TRANSCRIPT of
FIRST MEETING: MEDICAL MARIJUANA WORKGROUP

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Workgroup Information and Materials: https://www.maine.gov/dafs/omp/workgroup

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The following attempts to be as true to the remarks provided by workgroup members as possible, so reviewers will notice there are repeated words, run-on sentences, and sentence fragments.

Erik Gundersen: Thank you, [OMP's] David [Heidrich]. Awesome. So, first of all, welcome everybody, to our first meeting of our medical marijuana working group. And more important than the welcome I think is extending some thanks to everybody that's going to be serving on this, this panel, this working group, obviously, the time commitment, people are giving up their personal time, whether it's with family, running a business, whatever it may be, we understand that it's precious. So just a deep thank you from myself and the Office Marijuana Policy for everybody making this commitment to be here and do this important work over the next four or five meetings in the time that we're together.

And I think a great place to start really is just acknowledging that this conversation around our medical program, the regulatory system, and the ongoing conversations that it's, it's, it's really been a challenge. And I would imagine that it's going to continue to be a challenge. But I think we can work through that, really, at the end of the day, to benefit everybody that's on this call the wide array of stakeholders in motion, most importantly, the patients, but it's tough work, I'm sure it's gonna be continued to be tough work. But I'm certainly confident with the faces that I see on this zoom call all well, incredibly qualified individuals, that we can start this conversation, get some good input, a lot of value added and really move Maine's medical program forward. So, we're here today at the request of the legislature. And for all the reasons that I've already stated, I'm certainly glad we are.

January of this year 2001(2021) seems like a lifetime ago. But still, within the same calendar year, we started a rulemaking process to update the rules around our medical program. And with the the multiple rounds of rulemaking, we really felt like we were giving a voice to those stakeholders who were to be impacted by it. And it became apparently clear that we really missed the mark on that process.

So again, I'm really glad that we're here to have this important conversation, again, to continue to move forward here. So we have an opportunity here as a group to discuss topics that are going to help the Office of Marijuana Policy put together regulations that govern the program, potential changes to the underlying statute, that at the end of the day, will benefit Maine businesses and

will benefit Maine patients. And really, that's our vision. That's my vision for the working group. And I hope you'll share that vision and we'll continue to revisit that vision and the conversations and the decisions that we make as a group and any recommendations that go forward really, does this benefit Maine businesses? Does it benefit the stakeholders represented in this group? In most importantly, does it represent or does it benefit Miane patients. So, we'll continue to remind ourselves of that. And really, at the end of the day, our goal should be to find consensus, where we can through obviously a respective dialogue, and move forward with this work.

So and then the last thing that is important to me to bring up, and also my colleagues here at OMP, we realize it's not lost on us that over the last few months, and the work that we've been doing around the medical program, that it's really seemed like an us versus them scenario. And I know, desperately, myself, and my colleagues here want to change that. And I think this is the first opportunity for us to change that dynamic. We understand the need for medical program, we understand that so many people in Maine, and even outside benefit from the program and all the work that you folks do. And this is a great opportunity in a new venue with a clear slate for us to listen, us to better understand a lot of our blind spots that we may be have in the work that you do, or the interactions with the program.

And while this is really just the start of the conversation, obviously we have limited time you have my commitment and OMP's commitment to continue this conversation even after this working group comes to an end. Because we understand, again, the importance of the program, everything that you folks are doing, and the long-standing medical program here in the state. So, you have that commitment for us and we're really looking to move forward in the best light possible and see where we can find consensus and build upon that with the work that we're doing here. So that's a little bit of a little bit of blabbering. We have a bunch of qualified individuals and I want to make sure that we all have the opportunity to go around and introduce ourselves. Just so everybody understands who's going to be on this panel. All the times that we meet and understand where they're coming from. So, I'm hoping everybody can take, well, we have 17 members. So, I'm hoping everybody can take, I don't know, a minute, minute and a half. Let us know who you are. Let us know why you're here. And if you want to share with us what your vision of this work should be, or your goals and what you're hoping to get out of it, I think that will benefit all of us to really understand where we're coming from, while we have these conversations, and really build that group dynamic, to get to some of the decision points that we need to get to So with that, I think if everybody has the agenda, I hope you got all the materials that we sent you. I think a great place to start would be just at the top of that list with the representatives of the caregivers, and just move down that order. And when you're done your introductions, the next person can jump in does that. Does that sound fair with everybody? So not to put you on the spot, but I think that would make Mr. Black the first to give his introduction.

John Black: Thanks, sir. Yeah, I'm John Black. I own Earth Keeper Cannabis in Wilton. I've been a caregiver since 2011. Had been active in the stand up within regulations and laws was part of the one of the directors for legalize Maine and helping right there the initiative to legalize cannabis in 2016. I currently serve on the Farm Bureau board for hemp and cannabis on their

advisory board. I was one of the individuals that also helped write. With MOFGA, their organic certification, we've been I think it's going on seven years we've been certified organic. We cultivate grow our own and sell our own products right here in Wilton. But yeah, I mean, I'm really interested in the sustainability of cannabis going forward coming from last couple years really getting into hemp and seeing how quickly that field at a national level really concerned about cannabis in Maine, going forward with the federal legalization of cannabis. And I think that's kind of one of my hot topics that really looking forward to discussing. But yeah, just really passionate about, again, the organic side really producing quality product for caregivers.

Erik: Right. Thank you.

Catherine Lewis: Hi, I'm Catherine Lewis. I've been a caregiver since 2010. With my husband, Glenn. We run our own stores and our own manufacturing as a single business. We've been involved in the development of the program with many others over the years, and we've seen a lot of good improvements. We've also had some challenges that we continue to need to overcome. And one of my goals of this working group is to help bridge the gap between the authorities developing a brand new industry and the regulation our brand new industry with the people who are actually doing the work in the industry so that we can keep things on a realistic platform to benefit the patients and the caregivers or, or the providers in the industry.

Paul T. McCarrier: My name is Paul McCarrier I from 1 Mill in Belfast, Maine. I've been involved with the medical marijuana program as a caregiver since 2010. And I've been involved with all significant policy decisions since then also, I worked with legalize Maine in 2016 to legalize cannabis here in the state of Maine, and also worked with the marijuana legalization implementation committee to try to offer them guidance to make a successful adult use market that was not over regulated and wasn't built to fail. With that being said, my main concern is making sure that the medical program can continue to serve the patients of Maine and be supportive of small businesses. I think that this is really important to consider when we're looking at it from the fact that most of Maine is rural. And most of Maine doesn't have a lot of the infrastructure or regular I guess it's like municipal, municipal backup an infrastructure to do a lot of the things that are happening are urban areas such as Portland, Lewiston, Auburn, Augusta, Waterville, etc. So, I'm really interested in looking at this from a rural perspective serve on my municipalities planning board, and so I have a deeper understanding about what happens at a planning level on a municipal level.

I want to thank the Department for bringing this together because this is the only the second time in the 11 years of the Medical Marijuana program that the program has actually brought together stakeholders to try to discuss the rules and make the you know, really look at the program in a critical light and see what's working and see what isn't. I think that it's important to remember that the legislature did mandate that this group come together and work with the department. And I'm hoping that, you know, Erik, I know you've you, David and others have continued to reach out to people throughout your tenure at OMP. And I hope that we can come up with a product that will be satisfactory to everybody. Though I do want to remind everybody, I don't I think no matter what product comes out of this group, there are going to be people who really hate the

product. And all they will do is criticize us in being the little people. So, I don't think we should let that slow us down. Thank you. Thank you, Paul.

Erik: Thank you, Paul.

Susan Meehan: Hi, my name is Susan Meehan. I became a cannabis advocate in 2012. As my late daughter Cindy Mae continued to fail medicine after medicine to control her seizures that started after her vaccinations. And late 2012-13. I moved to Maine to access the program when we discovered that marijuana helped her seizures significantly. And in Cindy Mae's memory and her honor, I advocate for safe and affordable access to cannabis, especially for our pediatric geriatric and disabled patients. When contemplating any rule or any law, this is my priority. And it's directly related to my other priority, which is to protect the small businesses that provide the majority of medicine to these patients. Protecting Maine's over 3000 small caregiver businesses is vital to protecting these patients and their access. After so many attempts to be part of this process over the past years, I am so appreciative of the events that led us to this table. There are way too many to think individually. But I think our legislators as a whole who made this happen by their overwhelming majority passage of LD1242 I'm so happy to serve Maine on this forum. And I thank OMP for the materials and the organization and setting all of this up. I know it was a big organizational task. And I really appreciate it the notebook is great. Together I believe we can bring Miane to be able to sustain this medical program alongside adult use. Thank you again for including me. Thank you, Susan.

Erik: Thank you, Susan.

Joel Pepin: All right. Hi. My name is Joel Pepin, been a caregiver in the program since late 2010. Got my start in the industry at that point in time, as I was simultaneously hired as the store manager that opened up HTG supply in Portland indoor gardening store that I'm sure many of you may know, been in the industry ever since. In 2014, I co-founded SJR Labs with a few other caregivers at the time, which focused on came to develop focus on extraction for licensed caregivers and patients. Since then, was a big supporter of legalized Maine. And in the ballot initiative that was ultimately successful. And then after that, really, in early 2017 fought really, really hard I believe it was for LD 738 Catherine and Paul correct me if I'm wrong on that number. But we've we fought to basically explicitly allow for manufacturers to serve the medical program as standalone entities. Other initiatives that I personally have fought for as an individual and that my company JAR Cannabis has supported a lobbying front on the medical side has been working for law changes to allow for unlimited employees for caregiver programs assistance, increasing the wholesale originally to 75% of what's produced this more recent legislative session we've changed that to 100%. Now for caregivers, and to also we worked hard in Augusta to allow explicitly for caregiver storefronts to do that as a caregiver, one storefront and not having to do the rotating patient thing.

So, I'm co-founder of JAR Cannabis we operate both medically and adult use. The medical program to me I think is very important. To the state of Maine, I think it's one of the best in the country. And simultaneously I'm also someone who very strongly believes that adults over 21 should have access to cannabis without a medical card. So, me personally, and my company Jar

Cannabis will, will fight lobbying wise for both programs in the future and I'm just really proud to be representing the industry and Maine on this on this workforce and look forward to working with you all.

Erik: Thank you, Joel.

David Vickers: Everybody, my name is David Vickers. I'm the owner of ORIGINs Cultivation, and also future of Sundown Beverage Company coming out soon. We are, I've been a caregiver since 2018. I operate in the same market that I grew up in from Maine, I grew up in the Augusta area went to Cony, and that's where we operate our storefronts—in Manchester and Augusta.

The biggest thing for me when I was really interested in getting involved in this was, since I started I it's coming from other industries, I really haven't seen an industry that has so many ups and downs and changes, you know, rules continually changing, trying to follow, navigate a path for, you know, just a small business to operate. And so, one of the things I really want to see that comes out of this is very clear and concise rules that aren't just up to attorneys' interpretations. I think that you know, anyone who's operating a business should know the path that their business should take. And one of the challenges that I've seen is sometimes it seems like the you know, the whether it's an out of state corporation or you know, in state business, you know, having the right law firm seems to allow those businesses to do things that other caregivers haven't had the same opportunity to do.

And so, my goal would be that everybody can be on the same level playing field. Of course, not everyone will succeed, that they get a fair opportunity and not allow the small businesses just like the larger businesses to operate fairly and have a good opportunity here. Thank you.

Erik: Thank you, David.

Josh: Hello, everybody. My name is Josh Quint. I'm the Director of Operations for Canuvo which is one of the [unintelligible audio] from when I came on board in 2012. My wife and I joined her parents and have been working to grow this business ever since. Originally from Minot, it just outside Lewiston, Auburn, and now over in Bridgeton, but part of Western Maine. And I'm also very appreciative that this group is taking the time and energy to sit down and work on these issues together.

Anytime you're creating something new, it is difficult and complicated. And you have to go back and reassess decisions after the fact after you see how they've worked themselves out. And we have 10 years to look at how this program has worked, what has worked and what hasn't. And I think, you know, several other people have commented, you know, one of the one of the biggest issues that I see in this program has just been a lack of open communication and honest dialogue. And so, it seemed very often as though, you know, every year, there was a new round of proposed changes, and no one knew what the impact would be. And it was always scary and led to uncertainty. And there's nothing businesses hate more than uncertainty. And so, if we can, if we can agree on at least a general framework, and then we can communicate that out to the rest of the industry and the rest of the stakeholders, I think we're in a better position than we ever have been before. So, I just want to thank everyone and get to work.

Erik: Thank you, Josh.

Heather Sullivan: Hey everybody, Heather Sullivan, here. I represent Curaleaf so basically this group's punching bag, in a lot of cases. My real goal here is to provide a little bit more of a main base focus to what Curaleaf intends to do here in the state wants to do you know, I'm hearing a lot of things with this group, that are very consistent with what we believe in as well. Things like making sure that everybody's on the same playing field. I know me personally; I've been a Maine resident since I was seven. I'm not going to try to get credit for those first seven years. I have been educated here; I go to school here. I live here, I educate my son here. And I've actually worked with a number of you folks on this call. And I think you can, can certainly agree that I'm someone that is open to hearing what other people have to say that I like to work collaboratively. And that I'm hoping that we can get to a place where we get beyond the us versus them between caregivers and dispensaries because ultimately in the end, we're all working for the same thing.

I'm also lucky enough I'm also on the planning board in my small town and we just passed ordinances that are going to allow cannabis businesses in small town of Hollis where, you know, limited in number, and I actually had to fight for a lot of the things that are the same things that that caregivers' groups fight against. So, I'm hoping that you accept me into the group with an open mind and know that I'm coming into the group with an open mind as well. And I hope that we can really work together to build some changes into the regulations that are going to work for all of us.

Erik: Thank you, Heather.

Barry Chaffin: Okay I guess that's me. Hi, I'm Barry Chaffin, I'm one of the co-founders, co-owners of Nova Analytic Labs or a cannabis testing lab in Portland. We opened our doors about a year ago, we've been testing product in the state since September of 2020. I'm here to help provide any input that I can to the group regarding testing or any other regs that we may discuss. I liked Paul's sentiment earlier about compromise that we all need to be aware that not everyone's gonna be happy with what's discussed here. But you know, like, what they say about compromises no one's no one's happy what, everyone's satisfied enough to walk away from the table. So, you know, I'm here to just do what I can give any input. I hope that you guys see me as a resource. And any questions, I think there's a lot of misinformation concerning certain testing and regulations in the industry. And I hope that I can dispel any of that and, you know, can they help, help, you know, ease everyone's mind around issues regarding testing. So, I'm so glad to be part of this group. And I'm looking forward to this. You marry.

Erik: Thank you, Barry.

Alex McMahan: Hi everyone, my name is Alex McMahan, one of the co-founders of MEDCo. I moved to Maine about six years ago, because I wanted to be a part of the cannabis industry. I'm from South Carolina, which isn't known for its cannabis industry, and probably won't be for a really long time. I moved up here because I do believe that cannabis has the power to positively impact society, I think it's an important thing, especially with, you know, the way our country and our world is right now, I think it'd be a powerful force. So, I wanted to dedicate my hands to the industry.

When I got to Maine, I started at the bottom trimming. I've done just about every job in the cannabis industry imaginable worked out from trimming to cultivation. And just about everything else. I think we have it pretty good in Maine. You know, honestly, I think we have probably the best program in the country. Now that's, of course, then due to a lot of hard work and people fighting for that to be the case. And that's obviously going to be important to continue to fight for our program. And, you know, stay where we are and to continue to improve.

I do appreciate the open dialogue that we seem to have between the industry and the regulators. And I think we're pretty fortunate to have that. I'm looking forward to the future. And my primary goal is to keep soul in cannabis as we go forward. You know, I think anybody should be able to compete and participate. And I just think it's important that we don't forget our roots and where cannabis comes from and the culture. And so, as we're developing the new rules, I think it's important for us to keep an eye on that and make sure that we keep the soul in cannabis as we move forward.

Erik: Thank you, Alex.

Patricia (Trish) Callahan: Hi, my name is Trish Callahan and I apologize for participating without a camera. My laptop died and my phone battery is terrible. I'm watching it actually go down like 15% just on the intros, you guys might lose me before the meetings over. I am a patient and I've been using marijuana in Maine for almost 40 years, it has enabled me to do everything I've done with my adult life. And I can't imagine life without it. I think Maine has an awesome program for patients. For me becoming a patient was primary, two reasons. One, I wouldn't get busted for carrying what I've been carrying for years and two access to safe medicine. And that's my goal in participating in this group is to sort of keep that thoughts imminent in the discussions because I have worked professionally as a patient advocate and an advocacy in different capacities in different roles. And the acts you know when we talk about patient rights as advocates, one thing you don't often discuss is you know, safe medicine because that's like a given. There's lots of things to talk about, you know, outside of that, but that's one thing that's usually a given and I like to see that become a given in our program, and standards that support basic, basic patient safety.

And as far as OMP, I'm very grateful thank you for letting me participate in this, I have found you guys to be incredibly open, I even had a situation I remember snapping all over you guys. And still, the feedback and the response I got was never less than professional and supportive of me. And so, you know, for better or for worse, you guys are very both sides of me. And I've always found you guys to be good to work with. And I very much appreciate this opportunity to continue working with you guys on behalf of main patients. And if I can just do one housekeeping, David Vickers, I was looking at you before when you're talking to me thinking You look familiar. I think I babysat you if I'm going to age myself there. But I'm like, “Oh my God, is that the David because I used to babysit?” So yeah, I'm aging myself. But, “Hi, David. I didn't recognize you.”

David V.: Patricia, thanks for proving them for me. Yes. You definitely did, nice. I look forward to seeing you on the next video feed.

Trish: I will be on for Yes, I will. Thank you for everybody's patience with that. And thank you for the opportunity.

Erik: Right, thank you Trish.

Michelle Caminos: Hi, I'm Michelle Caminos. Very grateful to be here and looking, looking forward to working with you all. I know. And I'm really happy to see a couple other nurses here too. That's really cool. So hi, guys. So I'm here because my son, David, who's now nine, was initially diagnosed with a brain tumor when, when he was two and a half, we moved here to Maine and my whole family is from here, both sides, and we wanted to be closer to them so that we moved here in 2016. Shortly thereafter, my son relapsed and he now had malignant brain cancer. And so, we were faced with a much more serious situation. And I just thank my lucky stars every single day that that move happened when it did, because we happened to move to the state with the best medical program in the entire country.

And so that that's why I'm here today, I, my son is still is using medical cannabis, we work with Dr. Dustin Sulak. And so, it's been since 2016. And I've had a lot of learning in that time. And I've had tremendous, tremendous support from people who know a lot more about cannabis than I do. And I'm still learning every day. But my my main concerns why I'm here and Susan, when she spoke or earlier touched on some of them, we have this in common from the mom front is that we are especially concerned about cost and accessibility. I'm concerned about preventing over regulation of caregivers in particular, well, obviously, recognizing the need for regulation and respecting that. But there has to be a balance. And that's why I'm grateful to be here because I think getting the various viewpoints that we have here, that's the only way that we're going to come to a valuable and, you know, realistic consensus. And really just to ensure peace, patient access to the specific needs. And in my case, I'm especially concerned about pediatric patients. And those are very specific needs. And I think it would be easy to overlook that kind of niche, because it seems like it's a small amount of people and it's not a big deal. But the more you get into this, and you start connecting with other parents, and with other caregivers who work with this niche, the more you see that this is a really, really important thing that we need to consider. And I won't get into obviously the minutiae that's for down the road, but I just wanted to introduce myself and let everybody know that's kind of where I'm coming from. And I'm always going to be looking through that lens of accessibility to the appropriate formulations that kids need.

Erik: Thank you for being here, Michelle.

Sean McDonough: Hi there. I'm Sean McDonough. I am from Maine. Born and raised here went to high school here graduated nursing school here even spent four years at Naval Air Station Brunswick. Back when it was a Naval Air Station Brunswick was Navy Corpsman got out after Desert Storm went to nursing school at St. Joseph's became a nurse. Civilian practice was running a hospital out west 9/11 happened quit my job on the spot, join the army. And I've done everything from wiping butts to run in hospitals to home house to assisted livings, to hospice. I've done clinical research, you name it. I've even had my own consulting business for people going into assisted livings and nursing homes and everything to help them financially

figure that out. So, the man wouldn't steal their inheritance and everything like that. That being said, two things. I personally don't care whether you been from Maine, every second of your life, where you just came here yesterday, got a job and was selected for this. If you know what you're doing, and your focus is on the patient, for medical marijuana, you've got my vote, because we need more of that. I know the caregivers, the dispensary's the labs, everybody, everybody's got to make money. And that's important, but from the aspect of the other patients on this committee, I respect what they said, medical marijuana has to be something that your average patient can afford. It has to be safe. And it has to be true. If you're selling something that if if John Doe is being treated with jumping jack flash or whatever weird name the marijuana is, and it's relieving his PTSD, his anxiety, his depression, whatever that's going on. He should consistently be buying jumping jack flash is jumping jack flash, not something somebody called it so that they get the high market value on it. And I've seen it when I came to Maine, I guess. Sorry, part of my injuries is a head injury. I was critically injured in 2008. I moved back to Maine and retired in 2014. I became a patient I crossed over the line here. I tried to get, or I did get a card. I went to Sulak's office, and I was told the lookout on the board. I called three numbers out on the board and Sulak's office and I was one guy I met in his house and the whole house he rented out was converted into a grow area. And I was scared as hell to go there. Another guy, I met up at a parking lot up at Gardner where that restaurant is up there and he was quite blatantly told me I'm I'm willing to sell you more than legally I'm allowed to and everything like that. I'm like oh my God, is this a setup? What's going on here? And the other guy was was weird. I went through some horrific introductions to the Maine medical marijuana program. It is great when you get through the bullcrap. But there is stuff that patients when they get their card are left floundering out there trying to find the good caregiver. And it has to be better where patients can go get their card and they know who is reputable because their information is accredited through the state, they get the the licensing they're pot is tested everything like that. It's important. I believe, my goal on being on this group is to make sure that the patients are represented. I highlighted my career because prior to me and my injuries in 2008 I thought pot was bullcrap. I smoked it in high school to get high because I got busted for carrying a fake ID. So, I couldn't buy the the alcohol down on the corner. So, I started smoking pot. It was great, but it was a bunch of crap. Well, then I got injured. I was I had everything wrong with me under the sun. The VA had me on tons of medication. I moved back to Maine found a great caregiver started micro dosing. I'm no longer on those medications I own and operate positive diagnosis. I help other disabled veterans through many other means and medical marijuana, but I teach them how to microdose and teach them how to shop for a reputable caregiver and so on. As far as we're concerned, we're not really that interested in the rules and the regulations. We just want the medicine and in summation, I believe in the rec program too. But you can go buy your Tylenol at any convenience store, but you need a pharmacist. You need somebody who knows the strain better than the guy selling it at the rec shop, who put their hands in the soil to make sure that this stuff is organic who brought you the right medicine and through history knows what this strain is going to do for the average person with this. So, you have some place to start, just like any other healthcare profession. So that's what I'm looking for to represent patients. And I look forward to learning more about you all. And it's nice to see you again Paul.

Erik: Perfect. Thank you for being here, Sean.

Jamie Comstock: Hi, my name is Jamie Comstock. And I think I'm probably the only one here who knows no one else on this group, so it's nice to meet you. I know, David [Heidrich], I've seen him. But um, so I am the health promotion manager at Bangor Public Health and Community Services. And I've done that since 2007. So, my job is to, I work in health promotion, which also means chronic disease prevention. So, I spend a lot of my time working in substance use prevention also, and promoting kind of healthy eating, active living, that kind of stuff. I've had the pleasure of watching this industry grow for the last 10 years. And it's been really interesting to me, so I'm happy to be here. I, let's see, my role here and my desire to be on this group is to provide a prevention and public health perspective. And to make connections with all of you to learn more about the work that you do. Have you learned more about the work that I do. There are lots of me's around the state. And I think that there are spots where our work intersects. I'm a member of the main CDC marijuana workgroup. I'm a government appointed member of the substance use disorder services commission. I'm a certified prevention specialist. And I am happy to be with you all here and learn more from you.

Erik: Thanks, Jamie.

Julie Milliken: Hi, everyone. I'm Julie Milliken. I'm a nurse practitioner. I own Maine Medical Certifications, a company in Augusta, we have five nurse practitioners, and we offer medical cannabis certification, evaluations and cards to medical patients throughout the state of Maine through telemedicine, as well as in person medicine for people who live close enough. So, it's nice to see all of you, I've talked to many of you on the phones, nice to put faces to some of the names. My goal is to advocate for the patients to have a voice and being able to make sure that the medical program continues to allow patients to have access to medical certifications if they want them in a way that works for the patient. So, making sure that they have access through telemedicine or in person with people who are offering medical certifications reliably and lawfully and being able to provide advice and counseling and recommendations to the patients rather than just, you know, dishing out cards, there are some little bit unreliable, people out there writing cards and the rules have been sort of marginally followed by by many.

And so, I want to make sure that we have a good understanding of what the rules are for patients to become medical patients and how those cards are, are provided. And then so that patients have access to their medicine. I hear testimony every day all day. Again, and again and again from patients who tell me that they are off opiates because they're using cannabis or they're able to function in society because the cannabis helps them to decrease their anxiety or their PTSD symptoms. Patients who used to be on 30 different medications and now are on one or two plus cannabis. Most of my patients are my age or older, many of them were very reluctant to try cannabis. But once they did, we're able to find just a much higher quality of life because of the medicine. So, to be able to watch this program continue to thrive in the state of Maine and for these patients to just continue to have such good relief and access to medicine. Even in the most rural of area even in the you know patients that have the least means is important to me. So I hope to serve as their voice and advocate, love to participate in in learning more and finding out ways that we can even improve the program so that more people have access to education from a patient's perspective as well as for you know other people in roles like mine, so that we can have,

you know consistent practices and that we can have education available to providers who are or are certifying patients in the state so that we're all sort of operating on similar platforms and understanding of you know how and what to recommend. So, look to meeting all of you and appreciate any feedback.

Erik: Thank you for being here, Julie.

Chris Beaumont: Yeah, Chris Beaumont, I'm marijuana compliance coordinator for the City of Portland, code enforcement officer through the state of Maine. And in my role with the city helped in the development of our city ordinance, Chapter 35, which covers both medical and adult use programs for our local ruleset. Great group we got here today, very interested to hear some different perspectives from the different sides of the medical program. In the city, we deal with not only the retail locations, but all the other ancillary uses that come along with that, from the cultivation to the manufacturing. And just kind of a, you know, my main goal here is, is on behalf of the municipality, figure out what our role is in the medical program, it's it's pretty clear on the adult use side where the municipalities fit into the into the organization. And I think on the medical side, there's still a couple questions that I know we have.

So, I'm very interested to flesh those out with a group here. And just want to echo the thanks to OMP for putting this together. Because I do this is a great group, and I'm excited to get the work started.

Erik: Thank you, Chris. And last but not least.

Rebecca McMahon: Hi, everybody, I'm Rebecca McMahon. I am an attorney. But I hope that you don't hold that against me too much. I work for the Maine Municipal Association. For those of you who aren't aware of our organization or don't really know what it does, it's, we are a membership organization. So almost most of the almost 500 municipalities in Maine, provide membership dues to us. And we provide a variety of services, one of which is legal services, and I work in the legal services department. And we respond to inquiries on a number of municipal legal topics.

Over the last five years or so one of the major topics that we've received questions about is marijuana that and both adult use and medical marijuana laws that have, you know, more recently come into play and, and provided some authorization for municipalities to, to regulate those industries. And over the that time, I have worked to try and do my own research on the laws get get knowledgeable about the laws and try and help municipalities sort of navigate that. So, I think that one of the things that I can provide in this workgroup is a perspective of municipal perspective, but not just, you know, one, either big municipality or small municipality perspective, but the variety of legal issues that come up with regard to local marijuana regulation with all kinds of municipalities, ranging from the plantations to big cities. So um, and I will echo what everybody else said, thank you, OMP for including us in this, we really appreciate it.

Erik: Absolutely. Thank you, Rebecca. And thank you, everybody for taking a few minutes to tell us all where you're coming from. I know when we opened up the applications, we were really blown away with the interest and the sheer volume that we got for all of these stakeholder seats.

So, I hope everybody understands the value that each one of us brings to this process. We're all incredibly qualified to hold these seats and sit at this table to have this conversation about the medical program. And I hope you'll also agree, we really wanted to make sure that we had diversity in this group, gender, geography, scope, and scale of operation, really running the gamut. And I think that's displayed here. So I hope we all agree that everybody here adds value to this process, we have exactly the individuals we need to have a serious conversation about this to move this forward to get to at the end of the day where I think everybody wants to be.

So, with that, we now we're going to turn to logistics, the always fun topic, but totally necessary to have. So, David drew the short straw was nice enough to agree to do this for so David Heidrich from my office is the director of engagement and community outreach. He's really the one behind the curtain pulling the strings did a lot to help put this together but just some, just some information. I will level set for all of us important information that we need to know. And then we can move forward with the important conversations today around patient access, which I'm glad was a key word for a lot of you and patient education, which was also brought up, I think that's a great place for us to start. So, with that, I'll hand it over to David for all the necessities here.

David Heidrich: Good afternoon, everyone. It's a pleasure to join you today. For the purposes of today's workgroup meeting, I'll be acting as the zoom host, you got a little bit of a preview of that before we launched the live stream. But I'll tell you a little bit about what that means and what you can expect throughout the course of today's meeting.

As you all should have received meeting materials for the workgroup, can be found in your welcome packets, as well as on the OMP workgroup web page where digital copies of the materials that you received are available not only for your use, but for anybody who may be following along on YouTube. As you should have noted, there'll be an opportunity at the conclusion of today's meeting for you for us to receive input on agenda items for the next meeting. As we discussed before launching the meeting today, this meeting is being broadcast live on YouTube. A copy of the live stream will also be retained on the OMP YouTube channel. And anytime that you have your camera on, you will be included in that stream that is displayed to viewers.

Meeting virtually has its advantages and disadvantages. And one of those disadvantages is the distractions that afford themselves to individuals meeting online. So please do what you can to limit side distractions such as email, phone calls, text messages, to the extent that it's possible or practical. If you're streaming, and this shouldn't be a problems, I haven't noticed it through the course of introductions. But if you are streaming the meeting on YouTube on the same or nearby device at the same time you're here in this Zoom meeting room, please make sure to mute that device or close that window. Because there's about a 20 to 25 second delay between the events that happen in the Zoom meeting room and those that are being broadcast to YouTube. And that can be both distracting for other members and nuisance for audio purposes. Given that Erik and I are in the same room, for the rest of this meeting, I'll likely be off camera and off audio unless there's a circumstances warrant me coming back on just so that we don't have to worry about coordinating his speakers being on and his mute button being on and things of that nature. And

some of the tasks that I'll be doing will be ensuring that this meeting runs as smoothly as possible, which may include using individuals who forgot to do so themselves or providing technical trouble shooting support to various workgroup members.

During today's discussions, it would be helpful if individuals use Zoom's nonverbal raise hand feature to identify your interest in speaking so that we don't end up in the unfortunate situation of 17 different individuals trying to talk over one another and trying to figure out who we're going to go to next. If for some reason you have to get or you end up being disconnected from the Zoom session, rejoin by phone exclusively, you can press star nine to raise your hand so that we can see it on this end. And also star six to unmute your line.

Obviously, with technology, things are always going to go wrong. And we understand that there'll be learning opportunities presented by conducting these meetings virtually. And certainly, we appreciate your patience and understanding when we confront any unexpected technical issues or human errors. And then finally, I just mentioned that we have a full agenda and a limited amount of time. So, I'll be attempting to keep Erik on schedule as he facilitates the meeting. And with that said, I guess would ask if anybody has any questions or concerns about this process or the technical stuff before I turn it back to Erik.

Excellent. Seeing none, I thank you for your time and attention.

Erik: Thank you, David. So, as you can see the agenda we did build in a small break, just give people the opportunity to stretch your legs, do whatever they needed to do before we jump into the substantive conversation again around patient access, and patient education. So, we will do so if we can try to be back in about five minutes. That would be great understanding realistically, we won't start the conversation until three o'clock, but we can all be back around like 2:56 that would be great. So, we'll see you back here in just a couple minutes.

Erik: All right, it's 2:59 if people are back, if you could turn your camera on, that would be great. That way we'll know when we can start our conversation.

Trish: I'm here if you need me to unmute for a second to know I'm here.

Erik: Except for Trish.

Trish: Thank you.

Erik: Okay, it's three o'clock, it looks like we have two members that might not be back again, if you're back, just turn on your camera. Just so we know that you're here. Obviously, everybody around this, this virtual table has value to put into this upcoming conversation looks like we have everybody except for David. But before we get into this, just one thing to bring up. And I think it's an important point, although I'm sure we all already understand this. Obviously, again, speaking to the diversity of this group. It's important for us to remember during this dialogue, to keep it respectful and professional, I think more respectful than anything. Obviously, as we have conversations around certain topics. We all come from different backgrounds have different experiences and may have competing interests. But if we can keep the dialogue, again, respectful, at the end of the day, we're going to get to where we need to be. And I don't think this

group is going to have that problem at all. But I just wanted to make sure I've made that point as we move forward here over this meeting in the next few so. But with that I'm happy to get to our first topic of substance here. And again, from our perspective at OMP, this is our opportunity to hear your experiences, your thoughts, your feedback, your opinions, and all of these topics to help inform us both with regulations that will eventually move forward with but also recommendations that we can move forward with presenting to the legislature to help get this program where we know and where we all want it to be. So, I'm so glad so many of us during our introductions brought up patient access is something that's important to them. And we're really looking forward to hearing what that means to you. Really what in the program is working now from a provider perspective or a patient's perspective or a registrant's perspective, or municipal perspective? what's not working? Let us know. That's how we're going to get to solutions here and consensus, what can we be doing better? Really just any general thoughts, and we're hoping we can have a fairly substantive dialogue here. Your experiences, thoughts, expectations, feedback with patient access, again, to make sure that we can move forward, the best way possible, considering the patients of the most important ones during these conversations. So, I know not putting anybody on the spot. I know Julie brought it up. But if anybody wants to take the floor to give us your experience, what you're doing, again, what we can do from the state's perspective, to make it better, I'm just going to open up the floor for whoever wants to jump in. We got Catherine, and then I'll hand it over to Michelle.

Catherine: Hi, again, thank you. The patient access and privacy has been one of the biggest concerns that I had at the very beginning of this program, when I got involved with the trade association and, and others working together to change the law back in 2010 2011. It was something that most all states that had a program had mandatory patient registries, which Maine did implement. Back in the day, all doctors had to go through the state in this patient had to get a card from the state due to the imposition of patient privacy, and the way that it really impacted patient access, we were able to successfully put through a bill that eliminated the the requirement and erase the patient records from the state database. And that was huge, very unheard of, actually, nationwide. And we all did that for the benefit of our of our patients. And we continue to need to move forward in that. One of the things that I want to address is the proposals and rules that one with the the Metrc system, there's some information that's needed to be filled in that could compromise in the future. If that was ever pushed forward. You want to know what why we've pushed against it. That's one of the things. The other piece of of any type of rules that we put together; it's got to maintain that the patient's personal identifying information stays away. Some of the security features that were proposed, and rules were a concern that could compromise, again, patient privacy. We don't want to see anything that will push patients to the black market, or to the caregivers, going there to supply them.

Erik: Thank you, Catherine. Perfect. I believe it was Michelle, and then we can go to Paul.

Michelle: Yes, I'll just add to what Catherine was saying. So, for me when I think about patient accessibility, of course, through my introduction, you know, where I'm coming from. I'm thinking about the types of formulations that patients particularly pediatric patients may with, with serious medical conditions may need. Oftentimes that means concentrates. And sometimes

tinctures, usually stronger tinctures. Not everybody is interested in selling those and not everybody is able to sell those at a cost that people can afford for the dosing that is needed. So, when we talk about accessibility, first of all, to me, it's critical that we really protect this this caregiver model. Because, you know, a few years ago when I was going through this and I didn't know where to go, caregivers are where I ended up after going to a couple of different dispensaries and finding out not a knock on them. They serve what they serve, but they just didn't have what we needed. And even if they were able to provide like, say a weaker tincture, if I were to have bought the quantity that I needed to get to the dosing that I needed, it simply would have been I couldn't have afforded it, it would just would have been unsustainable for pretty much anybody. So, there's a real niche here. When we think about some of the dosing for example that's recommended for active cancers. You're talking about concentrates, and so typically you're either talking about a caregiver who's interested in doing that and helping patients with that. or in our case, and many other families' cases, you're talking about relying on caregivers and then also to some learning to become self-sufficient. And what that means is home grow, obviously, and processing at home. So, I'm also very, very concerned about protecting, processing at home for literal mom and pops, who are just doing like a jar. You know, they're using a jar and they're doing extractions, and they're evaporating alcohol, just like the same way that you would make food in your house. There's nothing dangerous about it, or scary about it that shouldn't require any licensing or whatever. This is how people and earlier I'm sorry, I'm having a brain freeze. Oh, Julie. Yep, sorry, I was having a brain freeze on your name. Julie talked about, you know, people with limited income and patient accessibility. That's a huge concern in our in our state really anywhere, but but really, especially rural Maine. So, I'm very concerned about protecting home grow. And I'm very concerned about municipalities abilities to limit people's ability to do that. So that where I live, my zip code is going to determine whether my kid can get lifesaving herbal medicine, I'll call it and we could call it any number of different things. That's scary to me, we need to be sure people have access. So, this is where I'm coming from. I hope that's helpful.

Erik: No, that is, thank you for that feedback. You mean, you bring up an important point there, excuse me an important point there. Patient access not only to the industry, but kind of pulling in the home grow aspect is something that should absolutely be considered here.

Michelle: So just one last really quick final thought is that when people can learn to become self-sufficient, I don't want to say anybody can do it. But it really, really opens the door as to who is facing a really scary critical medical situation with their child. And this is recommended to them. Without that ability, it just simply would be out of reach for so many people, and also without the ability of caregivers to provide discounted product to make donations and things like that.

Erik: Thank you, Michelle. So, I have Paul, Julie, Sean, and Susan.

Paul: Thanks, Erik. So, I think you know from my experience over the past 11 years, dealing with patients, and specifically, the past three years, dealing with patients on a commercial retail level, the biggest barrier to access is actually cost. And so, I think when we're going to be talking about cost, from my perspective, what I've seen, and what I've identified is that the cost of a

product will cost is how much they cost to produce it, how much it's going to cost to process or cure it, the cost of packaging it. And then finally the cost of retailing it, which is staffing, your retail store storage, going out making the deliveries etc. So cost is the biggest thing that I continue to hear from from patients. And a lot of that is because the cost of everything else is going up in their lives. And the cost of cannabis has generally stayed on the same or has gone lower, I think thanks to the program's low barrier to entry, and its successful use of regulations. But that cost is going to be imperative as a way to keep patients safe. Because when we're talking about the idea that regulations could raise the cost of the product, when that cost of the product is raised, patients will go to an illicit market setting. And that's more dangerous than anything else. When people talk about the gateway drug theory, the biggest thing that has been proven through data is that the gateway drug theory was related to people going to the illicit market and being exposed to other drugs when they're trying to purchase cannabis. So, I think that's something too important to consider when we talk about patient safety and patient access is that if the cost remains reasonable and fair, patients will continue to get it through a safe and regulated setting. And I don't think anybody who has a retail store or anybody who's running a business will want to do anything to make their patients feel unsafe. I think, Sean, the story that you brought up about meeting someone in a parking lot really raises that issue about patient safety where if patients don't have access to affordable cannabis through a retail setting or through caregiver delivery setting, then we're going to see patients being more at risk because they're going to continue to access their cannabis whether it's legal or not.

Erik: Thank you, Paul. Julie was the next one that I had up.

Julie: Yes, thank you. Well said Paul, I echo those sentiments. I also want to just thank Michelle and Catherine. I agree on 100% the importance of continuing to have good confidential, safe, affordable access to medicine for patients throughout the lifespan from children to the elderly is just critical in this state. This is a state of very poor people, very elderly people, people that live in very rural settings. One of the concerns I had with the new set of regulations that was released in January, were some of the guidelines around the medical providers who were writing the medical certifications for patients, some of those were just going to be so unaffordable and unreasonable for the providers to be able to come up with. So, you know that it was almost like we needed to have your primary care physician relationship in order to write a medical certification for folks, that's really challenging in this state. There are a lot of uninsured. There are a lot of people that don't have primary care physicians, whether because they can't afford it, or whether because there aren't any, I myself was dismissed from the practice that my primary care provider was in because he retired, and there wasn't someone to replace him. So, I'm on a waiting list. I work there, and I'm on a waiting list to get a primary care provider and I'm insured. So, it's really challenging. Many of the primary care providers that are supportive of their patients having medical cannabis are not able to write those medical cards for patients because regulations from the management that owns their practices, or they receive federal dollars. A lot of the medical patients in the state are veterans. So, none of those patients who get care through the VA will have a primary care provider that can write the cards. So, we just need to make sure that the regulations are reasonable so that patients who are providers who are dedicated to the program can develop a relationship but not have to necessarily have a primary care relationship.

We're sort of consultants so if you break your ankle and you go see an orthopedist, that orthopedist doesn't assume responsibility for your mammograms and colonoscopies. They are taking care of your broken ankle. So, you know, the medical cannabis providers need to do a good thorough job at making sure they're doing that specific specialty role well, but not necessarily be that patient's primary care, we work in conjunction with them if they have them, and then refer them encourage them to find them if they don't. You know the the other the other piece of the puzzle was that there was some concern about whether or not telemedicine would continue to be allowed through the medical certification program. Telemedicine is a critical component of being able to have access to be able to get medical certifications for patients in rural Maine, many of them don't have transportation or means to get to Bangor, Augusta, or some of the places where they can go physically to get a card. So, there's a cost and a logistic challenge for a lot of these patients. And then also in light of the fact that we're in the midst or maybe just the beginning of a global pandemic, having face to face conversations when they're not necessarily required is also you know, it's a safety concern in not knowing what's going to happen as we go into the next season. My background has been 25 years of critical care and emergency medicine. And with patients who are in the height of serious medical conditions like a stroke or heart attack telemedicine is is the go-to we use telemedicine to have consult with specialists from Massachusetts in our emergency departments to make decisions about how to care for our stroke patients. So, it's perfectly reasonable that we should be able to use telemedicine to make decisions about whether or not a patient qualifies to use medicinal cannabis. So those are a couple of the key components of things that I'd like to make sure we keep in the protocols that are that are allowed. And there's a lot of feedback on that.

Erik: And thank you for your feedback there. I mean, from OMP's perspective, we couldn't agree with you more about telemedicine when it comes to patient access. That's a tool that absolutely benefits again, does it benefit patients? Of course, it does. So, if there's anything that we can do to be more clear with that position, we certainly will do so. And then I think I understand what you're saying about putting the regulations on providers higher is going to shrink the universe of those that can actually get patients into the program. So that's absolutely heard

Julie: That balanced with making sure that it's also someone who's committed to the medicine and knowledgeable and has had some sort of education so that they're making sure that they're doing right thing and not just someone that's popping into a dispensary for three hours every couple of weeks and not really committed program. So, it's important to there does have to be a relationship that does have to be some responsibility, someone that you can come back to with questions and that kind of thing. But also, it has to be, you know, sustainable because the agents do need to have access to somebody that can that can provide that service for them.

Erik: Absolutely. And I hope we can come back to that point because I certainly have more questions around it would love your feedback so maybe we can get to that more specific granular granular Oh, I can't say that we're right now conversation because I think that's an important piece too. But we do have Sean, Susan, Joel, and Heather so I'll make sure to write that down and Julia we can circle back to that. So, Sean.

Sean: Howdy, everybody thus far is had a lot of good very good information. And you know, each speaker that went by I'm like, oh my gosh, I gotta, I gotta remember that I got to praise you guys for hitting the right spots. As a nurse, as a patient, as a prior skeptic of what pot could actually do for somebody, I as a patient know firsthand that it is extremely important that it is available for patients, legitimate patients that are working within the system. And to do that you need not just access to pot but you need access to so many other things you've if you're going to be in the medical system you've got to get your medical card and as the other members were highlighting most recently is that it's not always easy to get in on the next visit. Many of these are doing virtual I my last one was a tele and I think this one coming up next month will be face to face on a computer but not in person. And I respect that because I've been a patient a while and not much has changed but pot has stabilized it so using that as a means of access is is very important keeping keeping it there for those that have that ability is is critical. Due to some of the injuries in the way I think I process things I use a lot of analogies and my analogy for the pot or patients needing pot excuse me for using the term pot versus cannabis or marijuana, but I try to keep it simple and and it's fall. So, I use the the analogy of apples. You go into market basket and all you see are Canadian apples but you're really craving apples, so you don't care you know they've gone through the system and they're good. So, you buy Canadian apples. That's the same thing as going to a dispensary somewhere way away from you are just a medical dispensary or even a rec place now and just getting something to handle your craving. It's there it happens. Then you've got apples from New York you can pick it's like well you know, they're not from here, they're from away but they're better than buying the Canadian apples so I'll get that. So, you also look at pot where it's like well, you know I'm a patient and I need a certain strain a certain this and that. So, I'm going to go to Portland, it's a little bit closer and it's in the state, I'm going to get it and you work yourself down to the closer and closer and getting back into being able to grow your own there's something about being able to grow your own Apple, it doesn't look as good as the one even from Canada or New York or from the orchard down the street. It may have a few wormholes, but the pride you get in getting that Apple and biting into it It tastes sweeter and it satisfies your need it's the same thing with growing your own medicine and having the ability to legally grow your own medicine in as many areas as possible lighting up lightening up I don't mean lighting up excuse me wrong crowd for that but lightening up the legislation on oh my gosh there's a branch of my plant sticking out jr down the street might go by and see that and ask his mom what that pretty, pretty branches and stuff like that there's a lot of fear and being able to grow something that otherwise I couldn't afford the quality that I need even from the caregiver that I go to, I would have to limit myself just like other people do, or do I want my blood pressure medicine or do I want my insulin? Well, one cost too much. So, I'm going to keep my heart going while I'm freaking out on my sugar levels. So that's what you have to deal with with marijuana sometime with the cost factor. And I personally think while some of it is high, it needs to be not too high. But I've seen what my caregiver does and it ain't cheap. He does the right thing, and it costs money to do the right thing. And it's gonna cost more if more is placed on them to have to comply with to keep things going. And the legitimate caregivers out there don't need that burden because they're going to go under. And then where are we going to be, we're going to be getting our apples from Canada. And it isn't going to be the same stuff, it isn't going to be the quality, you're not going to have that caregiver, like a nurse, like a doctor, like a

PA, or whoever that can sit by your bedside and say, look, I've had 1000 patients with similar conditions as you. And these are the three strains that would best do you, if you go into a retail place, they won't do that for you. They may try. But you know, they're opening up a manual and they're like, well, if he says this, go to this and go to this, the caregiver knows, and you build that relationship. And it's, it's very important to have the access to the marijuana and have access to a qualified, qualified caregiver. And as a registered nurse, I hold the term caregiver dear to my heart because it means specific things, you give care, you just don't sell pot, you you guide an individual to get the best medicine, the five rights the patient, the drug, the dose, the route, the time. That's what you need to do when you go into a caregiver or a caregiver's representative. They need to help you with that. And my hope through this group is that remains the biggest focus is ensuring we get safe, cost effective, legitimate marijuana from or caregivers.

Erik: I want to get the sake of everybody in line I want to ask one probing question because you use the term a few times in your intro and right there and I want to better understand what you mean when you say legitimate caregiver?

Sean: Well, you know, it's it's difficult because you go around and you ask, I'll give you the examples again, the the three people that were on the board at Dr. Sulak's office, were selling marijuana, but they were not caregivers. Granted, that was a while ago, but it's still the same thing. You go out. And somebody said, well, like I met the guy over there who knows this, who knows this? And then three people down the line. Yeah, I'm a caregiver. Well, what they're saying is they grow weed in the back backyard, and they're willing to sell you some, but I'm new to the program and I don't know what I'm supposed to do. You can be easily fooled that way.

Erik: Understood. Understood. Thank you for that. Susan.

Susan: Some great input so far. The grower rights and self-sufficiency and the low barriers to participation in Maine are are crucial to protection. They're crucial to access to the program. Um, I found a lot of places and reading the notebook that statute and rules aren't in agreement. And like one example for for me is the licensed kitchen. So, I applied for a kitchen license through the Department of Agriculture. And I only make tinctures for pediatric use I don't make other edibles; I don't make gummies etc. and the Department of Agriculture was very clear and told me no they ripped up my check returned it and told me you don't need a license to make tinctures. But by rule OMP requires a license to make tinctures. So, I am stuck in a quandary as to you know, what do I do? So that's one example. But there are other examples um, some other examples I know OMP has has tried and I I honestly give you credit, Erik and and staff that you have tried to resolve the discrepancies and pediatric certification. And really the statute needs to be fixed. So, I guess what I'm what I'm getting at is that as we go through this process that we kind of have to keep a list of you know, this stuff has to be fixed on the statute side of things so that we can make the rules in agreement with them and make them truly reflect what we want to accomplish. That's just one example. Another example is the whole pediatric certification process. I deal with primarily; I'd say 95% of my patients are pediatric and the other 5% are adults who want tincture. Those those 95% that are pediatric however, I think the process should be similar to the adult certification, but I absolutely think that there should be a mandatory that the provider should provide the patient's parent, a way to access follow care has to be dealt with

only one patient, one pediatric patient who wasn't certified by integrate health. And it was a nightmare for both the patient, for me and the doctor. And finally, they ended up having to go to integrate so that I could have a doctor, you know, when they when they contact me, and they want advice. And as we know, I can't give them medical advice. When I when I couldn't contact the doctor for follow up care, it was a real problem. So, while I think that their stream, they could streamline the certification process, we do need an exception that pediatric patients do require the provider to provide a means to contact them. After that initial certification. They can't just get their their certification and…

Erik: Looks like we might have lost Susan here for a second. And I'm glad she brought that point; we have had multiple conversations about bringing pediatric patients into the program. And that's certainly something that we will have further discussion with. And I mean, a couple of things. One, I agree with you there is a severe disconnect between the underlying statute and the rules and kind of an unknown there. And I'm really hoping through this conversation and moving forward, we can have the rules. So, there's a shared understanding from all stakeholders around here. What are what are the rules? What are we supposed to be doing here to benefit the patients? That's that's one, I don't know, if you heard me while you're frozen, we will certainly have that conversation about the pediatric patients, because I think that is something important. It's not just you, but others on this call to make sure that we clean that up, and it's working the way that it should be for those patients. And then finally, yes, we will, we will be keeping a running tally of items that we need to bring up in further meetings to build consensus, so we can better and well represents our report back to the legislature for those changes that are needed. So, we can be speaking with one concise voice for sure. So, thank you for bringing that up.

David: Erik, can I jump in for just a quick second? I know I'm everyone else has been polite and put their hand up. But could you possibly as we're going down through this, I don't think there's anyone involved in this that wouldn't feel that patient access is incredibly important. I think the concern I have is what is the Office of Marijuana Policies bullet points to what you'd like to see implemented so that we could then respond and give our feedback on how that may affect the medical community. Because right now, everyone has wonderful points. But I feel like we're not really getting on course, to figuring out something that will, you know, really help give good advice for future rules and regulation. So maybe that that might on each topic, right? Because there's going to be different, I'm sure it's eventually in the agenda, we'll talk about, you know, the office would love to see seed to sale tracking or some form of tracking, it would be helpful for you sort of to lead us and then maybe we could respond, obviously, in a constructive way that would help. You know, here are here are opinions and different people from all walks of life in the industry. Just Just a thought.

Erik: No, I mean, and that's a good thought. I'm glad that you brought that up. And maybe we can give that a beta test. And our next meeting, I have flashed, it makes me nervous presenting a position because I don't want to take a misstep without hearing feedback from everybody else. I want to make sure that we take that first step with a thoughtful consideration decision making going into it. But absolutely heard we can, we can if people think there's value in that we can certainly dip our toe in that process, when we have agenda item set for the next meeting. So, if

anybody following up behind David here wants to wants to chime in. If that's a good idea or not, that's certainly something that we would be happy to do. So, thank you, David. But this is being this is helpful on our end for certain as we put thought and consideration into what the new rules are going to look like. So, this conversation is obviously not going to end with room for patient education. But I think it's still important. So, we can just figure out more time, figure out a way to continue the conversation around education at a future date, because I don't want to stop this conversation and an understanding that people want to chime in. So, Joel.

Susan: Can I finish?

Erik: Oh, sorry, Susan. Yes, absolutely.

Susan: There was just one important point there on the pediatric access that I I want to stress that the telemedicine access is still critical for pediatric patients, even though I believe they need to have a way to follow up, whether it's a phone call, email, or whatever. Um, I have two examples of one that's critical when my daughter was inpatient in Boston. She was inpatient for a very extended period of time, and her certificate was expiring while she was inpatient, and they were allowing her medicine to be dispensed. Because she was a certified patient in Maine, at the hospital, so it was recertified by a telemedicine appointment Dr. Sulak, about other patients on hospice where they have four days to live by medical standards, and we don't have time to get a doctor on site physically. So, I want to preserve telemedicine access for pediatrics. That's basically how I wanted to wrap that up this.

Erik: Yeah 100%. Joel?

Joel: Yeah, real quick, I would agree with some of David's points about you know, just if there was a suggestion or bullet points that the Office of Marijuana Policy would see as avenues to amend some of these things where we can comment on our opinion, that'd be great. My kids in the background. Alright, what's working in my opinion is we have come a long way in terms of patient access, there's no registry, there's no more list of qualifying conditions. Certifications can be given no longer by just doctors, it's nurse practitioners as well. And, of course, telemedicine. So, in agreement with pretty much everything that's been said here about all the good things that are working in terms of patient access, one thing I will bring up that hasn't been discussed, and I don't understand this process fully. And I don't know if now's the right time to have a response from from the Office of Marijuana Policy, but obviously mean being vacation land and visiting patients. There's this process of some states that are allowed to shop here with their visiting with their medical card from their home state. And there's at least a handful I can see right now that have medical programs. I don't know what the registration is in these individual states, but they are not included on OMP's website as accepted visiting states. So, I don't fully understand that process. I know at one point a couple years back year and a half back, there was some confusion with like Massachusetts at one point not being on the list, which was problematic just in terms of the proximity to Maine. So, you know, tourism is huge for many industries in the state. And I think all of us associated with with retail, medical retail, we understand that now. And so, and then there's other weird nuances like I think recently, we're learning that some states are moving to a digital ID in New York State, I believe, and then Maine's law doesn't allow for that. So, to be

compliant, you're kind of turning down patients. And then it gets really hard when there's a different store down the road that isn't trying to be as compliant. And then as compliant operators are now getting negative reviews and blowback about just trying to follow the rules. So, it'd be about just clarifying the process about how when, when you guys determine, what what states are allowed to shop here with their cards?

Erik: Well, this is an easy one, because we're actually in the current, we're currently in the process of updating that. So, we have to connect with each state to see if they allow because we don't want to step on other states toes by allowing them to purchase here in Maine. So, we are going through and updating the website content and which states are allowed in the forms that we provide, have examples of those certifications. And the digital thing is a new twist. So that will also be provided. But the clarity is not lost on us. So not only when we update that information in that content, I think we can send out guidance, just so everybody has that shared understanding, and again, speaking to the fair playing field that was brought up, so we don't have that unfair playing field. So, Heather.

Heather: Hey, thank you. Great discussion. I think one of the things that one of the things that with working for a multi-state operator like myself is that I actually have exposure to what happens in every other state that we operate in and states that we want to operate in. And so, some of what I can actually add is a little bit of color around how far of an outlier are we in other states, not that we want to be just like others, but I believe it was mentioned on this call earlier today that we're facing the potential for federal legalization coming up soon. And so, any places that we can find the opportunity to be consistent with other states, or be a leader of other states. Let's remember, Maine's medical marijuana program has been around almost as long as the California's which is the longest program in the country. So, we have a lot of history and background that we can, can provide to others. One of the things that I would say too, I think it was Catherine's initial point around privacy. I consider us to have the best program in the country when it comes to the privacy aspects because we maintain that privacy without also adding on a layer of HIPAA compliance. So, it allows us to be a little more cost efficient because HIPAA compliance can get very expensive when it comes to a software perspective. At the same time, we are maintaining patient privacy by not having a personally identified role of patients in the state. One of the things that I think didn't hasn't come up yet, and I think this is on the list of things that need to change in the law is whether or not our current 2.5 ounces per patient is an appropriate purchase limit. For patients in a state where we have severe areas where you can't get access, that's going to help us in two ways, I think, it allows patients to buy in a greater quantity at one time, which can reduce the cost for them. And it also helps people who are who have to travel a distance to go to the legitimate caregiver that they found is the right caregiver for them. And then the other, the only other item that I wanted to add on this, and this is a little bit towards what Susan was saying with the challenge the challenges she's had with Department of Ag when it comes to her whether or not what license she needs. I do a lot of stuff at the municipal level. And municipalities continue to be extremely confused about what they're allowed to do, what they can't do, how they go about doing it. No, we are one of the few states if not the only state in the country that requires an opt in, rather than an opt out. Opt-ins are very expensive for the municipality to put into place. And that cost generally gets passed on to the applicants as far as

their application fees are concerned, which therefore raises the cost for registered caregiver storefronts. You know, this is this issue is not as much of an issue for home cultivators and home-based caregivers. The municipalities seem to be doing a pretty good job about keeping costs low for those guys. But anybody that wants to move into more of a commercial fashion, this is starting to become an issue. So, one of the things I would love to see is it's not patient education necessarily or patient access, but it's education for the municipalities that maybe goes beyond the I've went to a wonderful OMP session for me municipalities, pre COVID. So, this was quite some time ago, it was very well attended. It was excellent session. But I almost feel like maybe offering something like that, that municipalities can go and find online for free. Or maybe designated people at OMP that that really get to know municipalities. Well, I really appreciate like what Rebecca brings to the table from MMA. That's a huge help. Most municipalities in Maine aren't a member of MMA, and therefore we only would have access to the things that MMA decides to put out publicly. Municipalities generally have access to other organizations like MMA, but it it even those organizations can sometimes struggle with exactly what the right, what the right answer is the question, and it definitely creates issues as people are trying to go and get license.

Erik: Great, thank you for that feedback points well taken. So, we have five in the queue. And I want to make sure everybody has at least one opportunity to speak. So, I will go I think it was Josh, John, Rebecca, Catherine. Julie.

Josh: Thank you, Erik. So, I would, I would very much like to start by saying that I think we are covering a lot of good points here. And as Dave brought up, almost everything here we can all agree with. It's it's all positive. But we do need to drill down to policy fixes, to changes to the law that we can all talk about and try to craft in a way to kind of maximize the improvement to the program while minimizing the frankly the cost impact to to producers who are living too close to that fine line of not being able to continue. And, you know, a lot of people in this access conversation has brought up cost, cost and geography are probably the two toughest hurdles to overcome. Relating to patient access. Geography you can't do a lot about in Maine, it's kind of baked into the equation. But to Heather's point. Having the MMA and the OMP work more closely with the industry stakeholders, I think helps the municipalities come along faster, feel more confident. And understand the decisions that they're making better. And because exactly because we have this opt in structure, it is more important than ever that that local planning boards and code enforcement officers understand what we're talking about as operators, when we bring a proposal in front of them, it makes everybody's life easier. And so that that close working relationship between the OMP, the stakeholders, and the Municipal Association, is, I think, a tremendous asset that we need to we need to take advantage of. On the cost side, you know, there's there's always this conundrum right between trying to increase the quality of an offering without increasing the cost. And there all sorts of incredible stories of folks who absolutely are taking the loss on producing a product because a couple folks really need that product. And so, they produce it even at a loss. But that's not a business model that's caring about another human being and being willing to put that work in. And so, I don't know if this is at all a reasonable or realistic suggestion. But for operators who routinely take a loss in order to provide a product that isn't being provided elsewhere or meeting a need that isn't being met elsewhere. I don't know if

there's a way that we can structure an ability to weed off some of those costs, either to main revenue in the form of sales tax deductions, or in terms of being able to cover some of the your licensing fees. And that may be something that is more appropriate in a different context. And maybe something that's too complicated to do with Maine revenue. But I think if we're going to talk seriously about implementing costly changes, and I would argue improvements to this program, we've got to also talk about ways that we can offset those costs for small operators who are already taking loss to provide a product or service that is not being found elsewhere. Thank you.

Erik: Yes, thank you, Josh. I believe it was John was next.

John: Yes, thanks. I guess one of the things that I think about with patient access, along with what's been already talked about would be patient access to clean flower. You know, that's kind of one of my, you know, things that I really try to specialize in, but is, you know, I think some of the labs and some of the manufacturing facility, folks that are represented here can agree on that. Currently, it's hard to get clean flour to patients, and coming from kind of the hemp side of the world where we'd really, you know, we really don't want to over regulate, where you're testing all the time and increasing costs, but something that I think this world worked well with hemp industry was random testing, they would go out in the field and randomly test your plants to make sure that THC level was adequate for harvest. And I think that's something that can be implemented into the medical side of things where it would be random testing by OMP. You know, for example, you wouldn't be would walk into a store and, you know, whether you do deli style or prepackaged, you could just grab a sample, or several samples. You know, and I'm not opposed to having the caregiver pay for the testing cost, you know, as long as it's not, you know, so severe, but I think that's a way that, you know, we truly have patients that need clean medicine and the chemicals that are being sprayed on the flower today, we hear the horror stories every day. So, I think when I think about, you know, patient access, it is clean flower. When you get into concentrates, the labs can do a lot of cleanup there. But I think that's one of our biggest things coming from our our area.

Erik: Yeah, thank you, John. And obviously, this group will have the opportunity to talk about testing out. I have a bunch of probing questions for that, but we'll we'll move on into into Dave's point. And Joel reiterated, I think, as we move on to more of the granule conversations, something to react to, to help facilitate the conversation and actually boils down to policy decisions that we can find consensus on totally makes sense. So, I want to make sure we have Rebecca has the chance to to chime in here.

Rebecca: And just this is real quick just to clarify MMA's role, just generally with municipalities is might be more relevant conversation for later date too, because we're probably going to be talking about that at some point. Um, but first of all MMA, almost every single municipality in Maine is a member of MMA, so and every municipal official, mostly every municipal official in those member municipalities do have access to our services. We have marijuana resources for those municipal officials who seek them out. We also provide workshops. Actually, Heather, I think probably the workshop that you went to might have been an MMA workshop. Several years ago, we do one every single year. So, we do our best to try

and inform municipal officials of the laws, how they work, but it is admittedly very confusing for them. And for us to it's, you know, it's a steep learning curve. And the, you know, anyways, but that that is what we do. I think the other thing I wanted to say, too, is we do provide legal services directly to municipal officials. But so the limits of our services are that we provide legal services to them, because they are technically our clients, we're sort of limited in the legal services that we can provide to individuals who are not municipal officials are not part of those municipalities and in an official capacity, so that might be some of the reasons why you may not have access directly to some of our resources, but as a planning board member, I think several of you are you probably would have access to those if you wanted it. But it was there was those I want to say.

Heather: I will be looking directly into that with my planning board. Because they, we we didn't, they didn't, they claimed that we didn't have access like that. So, because I asked that question. And, you know, and it was a claim, like we don't have access, and we don't know what's going on. So, I think that's maybe a little more. But I mean, I think that is a great example of the challenges that municipalities can be faced, there's an awful lot of confusion, and frankly, like this group of people lives and breathes cannabis regulation every single day, municipalities often aren't interested in this. And if even if they are interested in this, it's hard. It's hard to build an opt in that works that people are comfortable with that doesn't cause you to lose your election next season. So, it is municipalities I think are definitely struggling, particularly with the amount of authority that they don't even realize that they have in this book.

Erik: I think that well, probably about, I want to make sure that we get to the last three here in the queue. But the last five minutes, we'll do a call for agenda items. And if people are more interested in figuring out a way to bring clarity in the relationship between the state and municipalities and the way that they interact with everybody on this call, we'll certainly can flesh that out. So, let's go circle back now to Catherine.

Catharine: Thank you, I want to make sure that we hit what we're looking for as far as helping with the individual items that were listed on the proposed rules, so that we're all on the same page. And one of the things as far as patient access that's on my list is the proposed rules of have, you must have a card to enter the premises. And that's a concern for me, I allow anybody into my store at this time, only cardholders can purchase. But we do a lot of consults with patients that are going through serious illnesses like cancer. And when they come in, they're often confused, scared, they just got a diagnosis, or they just got told that their 15-year battle is at an end. And this is their last-ditch effort. They come in; they can't remember what they're taking what they're wanting to do. We allow a family member to sit in on the console with them, let them ask questions, give them whatever guidance that we can. And that is critical and that that helps promote the access that a lot of patients say if they couldn't bring their their loved one in, they probably wouldn't come in, or they're not physically capable, capable of bringing themselves and their loved one has to sit out in the car. So that's one area that was in proposed rule that needs to be addressed. The other is the electronic version of cards which we've kind of already touched on. But oftentimes a patient may come in to to get something they've lost their card, but they are they're in desperate need of their tinctures or whatever and we have to tell them no and I could

easily reach out to with, with the patient's permission, reach out to Julie per se and say, hey, can you please email me a copy of the patient's record, they tell me you're their provider. That would be be something that we could implement. If we're going to accept electronic versions of out of state cards, we should look at doing that for our own patients, with whatever limits we need around that. Thank you.

Erik: Thank you, for that. And I remember having that initial conversation with you about card members coming into the stores, we did update that in the newest rule that we published the second draft, because I did take that to heart and we're most certainly not going to backtrack on that. And then we can have the conversation around digital certifications, because that I think most of us know that would be a statutory change up to the legislature. But if we think there's value in that, and patient access is going to benefit patients, unlikely is through the other, the other, the other issues that involved that certainly can be something that goes back that this group has discussed. So, thank you for that. So, Jerry.

Trish: I'm sorry, Erik. It's Trish, I don't know how to work the raising the hand thing on the phone. I've never used a zoom phone thing before and my battery's about to die on my phone. And in case it dies. Is there any way I could just jump in quickly?

Erik: Yep. Since you it's your first time. Absolutely. And I think we'll have time for the other two in the queue for sure.

Trish: Okay, I apologize for running and gunning here. And I think everyone's had wonderful input. And like I was excited to hear Michelle talk about the home grows. Most certainly protecting that is important that I've been able to take care of myself better now that I've learned to garden and take care of myself, I can do it much more consistently and affordably than I ever could in my life, it kind of makes me upset I didn't have that sooner, I think I would have been a more successful person, were able to do all that. So, home grows are very critical if you're someone who has to medicate at high levels, consistently and on a daily basis. I also support the gentleman who spoke about safe access has to include access to safe flower. I mean, that is just so critical. And not necessarily a guaranteed occurrence. Unfortunately, in the medical marijuana market in Maine, and to me again, access, it starts with safety. And yes, affordability. But if you're affording something that's not safe, you kind of you know you're you're weighing, you know, cost benefit analysis there, it's an individual thing, but ability really doesn't matter if it's something that's potentially unhealthy for people. Um, and the other thing I wanted to bring up is, I think patients have great access, and I wouldn't ever want to change like telemedicine or anything like that, but there are times when access goes wrong. And it's hard to talk about those things. But as we move forward, you know, looking at what what goes wrong, is a way to also figure out what we can tweak and change to make a better example, running a yard sale for my mom, plus 80 plus woman was there and she was a chatterbox. And she, we she asked about our garden, whatever and then she went off about medical marijuana is awful, it's evil, it's horrible. I don't understand why people can use that and walk around like that. And as we were talking, I was kind of probing because she was really traumatized about this, I mean she was upset, and it turns out she had been on multiple medications for multiple things. And as she was aging her primary care physician was concerned about this you know, this cocktail she was on and said,

have you considered trying medical marijuana and she was upset, no, I've never tried it. He repeats and finally talks you into it and she gets a card, and he says now, He guides to where the places are to buy it in her area. And she goes and she says I need my doctor told me I have to try this, and I needed it for sleeping and for muscle pain. And whoever sold it said you know, here edibles tend to work for this and sold to an edible and at no point and it's unfortunate because most I would think practicing people are prescribing it, do spend time about what to take how to take it blah, blah blah. But unfortunately, in this case, obviously this person didn't. And then you know at the point of sale there isn't a time there where you can say, do you have any idea you know about how to take this or how to ingest it recommendations. And so, this poor woman went into a bind and ate a whole edible and described a very horrible experience and left it completely traumatized and dissing the idea of medical marijuana. So, I explained her you know, you know, there's a lot to consider as you're you're making this choice. It's unfortunate your doctor didn't have a more well-rounded discussion with you, blah, blah, blah. But you know, that's a point where access just went completely wrong for someone who probably could have benefited from this because she was on multiple medications. And I'm not sure what the way to improve that is I know we're going to discuss education next week. But you know, it's sort of bridge between the two, you know, making sure that when access, you know that the access doesn't go wrong, especially for someone still vulnerable and so not knowledgeable about the choice.

Erik: Yeah, we'll certainly have the conversation in our next meeting about patient education and hopefully facilitate in a way that we can come to consensus on some things. But we have…

Trish: I support David's idea to about working model, I think they'll be much more efficient.

Erik: I do too. Thank you. We have three minutes left; I want to make sure that we call for agenda items. But I also want to make sure Susan and Michelle have an opportunity to put to chime in, but we'll end it after Michelle and then call for agendas. So, Susan.

Susan: Thank you, I wanted to point everyone to page 26 of the rules that you have in your notebook. So, page 26 of the current rules that we're operating under, there is a what I would call a beautiful illustration of how OMP is able to collect samples and provide those to be tested at a laboratory and I can't find the page. But this also applies to caregivers. There is a clause in the caregiver place that says that OMP can also do the same process that a caregiver's place. So, I really wanted to know if the process has been used has OMP collected samples and submitted them for testing. Who pays for it currently? And what is the data showing? Because I do I, you know, I've testified against some of the testing bills because of their inhibitive cost. It's not that I don't believe in keeping our patients safe. Like a lot of people use neem oil, for example. I'm hoping they don't so much anymore. Because when I did quick research on neem oil, I thought, well, maybe it's safe for you know, smoking, and it's horribly not it turns to cyanide. And okay, maybe it's safe for edibles. And I looked up some NIH documentation of pediatric toxic toxicities on neem oil, and it doesn't take much. So, it's scary. But I think first, before we even talk penalties and shutting someone down, we need to educate, and we need to have data to base our numbers on there's just not data. And so that's my thing. But page 26 is a beautiful example of batch testing and OMPs ability to collect samples.

Erik: So, Susan, thank you for pointing that out. I think this is a great opportunity to point out again, the difference between the underlying statute and the rule itself. So that provision, since 2018, has been repealed, and we no longer have that authority, even though the out-of-date rule says it does. So again, clarity moving forward, and the concern that I would have having inherited this program from another agency in 2019. Even if you have that in place, there's no parameters or if we found that it fails, then we really are left not being able to do anything with it, which again, I don't think benefits patients in the long run doesn't benefit benefit our registrants. But I just wanted to point that out, though, that's in the rule. The statute supersedes that in the department no longer has that authority. So, I love the fact that random testing is brought up. And I think it's something that we can continue to have a conversation about. So, thank you. Do we just lose the last one? Michelle?

Michelle: I'm here. Can you hear me? Yeah, I'll keep this really brief. I just really wanted to piggyback off what Catherine was saying about non cardholders coming into shops. And I 100% agree with that quick example. Well, obviously, in the case of Pediatrics, you know, my son was the cardholder, we brought him in there. But think about like a single parent or parent who's like a full-time caregiver for their child, and they need to access their medicine, like, we allow kids to go into liquor stores and bars and restaurants where their parents are drinking. And I know it's like an old cliche to like, make that comparison. But we're not talking about some back-alley transaction here. We're talking about wholesome family businesses in legal business for you know, medicinal, I just very strongly believe that parents should be able to go into a legal medical marijuana caregiver storefront or in their home or whatever, whether they're with their kids, or somebody who's accompanying them. I very strongly believe that I just wanted to add that I think that it's, I want to provide that viewpoint because I think sometimes, we hear voices of like, what about the children? You know, like, it's this scary thing that's going to it, this is another viewpoint I think we have to really…

Erik: Thank you for that. So that gets over to everybody in the queue. I really appreciate it. Uh, lots of good feedback for us to consider and I'm glad that I, myself and David and others that are watching have heard this conversation because I think there was a lot in there. I will say before we call for agenda items, I do agree with David and I, because I've only got a nod of heads if we have materials for your for the group to react to possibly, or more direction as far as conversation is that is that helpful, I tend to agree. I see a couple smiles, so we can give that a trial run at the next meeting. But thank you for that conversation. And before I call for agenda items, I know I think this group, the beginning, but this, this was awesome, this went really well. So, I really do appreciate it. And I know we'll keep it up. But with that we do have a meeting in two weeks. And we really going into this, we didn't want to set all the agenda items for the subsequent meetings, we wanted to make sure that we hit topics that this group wanted to hit on, we obviously have some items that we want to talk about moving forward to get down more into the nitty gritty, but I'll open the floor for anybody that wants to bring up a topic for the next meeting. Obviously patient education being one of them. So open call for agenda items.

Paul: Um, so I, you know, one of the one of the things that I think will be helpful for exactly what you said also about where he's coming from, is, um, what data is OMP using to identify

potential problems in the program, and just general data, you know, the idea of looking for like, kind of like stuff from municipality, law enforcement patients, caregivers and dispensary's medical providers, because that would also help, I think us understand where you're coming from with your rules and regulations. And also, when we're looking at the idea of patient access, if there's the ability, you know, for the program to look at what the sales data is, for the medical marijuana program, because I think that can talk a lot about, like, you know, how much is being purchased, and by how many patients, looking at how many patients there are in the state total. And if there's the ability to break them down by county. And then finally looking at how long it's taking the department to turn around applications for caregivers, dispensaries and assistance. And then if there are things that this workgroup could do to suggest to the legislature to help improve that process, or what the department thinks it needs from us to be able to make it easier for the department to either approve or deny those. Thank you.

Erik: Yep. So, it sounds like a conversation about data in general in the medical program, we can certainly provide patient numbers by counties, I wanted to make sure that we could do that. So those are materials that we can send around before the next meeting. And then certainly happy to talk about turnaround times on our end, and things that we can do to make that more efficient, for sure. So, two agenda items and some materials.

Chris: Erik, we've kind of talked about this that came up a couple times through the through the meeting, but I think maybe a bullet point on municipal relations or the role of the municipality. I think I heard that a couple times through the conversation today. And obviously, you know, something I I want to talk about as well. So…

Erik: Yep, got it.

Josh: I would like to suggest a conversation around how we can improve lines of communication between, again, municipalities, the OMP and operators and stakeholders and patients in the industry. Part of that is just like cleaning up the regulatory language, the fact that the current, the current round of, the current rules that we have in this packet is already outdated is I think, a pretty good example of that. We there's there's a lot of ideas getting kicked around. And there's a lot of misunderstanding here in the industry, and still conversation about how we can improve lines of communication within all the stakeholders.

Erik: That was not one that I had on my list. That's a fantastic suggestion. Thank you.

Heather: I can just piggyback on Josh on that I would add communications with other state agencies as well.

Erik: Got it

Julie: Is it possible that we can put on the agenda for next time to circle back to having a little more conversation about digital and electronic versions of medical cards and the prohibition against those? You know, there was some time that, you know, no, in the new regulations, there was language just had no pictures of digital copies under any circumstance could be conveyed by the medical providers to the patients. There are circumstances where, for example, Catherine has a new medical patient in her office, who is a cancer patient who needs treatment immediately.

And then I'm doing a remote certification for that patient via telemedicine. I'll put us stamp on an envelope and mail them a physical card, and the US mail will take seven or eight or nine days to get it to the patient's mailbox. That's a significant delay in care. So if there were an ability for us to send a photograph or a digital copy with a signature on it, that has all of the correct numbers, so that Catherine can legally sell or get the patients started on their medicine while they're waiting for their medical card to arrive in the mail or if they've lost it, and they're waiting, waiting for a replacement or that kind of thing that would actually facilitate patient care. So, there's some argument towards towards that process.

Erik: So, we are seven minutes over and I want to be super respectful of everybody's time here Are there any other agenda items that are being called for, for our meeting in two weeks, and we'll certainly with the suggestions, put together a proposed agenda, hopefully, materials help facilitate that conversation quicker. And we'll make sure that we get it to this group beforehand. And I just want to also extend an invitation to anybody that's watching this live stream. If you go to the OMP website, under staff, there's David Heidrich, his email is there. If you want to email them, suggestions of agenda items that you would like to discuss, I certainly want to make sure that we involve individuals that aren't part of this working group as well to see if there's any interest in the next agenda or the one moving forward. So that's an invitation for everybody viewing on the live stream.

With that, any any closing remarks, announcements? Great. Again, thank you so much. Thank you for your time. This is important work, and I'm super confident and encouraged. So, I look forward to seeing everybody in two weeks, and we'll reach out to this group in particular before that.