.2.1 of the testing protocol, the language states that final resins and concentrates will not be retested after production as a result of the testing at the flower phase.
  ▪ Does not support this approach, given that when plant materials reduced to final product could increase the concentration of materials/contaminates by 5-10x. Therefore, the final product should be tested to ensure the same thresholds are still being met.

o With respect to Section 7.2.1 of the testing protocol states that heavy metal leeching.
  ▪ Supports this approach and suggests a research task force and data sharing initiative to inform these protocols.

• Adrienne Dean
 o Fees
  ▪ Supports the expansion fee waiver/discounts to allow DBEs.
  ▪ Also suggests expanding these fee waivers/discounts to medical program, so that the same business types are eligible can enter the medical space.
    • Her clients want to get into this space despite the higher barriers to entry and lengthier application process.

 o Supports the medical specific Leadership Rating so that MTCs have an incentive to strive for the highest quality products and services.

 o Suggest making parallel changes to the medical-use regulations with respect to establishing the Expedited Review Policy for DBEs.

 o With respect to requirement that EEAs to certify Ownership & Control at renewal, suggests being expanded to all businesses that receive expedited review, i.e. DBEs and microbusinesses. Also suggests establishing a mechanism for management of companies to report that a change has occurred Ownership & Control (not just certification) that may impact status.

• Elizabeth Waterfall-McSweeney
 o Suggests loosening the Marketing & Advertising restrictions that she believes relies on prohibitionist ideas about gateway drugs.
    ▪ Suggested changes include allowing advertising similar to what is allowed for the sale of alcohol.

 o Suggests revising delivery regulations to allow licensees to purchase at wholesale and store product and to extend the exclusivity period from two to five years.

 o Supports allowing telehealth certification for patients permanently for all visits.

• Oluseyi Obasa
 o Supports Commissioner Doyle’s endorsement proposal in order to dismantle MTC Vertical Integration. Believes the expensive nature of vertical integration forces prices to be passed on to patients.

 o Thinks that the Commission should remove the cap on caregivers, in order to give patients more leverage over the market. Allows for better prices.
• Suggests allowing for permanent initial and renewal certification by way of Telehealth.

Mike Brais
• President of Deep Roots Inc. – Microbusiness
• Suggest revising delivery regulations to allow licensees to purchase at wholesale and store product on their premises and encourages the Commission to extend the exclusivity period to three years from the time the first business is authorized to commence operations.
• Quality Control Sample limits are too low and should be increased to one ounce per month.
• Finds Marketing and Advertising provisions relating to Branded Items in need of clarity as to whether a licensee’s brand could be put onto a product, provided it is not advertising a specific Marijuana Product. Confusing and should be removed. Finds 935 CMR 500.105(4)(b)(15) confusing and recommends its deletion to allow merchandise sold to 21 over websites.
• Supports the expanded Patient/Caregiver ratio.

Eva Mostoufi
• SEP Delivery applicant
• Suggests the following changes to the delivery regulations
  ▪ Change provisions that allow Municipalities to opt out of allowing delivery.
  ▪ Ease the Security Requirements to be closer to the requirements for medical delivery so that adult-use delivery companies (i.e. EEA and SEP applicants) are not put at a disadvantaged.
  ▪ Allow for purchasing at wholesale to ensure businesses can earn a profit.
  ▪ Extend exclusivity to 5 years for SEP and EEA.

Matthew Judge
• Director of Compliance at Theory Wellness.
• Revise regulations to create a single equivalency between flower and other marijuana products as pertains to each medical and adult-use regulations.
• Suggests a change to clone testing requirements, stating that it is unnecessary, as the clone is too immature to create cannabinoids and is not meant for consumption. Recommends that clones be treated the same as seeds.
• Suggests revising the requirement in the testing protocol that every twentieth sample be submitted for duplicate testing. Does not believe a Marijuana Establishment Agent is the qualified individual to determine whether a variant in testing samples is the result of the lab’s process or the ME’s production process. Believes this onus should fall on the lab, rather than ME.
  ▪ Believes that Commission Licensure, ISO certification, and secret shopper provisions all provide sufficient safeguard to negate the need for this requirement.
Recommends the commission reject changes made with respect to remediation. Believes this will result in less waste of product.

- **Maur Stringer**
  - Expressed frustrations with the equity program. Did not provide comments on specific regulatory provisions.

- **Michael Kusek**
  - Suggested the following revisions to the regulations on advertising:
    - Move the requirement that 85% of the target audience is reasonably believed to over 21 years of age into the allowed practices rather than prohibited practices to reduce confusion.
    - For media outlets that can meet that 85% over 21 threshold, develop workable language to allow for broadcast media advertising. Suggests looking at advertising requirements for prescription drug as a point of reference.
  - Suggests including language with respect to vendor samples to allow giving samples to the media for editorial purposes (e.g. photographs).
  - Suggests explicitly allow for the sale of ancillary products at retail locations, such as magazines.

- **Cynthia Mompoint**
  - Economic Empowerment and Social Equity Applicant.
  - Submitted written comment.
  - Suggests adding language to 500.101 (application of intent) and 500.103 (renewal) requiring top performers and multi-state operators to ensure positive impact plan are commensurate with revenues and have an impact on ADIs.
  - With respect to the Commission’s ability to expand eligibility for Social Consumption establishments under 500.105, recommends striking the ability to expand access to Social Consumption by simple vote, and instead should require public comment and community input prior to a vote.
  - With respect to receivership provisions, believes it does not adequately address the role of the receiver. Concerned that, combined with the potential lack of profitability of the delivery model, this could result in equity applicants going under receivership.

- **David O’Brien**
  - President of the Massachusetts CDA.
  - Supports changes to the vaping testing. Believes it will protect the health and safety of the public.
  - Written comment to be submitted

- **Thomas Thompson**
  - Economic Empowerment and Social Equity Program applicant.
- Suggests that delivery licensees should be able to purchase at wholesale. Believes it will allow the consumer to have greater selection. Believes it will make it more profitable than everyone. The markup costs resulting from purchasing only through a dispensary could cause consumers to seek a lower price in the illicit market.

- **Andrew Mutty**
  - With respect to the definition of Mature plant v. non-mature plants, suggests extending the 8” to 12”. Says that at the 8: mark, the plan does not show signs of its sex nor is it at the point of flowering, if it is grown from seed.
  - Supports MCAD petition with respect to delivery regulations.
  - Quality Control samples for employees should be increased to 1 ounce per month, to create a harvest schedule basis.
  - Supports the increase of patient ratios and the 500 square foot canopy.

- **Katherine Beirwas**
  - With respect to 935 CMR 500.029, dealing Lab Agent registration must make acknowledgements of limitations of the Laboratory. These restrictions are not included for ME, MTC, or CMO agents.
  - With respect to Leadership Rating for Local Service Provider, suggests clarifying whether a service provider should be located in the same town, county, or within the Commonwealth.
  - With respect to receivership suggests adding Custodianships, conservator, or Trustee and putting the Onus to notify the Commission on entity rather than the plaintiff seeking appointment. Also suggests producing an associated Guidance on the receivership provisions.
  - Supports the changes with respect to ISO Certification

- **Jordan Clark**
  - Social Equity Program member.
  - Does not think the provisions of the Commission’s regulations sufficiently advance the statutory mission of equity.

- **Goldie Piff**
  - Supports increase in Patient Caregiver ratio.
  - Suggests increasing quality control samples to 1 Ounce per month.
  - Suggests that delivery regulations need to be rethought.
  - General comment that the regulations do not do enough to ensure equity and the industry is evolving too quickly, leaving communities of color behind. Believes that HCAs are a contributing factor in impeding equity as well.
  - Will submit written comment.

- **Dawn Duncan**
  - Expressed concern with respect to overall lack of equity in the industry.
With respect to Craft Marijuana Cooperatives, the 12 months residency requirement, which restricts potential shareholders, especially for EEA and SEP applicants, who may need to go out of state to obtain investment from folks who will not engage in predatory practices.

- Believes the Schedule F change to coops could result in a lack of protection of farmers in the industry.
- Supports MCAD petition with respect to delivery, in particular allowing the ability to purchase at wholesale and store product overnight.
- Supports increase to 10:1 ratio patient caregiver ratio.
- Will submit written comment.

- Averty Andrade
  - Supports delivery licensees being allowed to purchase at wholesale and overnight storage.
  - With respect to Craft Marijuana Cooperatives, believes the Schedule F changes could hurt farmers. Also believes Craft Marijuana Cooperatives should be allowed to seek delivery licenses.
  - Supports 10:1 patient/caregiver ratio and allowing caregivers to cultivate up to 500 sq/ft, but the canopy needs to be designated as a flowering canopy and should not include vegetative and immature plants.
  - Quality Control Sample limits should be increased to 1 Ounce
  - Believes Equity folks (EE and SEP applicants) should maintain majority ownership by those individuals, noting that the Commission should focus exclusively on expedited/priority applicants to help them catch up in the industry. Noting also that HCAs are limiting EEAs and SEPs.

- Anna Meade
  - Believes the security levels required for delivery are too onerous and creates barriers to entry and perpetuates the stigma of the war on drugs. Also believes that delivery operators should be able to purchase at wholesale and store product overnight. Supports a “3+1” exclusivity period on delivery and social consumption.
  - Believes that out of state folks should reciprocity to access the medical program.
  - Believes that the Quality Control Sample limits should be increased, citing alcoholic beverage manufacturer practices.

- Ellen Moore
  - Believes that Hardship Cultivation designation should not be required to purchase cannabis grown by caregivers. Believes this will make medicine more accessible and affordable.
  - Encourages dismantling Vertical Integration, supporting the endorsement option proposed by Commissioner Doyle. Believes this will make product more affordable.
• Melissa Rutherford
  o Believes that product manufactures should be able to the process HEMP for CBD products. Believes it will create greater variety in products and lower prices.

• Suehiko Ono
  o Provide additional detail with respect to the meaning of advertising or marketing through the branding of marijuana products under prohibited practices.
  o Believes that certain microbial testing thresholds need to be revised.
    ▪ Submitted petition with more detail on this point.

• Michael Ortoll
  o Believes that at least a portion of fines levied against Marijuana Establishments should go to support equity programing and EE, SEP, and DBE applicants.
  o Supports the increase in the patient caregiver ratio to 10:1
  o Believes the model for delivery licenses is not viable. Believes that delivery operators should be able to purchase at wholesale, store and store product overnight. Also supports extending the exclusivity period to at least three years to allow for business viability to be accurately assessed. Also believes municipalities should not be able to opt out of allowing delivery.
  o Believes the definition of “Mature Plants” should be modified to increase the minimum height to 12”, and anything smaller should not be counted toward the total canopy.
  o Quality Control Sample limits should be increased to 1 ounce.

• Hillary King
  o Believes that delivery licensees should be allowed to purchase at wholesale, repackage, store product overnight, and make retail sales directly to consumers.
  o Believes there should be no limits with respect to Quality Sampling, but if there are limits, believes they should be allowed to include any combination of flower, edibles, or concentrates.
  o Believes the exclusivity period should be extended.

• Andre Spenser
  o Supports 10:1 patient/caregiver ratio and 500 sq./ft canopy
  o Believes the Vendor Sample limit should be 1 ounce per strain.
  o Believes delivery licensees should be allowed to purchase at wholesale and store product overnight.
  o With respect to cloning, believes there may be hormones acceptable to use that are currently banned as pesticides.
  o Believes the Commission should issue a warning out for members of the public about the dangers of using pesticides on their homegrown Marijuana.
  o Believes the Commission should release security plans, other operating policies, and organization charts that that the Commission deems acceptable, so that applicants have a reference point, in particular to EE and SEP applicants.
• Believes that the Commission should provide EE and SEP applicants with free software to integrate with METRC.

• Eric Ruby
  o Believes the pediatric patient registration process is too onerous and should only require the treating physician to certify the patient.

• Ominique Garner
  o Supports the 10:1 patient/caregivers.
  o Believes that the Commission should hold regular meetings with equity applicants.
  o Believes that delivery licensees should be able to purchase at wholesale and allow for storage.
  o Does not support the changes to Craft Marijuana Cooperative provisions with respect to Schedule F and believes that the farmer should be a part of the coop.
  o Believes that there should be funding for EEs.
  o HCAs present a huge barrier to entry for poor
  o Will submit written comment

• Chandra Batra
  o Supports the 10:1 patient/caregiver ratio.
  o Supports a 2 year certification.
  o Believes that there needs to be a specific focus group to gather input from EE and SEP applicants.
  o Believes vertical integration affects the ability to establish ancillary businesses which impacts the ability to advertise products.
  o Supports allowing out of state patients to access mass medical program.

• Tim McNamara
  o Believes vertical integration should be dismantled.
  o Believes Caregiver Institutions could help ensure access to medical marijuana and believes the Commission needs to make the process clearer for registering as a caregiver institution.
  o Notes that fees associated with medical licenses are higher and believes providing parity between adult/medical application and licensing fees could help ensure a more robust medical market.
  o Encourages that the regulations update the types of data collected for medical.

• Aaron Goines
  o With respect to delivery, believes delivery licensees should be allowed to purchase at wholesale and store product overnights. Also believes that the exclusivity period should be extended to at least three years before the commission votes to open the market to other participants, but five years would be preferable. Also believes delivery licenses should not count toward the retail license cap.
- HCAs are preventing Social Equity participants from entering the market.

- Marion McNabb
  - Believes there should be parity with adult/medical application and licensing fees.
  - Supports making the ability to certify patients through telehealth permanent.
  - Believes that Quality Control Sample limit should be increased to 1 ounce per strain per month per employee.
  - Supports the 10:1 patient/Caregiver ratio and allowing caregivers to grow up to 500 sq. feet of Canopy and to grow for their patients without requiring the patient to have a hardship cultivation status. Supports a proscription on caregivers receiving “kickbacks” from MTCs.
  - Believes that delivery licensees should be able to purchase at wholesale and store product overnight. Supports extending the exclusivity period to three years.
  - Suggests the Commission consider adding more funding and dedicating more resources to hear from EE and SE applicants in order address their concerns and to keeping their applications moving. Believes the Commission should use fines to fund equity programing and to expand the definition of Area of Disproportionate Impact to identify new areas.
  - Suggests adopting a model that allows the execution of HCAs without a location (e.g. Maynard).
  - Consider adding Research Licenses to medical program. Consider expanding research license requirements for transportation to include healthcare, hospice, social and other clinical institutions. Questions whether the requirement that a research facility colocated with an ME must be co-owned. Suggests clarifying the parameters of the Institutional Review Board. Suggests following the model of Colorado and allow tax funded research. Expand category of people who are deemed qualified to be a principal investigator of a research licensee.

- Andrea Pearce
  - Supports endorsement policy to replace vertical integration.
  - Suggests that the Commission clarify around requirements HCAs because municipalities don’t understand the Commission’s regulations or process.
  - With respect to Change of Ownership Requests, when people have been removed and need to have that recognized quickly in cases of Emergency.

- Jensen Mejia
  - Suggest shaving one license per municipality to allow SEs and EEs to get into the industry, to the extent it seems that licenses are “unavailable” because municipalities aren’t willing to execute HCAs.
  - Believes delivery licensees need to be able to purchase at wholesale. Believes delivery only license will not allow for sufficient profit margin.
  - With respect to HCAs, municipalities are confused about what they can do.
  - There should be more support in the licensing process for social equity participants.
• Erik Williams
  o Believes labeling requirements for edibles and concentrates should replace the retailers contact information the product manufacturer’s contact information to make it easier on the retailer.
  o Would like edible limitations to be changed.
  o Believes the Advertising restrictions should be the same for both adult and medical.
  o Supports branded goods.
  o Create consistent and predictable licensing process.
  o Believes that EEA or SEP status should require on paper and actual control over the license to avoid predatory practices.
  o Supports extending the delivery exclusivity period to 5 years.

• The Chairman gave an overview of the anticipated remainder of the regulatory review process and upcoming meetings.
• Commissioner Title thanked Chief of Staff Erika Scibelli for her organization and execution of the meeting.
• Commissioner Flanagan moved to adjourn
• Commissioner Title seconded the motion.
• The Commission unanimously voted to adjourn.