REP. D’AGOSTINO (91ST): We have two Bills before us today dealing with the potential for recreational cannabis and also revisions to our medical cannabis marketplace, H.B. No. 7371 and H.B. No. 7287. We’ve got a number of people signed up today as I think most people know there’s services for Ezequiel today as well, so some of the legislators may be in a little later and we will mix them in as they come back probably late morning or early afternoon and I thank you for that accommodation. We have a number of speakers today. We’re going to lead off in a moment with the Commissioner of Consumer Protection, Michelle Seagull, I think it’s important for the Committee to hear from her right off the bat given the role the Department plays. I know again we’ve got a number of advocates here, but also different industry representatives as well and we want to hear from you all today on what is obviously an issue of [laughing] interest to you all. And again, I just want to reiterate what I said last week, which is the Bill before -- the Bills before us today are a first step in a process. We’re -- I’m sure, going to make revisions before JFS out on Monday, and then
there will be revisions down the road as well as we receive feedback not only from each of you, but also from our caucus members as well as we try to determine what kind of Bill we can put together along with Judiciary and Finance that will get the requisite number of votes to pass this, this year. I would like to ask my ranking Senate member and House Member if they have any comments before we start? All right. Commissioner Seagull please.

COMMISSIONER SEAGULL: Good morning, I’m Michelle Seagull, Commissioner for the Department of Consumer Protection and with me is Rod Marriott, so thank you Senator Witkos, Representative D’Agostino, Representative Cheeseman, other honorable members of the General Law Committee for allowing us to come in and testify and offer our thoughts on the Bill that is before you. We’re here for H.B. No. 7371, AN ACT CONCERNING THE RETAIL SALE OF CANNABIS. We submitted written testimony. I’m not going to go through all of that here, but it goes into more detail on our thoughts on the Bill. I do want to hit a few highlights and then I’m happy to answer any questions.

So first, there are a number of things that we like about this, and I want to kind of commend you for it -- it is, you know, a good -- a good start for the discussion on these issues. We think the equity goals in particular, and the expertise that are going to be provided including backgrounds in social justice and civil rights are really important, and I’m happy to say, you know, the Governor also wholly supports those efforts as well.

The avoidance of marketing to children is an important piece of this. We’ve done a lot in our
medical program to avoid marketing to children; I think it’s important to continue doing that with an adult-use program as well. We appreciate there’s some thoughtfulness and a study intended for whether grow at home makes sense in this industry and what’s impact would be. The initiative to protect the medical programs are really important to us and we were really happy to see that those are included in this draft and are being considered carefully.

And finally, there’s the recognition that DCP will in fact need more resources to oversee and launch this new market place. So, anyhow, thank you, and we commend you all on that.

A couple of other things I want to hit on. I know as this Bill works its way through and if it passes, people are going to be anxious to know when this will launch. We do want to give a realistic assessment that it could take, and this is not uncommon in other states, it could take about two years, and sort of some of the factors leading to that. We will need to create the Cannabis Control Commission, and the equity applicant status would need to be defined, a licensing process developed. The Bill anticipates a whole number of policies and procedures being developed to regulate all the businesses and the industry. All of that would ultimately have to be codified either in law or regulations to be enforceable. Once that’s done, license applications would need to go out. People would then need time to apply, the Cannabis Control Commission would need an opportunity to evaluate those, award licenses and then of course, the businesses themselves need a fair amount of time to build out and launch.
Just a couple of other thoughts and then I will be happy to turn to questions. A couple of things, and we appreciate in your opening remarks that this is sort of a first draft and that you’re opened to working with people and -- and doing things. One thing we think would be helpful is a little more clarity on where the breakout of the role of DCP and the Cannabis Control Commission would be. We want to make sure all -- everybody’s expertise is being utilized while avoiding some duplication there.

I do want to just observe, and we don’t have a position on it, but the deference to zoning is obviously very good in terms of allowing for local input. One of the consequences of that may be, and we saw especially when the medical program launched, that a number of towns put in place moratoriums, so that may happen and so there may be initially a limited number of towns that are available for these places to open up, including where some of our medical dispensaries currently are. Some of those are zoned for medical only, so it’s uncertain that they would be available to service recreational patients.

So those are sort of some of the bigger thoughts. There’s a lot more set out in the written testimony that I will leave you to read at your leisure. Thank you.

REP. D’AGOSTINO (91ST): Thank you, Commissioner. Just some thought -- thank you, your staff has been very helpful in this process in giving some input and we are looking forward to reviewing your comments and incorporating them into the Bill, I think it’s useful, particularly the -- your thoughts with respect to what DCP is going need, and drug
control and Rod’s unit is going to have to be the enforcement arm for, for, for this as well and give teeth to whatever the Commission does -- the Cannabis Commission does as well. And we want to make sure you’re staffed to do that. I think it’s worth noting for the record that I think you would agree with me, that the fees for the medical program currently, which were supposed to go and be dedicated to the staff, those are now just swept into the General Fund, isn’t that correct?

COMMISSIONER SEAGULL: Yeah, it’s not even a sweep, they just -- there was originally dedicated accounts, right, and now they just go directly to the General Fund. So, right. So definitely staffing will be an important issue for us as we, you know, open up this whole new market place. Thank you.

REP. D’AGOSTINO (91ST): Uh, with respect to the timeframe, I just want to drill down a little bit on that because we hear you, there’s -- and we’re well aware that there is a lot to do in order to get this up and running. Would, if you pass this year, with obviously tweaks, but we have the Commission and we have a process, but there’s still things that DCP needs to be able to do, would you and your staff, if we obviously gave you some more staff, be able to get to this Committee, the General Law Committee by the start of next session suggested -- you know, additional detail in terms of a regulatory structure that we could then take up as a Committee and imbed in statute as part of the next session, almost looking at this as a two-stage process for us legislatively as well? If we asked you to do that, that’s one of the things we’re contemplating asking you to do, would you be prepared to do that?
COMMISSIONER SEAGULL: Yeah, so with staffing, and, you know, so there’s a lot outlined, and we’ve given a lot of thought to this just in the medical program in terms of security, safety, marketing, so I think that would be reasonable if we the staff and we’re able to do the hiring in a reasonable amount of time seems -- seems certainly possible.

REP. D’AGOSTINO (91ST): And one of the other sort of concepts that I’ve been sort of personally playing with and want to discuss with the committee, but I wanted to run this by you as well, is, is -- again, understanding that there’s going to be this -- a lot to do to get up and running, but in order to let the people hit the ground running, so to speak, maybe almost like a pre-application process at the start of next year, where instead of -- nobody would have to pay the fee, they wouldn’t have to have zoning approvals, but they could come to DCP with their proposals for equity applicants. Their proposal for a business model, making sure that they’re in compliance with whatever it is we do pass, and we give you dedicated people to approve and look at applications, if we could do some sort of pre-application process where they could get feedback from the Department in say in the first three or six months of next year so that by the end of next session, when the rest of the regulatory scheme is in place, people are ready to go. Is a pre-application process something that you’re amenable to?

COMMISSIONER SEAGULL: Yeah, we wouldn’t oppose that. So, right, we’d need to get the commission members appointed because they need to define what an equity applicant is, and sort of get -- define the framework for that and how that would work, so
there’s a lot of embedded in that. But I would take a look. I would think if a Commission is in place, and, you know, again, assuming five people come to some sort agreement seems to make sense. You know, the definition of equity applicant al -- would ultimately need to be I think codified in the statue of regulations, so that would be one thing to consider as people begin applying, if they begin applying before what the Commission recommends, get sort of vetted by this body.

REP. D’AGOSTINO (91ST): Right, right. It’s something that we might have to do here in a final version of the act, is actually include a more precise definite of equity applicant, and if we did that by statute, then those folks could be part of a pre-application process. But, I appreciate it’s sort of a cart before the horse thing there. All right. And one final question for me. And I want to just turn to the medical program. I know you testified on the other parts of this that we’re looking at. But with respect to the medical program, I just want to turn to that because obviously, you currently oversee that program, and we are, we are keenly concerned about obviously making sure that the medical program remains robust if we do this. Frankly, even if we don’t do this, whether there’s tweaks to be made to the medical program. And you’ve given us some thoughts about how if we have the recreational program that making sure that the medical program remains robust, and I love the ideas about reducing or eliminating, frankly, the fee structure on a lot of the different folks in the medical program because that’s a financial burden that they bear.
One thing that I’ve heard, I haven’t seen data, but I’ve heard from a handful of advocates in the medical community that there is a shortage of supply, that they can’t get certain product, and the concern is, well if you open this up for the public at large, that that’s just going to exacerbate our problem and medical patients are not going to be able to get product. I’d like you to address what the current status is of the medical program, in terms of supply and if there is a shortage. If there is, what should we do about it? If there isn’t, in your view, why do you think people perceive there is one, and what can we do about that?

COMMISSIONER SEAGULL: So, and I’ll let Rod talk to it in a bit more detail, but I -- currently as it stands, based on the number of patients and conditions, we feel comfortable that the producers have the capacity to meet supply. I think what you may be hearing is -- it’s hard to always to anticipate patient demand because they are planting product today that will ultimately come to market possibly not for another five or six months, and so they have to anticipate what specific sort of drug profile is going to be demanded at that time. Certainly, if it goes recreational, it makes sense, and this statue provides for a whole license type for cultivators, which makes sense. But I’ll let Rod, he’s much more -- has much more detail on that issue.

ROD MARRIOTT: Thank you, and thank you for the opportunity today to speak, and your time. So we’ve -- I’ve started to dig into this again recently. The last time we really looked at this was a few years back. It’s important to understand the
context of what we’re talking about it and now. Since the last time we’ve dealt with it, we have about 18,000 new patients in our program. In this year, our producers have submitted 466 new brand products -- branded products. And the last time we really kind of dug into this issue, we had had the industry in and talked about what’s called the never out list -- its products that they want -- the dispensaries would like to see be in supply almost all the time. So in my kind of, very brief assessment just in the last few days, it appears that, um, that the producers are making some efforts, to, to do that and it’s hard to say exactly what the problems are, because I don’t have specific complaints coming into the Department about a lack of supply. I’m only hearing it anecdotally like you and so I haven’t been able to drill into individual items. But I -- from some of the information that I’ve found, you know, the producers are generally providing product and having purchases anywhere from 13 and around 50% of the product they offer on a regular basis, like on a per month basis. And that was just kind a February assessment of a couple of the producers. I wasn’t able to acquire all the data. And so it’s -- it seems to be that the market is changing very rapidly. People have different needs at different times, and between the producers and the dispensaries, there’s different needs at each one based on the patients that they’re experiencing. And so I think it will -- we do want to hear about shortage issues so that we can track them down, so when there are issues like that, we should know about it. But when you talk about a biological product that, as the Commissioner said, that has a lag in development, it’s not like a chemical process that can just turn things out, it’s
a very -- it’s a very different timeline to get things to market. So, we are aware of some of the recent concerns but not with specific products. We’re going to dig into that a little bit more and I’ll probably have some more conversations with the industry soon.

REP. D’AGOSTINO (91ST): Do you feel you’re getting the data you need from both the dispensaries and the producers to be able to drill down to this? Is there something we could do to help you in that -- your role in that process?

ROD MARRIOTT: I think I’m getting what I need. They’re very cooperative with us when we ask for data. For the most, we get what we’re looking for. I think it’s just those complaints -- those specific complaints haven’t come to us. It’s just a matter of having time to crunch the numbers and kind of look into it. And having -- I can chase my tail with the mountain of data that’s out there, and the other -- the other numbers I’d like to present to you as well is that, just in 2018 there were 1.3, a little over 1.3 million interactions with our patients and our dispensaries. Kind of like prescriptions, measured from our prescription monitoring system. That’s a significant number of interactions for our patients. In 2017, it was just under a million, and in 2016, it was 600,000. So, there’s clearly growth in this market, and it’s a challenge to keep up with it. And we added a whole bunch of new conditions in August, and that may change the profile of the drugs that people look for. So it’s not a very clean issue to say why things are going on with shortages or why there’re complaints. But we will continue to monitor that.
REP. D’AGOSTINO (91ST): If you could, and I think to the extent you can give us feedback over the next few weeks and months. Because again, we want to make sure that whatever we do with the recreational market, doesn’t impact the medical market, and if there is any concern there, we want to make sure we’ve addressed that in both Acts, in both the medical and whatever we pass with respect to the general public. So, I appreciate you looking at that issue and just sort of keep a flow of communication with us if you would.

ROD MARRIOTT: I certainly will, and I can -- I will continue to dig into it.

REP. D’AGOSTINO (91ST): Good. Thank you.

Questions from committee members. Representative Cheeseman.

REP. CHEESEMAN (37TH): Good morning, thank you both for being here today. You’ve touched on the zoning issue, and looking at your testimony it appears you have some misgivings. Could you explain, you said because individual localities will have the authority to decide whether or not retail shops should be located -- you fear that these will be concentrated in a small area. Could you just expand on that and whether you’re proposing that we take those zoning restrictions away?

COMMISSIONER SEAGULL: So we have -- we have no con -- no position on keeping the zoning. I -- you know, there’s a lot of value in having local input and I think there is a risk to putting these businesses in communities that aren’t ready for them. So we just -- it’s just more to alert you to what we experienced when the medical program was launching and there, I think, some people who were
comfortable with medical generally but were not comfortable having the businesses in their towns. And so we just want to be -- you know, the Bill anticipates having businesses available throughout the state and we just to flag for you that a consequence may be that we’ll see similar moratoriums like we’ve seen in the medical program. In fact, some of the communities who have been on the fence, a more of them are allowing medical facilities, one of their fears is, well, if we open it up for medical, then when it turns recreational, we’ll have to do that as well. And so I -- you know, you guys are the policy makers, and we just want to make sure you understand there are pros and cons to that approach.

REP. CHEESEMAN (37TH): Okay. So if I’m reading the -- this proposed legislation correctly, if you currently have an existing medical dispensary, you will be given the opportunity to apply for a retail license, is that correct?

COMMISSIONER SEAGULL: So it -- it would allow that but the statute also provides that we can’t -- or the Commission is actually going to issue the licenses, couldn’t issue a license if a town has not given zoning approval for that business. So one possibility is that a town will say, our zoning is to allow a medical marijuana facility, our zoning does not contemplate a recreational facility, and then this would prohibit that license from being issued.

REP. CHEESEMAN (37TH): So, you would have to establish if a medical dispensary applied that a retail establishment would in fact be permitted in
that town before you would proceed with the application?

COMMISSIONER SEAGULL: Right. Right now, the statue in -- you know, the way it’s set up, that it would actually be the Cannabis Control Commission that would be issuing the licenses. But yeah, one of the requirements on them would be not that -- not to issue a license if there’s not a zone -- if it’s not in a zone that’s approved for that use.

REP. CHEESEMAN (37TH): Okay. Um, this Bill is silent on the concentration of THC that may be distributed and retailed in this program. Have you contemplated looking at that? Because again, one of the concerns is, as you well know, the strength of THC concentration can be significantly higher and there are concerns that that very high concentration is deleterious effects. Would you comment on that please?

COMMISSIONER SEAGULL: That’s certainly something that we think -- and I think it kind embedded in here, and this is among the sort of policies and guidelines that ultimately either we’d have to come back for a statutory or regulatory approval on is in there. And we’ve also given consideration as to whether a higher THC content may make sense for medical patients where there may be a greater medical need, and it would be just one of many ways to distinguish the medical product from recreational product. So we’re looking at it both in terms of the science, what other states are doing and to -- so that we can -- we would hopefully as the Bill anticipates, be able to, at a future time, come up with guidelines on that.
REP. CHEESEMAN (37TH): And I notice you ask for guidance on the limitations on the amounts that can be sold in any one transaction, and I would just like to expand on that. I believe recent research from a number of states, including some work at the federal level, a third of marijuana users are purchasing 80% of the retail drug sold, and I think you’ll find with industries like tobacco and alcohol, you are persistently selling larger quantities to the heavy users. And I just wonder how you contemplate dealing with that issue?

COMMISSIONER SEAGULL: Well I think, you know, from our perspective, once an amount is set, that’s what it’s set. So, there’s a couple of -- wanted almost going back to the supply and capacity concern. What we don’t want to have happen is people purchasing large amounts and then depleting supply so it’s not available for medical patients. And so what a number of states do is set a per transaction amount so that maybe you can only get a half ounce or a quarter ounce, if you’re an adult-use customer and then that just helps ensure that you don’t have the first people in line depleting supply. So right now, that’s -- there’s nothing really on that in the Bill, so that would be something that would need to be considered.

REP. CHEESEMAN (37TH): So would you contemplate -- obviously with a medical dispensary, my understanding is, and you know, you’re registered with a dispensary, you go and get your product, you are then not allowed to purchase anywhere else. Are you contemplating that these retail shops would be networked together so that there is a system whereby if I go in and buy my allocation, I am prevented
from then going two towns over and buying another allocation ad infinitum?

COMMISSION SEAGULL: That’s not -- that’s not something and the Bill actually wouldn’t allow for that. So we can do it in our medical program, and it’s actually a much higher amount, it’s two and half ounces there, which I think is higher than we would think would necessarily make sense in a -- a just adult-use market. But there, everything feeds into the prescription monitoring program. And it’s also -- we’re treating it, although it’s technically a certification, just like your prescription for medication. Once it’s filled, it’s filled. But the Bill actually contemplates that people will not be tracked, so there would be really no functional way to do that. It contemplates you show ID to prove you’re over 21, but beyond that, it actually would prohibit any of the facilities from maintaining information as to who their customers are. So there would be nothing to prevent someone from going to shop, to shop, to shop, to shop if he or she had the financial resources and purchasing that amount?

COMMISSIONER SEAGULL: Yeah, so you could -- so that’s why it would just be a per transaction amount, since we wouldn’t be tracking customers. So it is just the burden of having to drive all over the place and stand in line. But at the end of the day, if somebody is committed to doing that, this Bill -- and we’re not making recommending changes to that -- this Bill does not contemplate avoiding that. It would be -- you would need a very sophisticated system to track the personal information on every single customer in order to really effectively enforce that.
REP. CHEESEMAN (37TH): Okay. And obviously, we do have a robust Medical Marijuana Program whereby patients see a doctor, go in, have a consultation, they then go into the dispensary and consult with a pharmacist as to the best avenue for treating their condition. What safeguards are we going to set up to prevent retailers from offering medical advice? I’m looking at an editorial by Robert Troyer, who is the U.S. Attorney for the State of Colorado and in surveys they’ve done, 70% of the 400 licensed pot shops are recommending marijuana use for morning sickness. I find that very disturbing. And I want to ensure that if we are setting this up, we do not have anecdotal medical advice being given out. And I -- I wonder if you could address that concern I have?

COMMISSIONER SEAGULL: So we will need to look in -- I think that would be -- that’s sort of one of the things sort of contemplated that -- in sort of the procedures and policies that we would need to do. You know, you run into some [inaudible - 00:25:24] -- we could certainly, if you are not licensed to give medical advice, that’s something you should not be doing. How to regulate that when it’s being done on an informal basis is something that we would have to explore. One, what under sort of First Amendment type issues, at what point it crosses the line and what -- to what extent we can prohibit that and then how would we go about enforcing those requirements. But we would anticipate people working in these businesses, they’d have some sort of training and I would anticipate a good -- one good thing would be to include in that training sort of the fact that giving medical advice when you’re not licensed to do that, is something that shouldn’t be happening.
REP. CHEESEMAN (37TH): I think that would be very wise. Obviously, the First Amendment issues arises and I know young people go into their health food store and say I have this, and I have this, and I have this. On the other hand, I think particularly when we’re looking at unborn children and the growing research on the negative effects of active ingredients in marijuana on the developing fetus, this is a risk we have to take very seriously. I mean if we go down this road, despite the fact that other states have taken it, I think we have to very carefully weigh up what social costs we’re willing to incur.

ROD MARRIOTT: And we’ve talked about that a fair amount as well. We are also looking at some of the actions that other states have taken that may have been effective or not effective, and other best practices that we can derive for our state to make that as safe as possible.

REP. CHEESEMAN (37TH): All right. Thank you. Thank you for your answers to my questions. Thank you, Mr. Chairman.

SENATOR WITKOS (8TH): Thank you, and good morning Commissioner. Just a few questions. As I read through the Bill, um, I guess I’ll start off with the equity applicants. Am I reading this correctly that you would be considered an equity applicant status if you have -- One, you’re already in the field, so if you’re already in the field and you’re Connecticut based, you have to be in the medical marijuana field, unless you have experiencing coming from out of state where they may have recreation, and two, you had to have a prior conviction for a possession of cannabis. Is that correct?
COMMISSIONER SEAGULL: Those are among the things -- I don’t know that you need both, but, um, you know, there are a number of considerations as to who should be equity applicants and, you know, part of it is to deal with sort of the unfair enforcement of our drug laws historically. Ultimately, which I think is a good idea, there will be this Cannabis Control Commission that’s going to have some expertise in civil rights and social justice issues to help define more clearly what the parameters of that should be.

SENATOR WITKOS (8TH): Well, you know, I can only understand what I’m reading, and those are the only two individuals that are described in the statute that’s before us today. So, I personally find it extremely difficult and frustrating that somebody who has been convicted of a crime has a higher degree or is placed on a higher consideration for a permit than somebody who has been law abiding their entire life. With that said, so if you are a -- somebody who has committed a crime and has been convicted of that crime by a jury of your peers, you also, not only have the ability to receive preferential treatment for the license, but are you not given a head start against everybody else who is receiving that same license to sell, or manufacture or cultivate under the Bill before us?

COMMISSIONER SEAGULL: So the equity applicants in currently existing businesses would be allowed to apply three months earlier.

SENATOR WITKOS (8TH): Why is that? Why are they given a head start?

COMMISSIONER SEAGULL: Well, again, my understanding of the purpose of the whole sort of equity applicant
system is to get a Commission together with some expertise in these areas, and to use this as an opportunity to address some of the unfairness of how our drug laws have been enforced historically and so, rather than excluding people who have maybe been disproportionately impacted and had these laws enforced against them, it is an opportunity to sort of say, now you can start doing this legally and we want to sort of address that unfairness. And that’s my understanding of kind of the purpose around all of the --

SENATOR WITKOS (8TH): Well, do you think it’s fair that if we erase the records of those convicted that now we’re giving those individuals the opportunity to jump start those that have been law abiding?

COMMISSIONER SEAGULL: I think there’s a lot of good reasons for trying to redress, yeah, the historical unfairness, and so we support -- we’re supportive of the equity kind of concept in here. And we’re certainly happy to work with the Committee if there’s some refinement. But ultimately, I would want to defer to this Commission that’s being established and would really have a lot more expertise on how to make sure this is being set up in a way that is fair and appropriate.

SENATOR WITKOS (8TH): Do you believe -- what would be your recommendations, because the language before us is silent on a fee structure for equity applicants, not only on the application, but on the licensure. While, other individuals that fall under the equity application status are given application licenses, which are non-refundable, and licenses upwards of a $100,000 dollars, we’re silent on those
for the equity applicants. What do you perceive that cost to be?

COMMISSIONER SEAGULL: I don’t really have thoughts on that. Again, it’s set up -- there’s been expectation that a Commission will be set up to look at all of that and figure out what the best and the most fair way to deal with that issues, and I would ultimately expect defer to the recommendations of that Commission.

SENATOR WITKOS (8TH): Well, you are the Chairman of that Commission according to this language before us, so if it was developed today, what would be your recommendation?

COMMISSIONER SEAGULL: I wouldn’t have one today. I would really want to hear the advice, there’s -- we -- two members of the Commission who are expected to have expertise in social justice and civil rights, and I think I would really want to hear their input and consider that before forming an opinion.

SENATOR WITKOS (8TH): Okay. The chairman had mentioned a section about growing your own, and the ability to get a study back to this Committee and the Finance, Revenue, and Bonding Committee and the Public Safety Committee by January 1, 2010, do you think that if folks are able to -- if the study concludes that they’re able to grow their own, that that would have a negative impact on not only the new recreational market of marijuana but the medical marijuana market in Connecticut?

COMMISSIONER SEAGULL: So certainly if people are growing at home, they’re -- the regulatory oversight would necessarily be different than when it’s in a licensed facility. Beyond that, you know, the whole
point of the Bill is to have that issue studied more closely and so I would look to the results of that study to form a more concrete opinion on the wisdom of going down that path.

SENATOR WITKOS (8TH): Okay, in the -- there are several different new licenses that will be -- if the Bill becomes law, established here in the State of Connecticut, and I think Representative Cheeseman had touched based on that topic, but what, since these are effective upon passage, what abilities do towns have if they want to address their zoning regulations regarding the type of licenses that are being considered in this legislation?

COMMISSIONER SEAGULL: So although those sections were effective upon passage, licenses couldn’t be issued until all sections, I think it’s six, seven, and eight or seven, eight, nine plus 15, sort of sets out a whole host of policies and procedures that need to be developed first, plus of course, the Commission needs to be established and the equity applicant criteria defined. So, although the statute becomes effective, the ability to actually -- and that’s sort as I discussed the timeline for launching this, there would be time for towns to now assess what this Bill looks like and to make decisions. And the same thing happened with medical marijuana, once the law passed, there was a period of time where we had to write regulations and during that time, a lot of towns then made kind of decisions and to what extent and in what locations they were comfortable with these businesses.

SENATOR WITKOS (8TH): In the legislation, it says the policies will be adopted to avoid the over concentration of retailers in any one area and
ensure that such retailers are located statewide. And one of the thoughts was to make sure that we have -- we concentrate these areas in locations where there has been a high number of arrests for those violations, and this committee had conversations regarding alcohol and the number of locations that are in urban areas, one on every street corner. And wouldn’t this fly in the face of having that discussion as well if we’re trying to not -- not make some of our urban areas I’ll say a vice area? Vices as in, you know, alcohol, and now marijuana, crime.

COMMISSION SEAGULL: So there are, you know, embedded within the liquor statutes [inaudible - 00:35:51] on how many packaged stores can be in any one town. I think it’s kind of -- this does not have that specifically. Our experience in the medical program and I imagine towns are going to be even more strict in a recreational program is that through zoning, their towns are able to kind of make the decisions for their communities as to how many they think make sense and in what areas, and so the deference to zoning I think will address a lot of that.

SENATOR WITKOS (8TH): In the language -- I’ve never seen it before, so I’ll ask you if this is customary where we set out to establish health and safety and security requirements for the three different levels, whether it’s a manufacturing facility, a cultivation facility or a retailer, but one of the conditions it says that we have to maintain the ability -- the ability to maintain knowledge, understanding and judgment and procedures of security controls and ethical standards. How do we
-- how do we enforce somebody’s -- the ability to maintain those knowledge and understanding of laws?

COMMISSION SEAGULL: So a couple of things -- and one I’m answering to the best I can just to be clear, this was not a DCP Bill, so we are not the drafters of this, so I’m trying to answer as best as I would interpret it and enforce it, but I just want to -- as you’re asking what I intended by things, just make that clarification. You know, we would do it -- we require, for example, our pharmacists are required to take training and our dispensary facilities -- those are the pharmacists, but they’re also dispensaries as well and they -- we have training requirements and we have a person at the business who is required to ensure that all the employees get the training that are required, and then we would -- assuming we get our staff, have people who could go out and enforce and audit to make sure those types of things happen. So that’s how I would envision handling that.

SENATOR WITKOS (8TH): Okay. I am just -- I’m going chronological order through the Bill for my questions. One of the sections talks about banning certain cannabis products that are designed for -- that appeal to children, and -- which I get and I understand, but part of that and the remaining -- the last section says banning products that look like any specific trademark food product. So in my -- in my read of that and understanding of that, it gets to gummy bears, brownies, basically edibles -- could you speak to that, if that was the intention of this language that you’re aware of?

COMMISSION SEAGULL: My sense is is it wasn’t meant to prohibit edibles in the entirety but things like
gummy bears -- and we do very similar things in our medical marijuana program where candies and sodas, and those types of products are prohibited but edibles in general, whether it’s a cookie or a brownie are not prohibited, and it’s just a slower release almost way to get the impact of the product at least for patients. So, I don’t -- I don’t read this to prohibit edibles in their entirety.

SENATOR WITKOS (8TH): And so I found it interesting, I’m just it was probably just a drafting error that will have to be addressed, but when it defines who the Commission members are, basically it states that if you’re on the Commission, you can buy marijuana, you can keep it for yourself, you can give it to friends, and you can actually have it with some guests at the house, I guess. We are very clear to make sure that Commission members could do that, but somebody who holds a license, specifically a cannabis retailer license cannot purchase marijuana or cannabis from another state, so if you were granted a license here in Connecticut, while the program is up and running, if you were out with your family in Massachusetts or up in Canada, according to Connecticut State Statutes, you couldn’t purchase any. The same with a laboratory employee that if they hold a laboratory license, they are not allowed to bring -- go to a store with a friend, buy some and hold onto it. Is there any reason why those two folks are singled out as being not allowed to do that, but yet Commission members are allowed to?

COMMISSIONER SEAGULL: My guess would be, and again, we didn’t write it, but my guess would be what that’s referring to is what you don’t want are these businesses going out and actually for business
purposes buying mass quantities of product, bringing it across state lines for purposes of reselling it. I’m guessing it’s not intended to prevent somebody from going to Massachusetts visiting one of their stores, using product in Massachusetts. It’s -- I, I -- my assumption would be the businesses were called out on that specifically to avoid having interstate component to the business piece of this.

SENATOR WITKOS (8TH): Are we aware, under the licenses for cultivation, we’re establishing a large, medium, and small size license? What’s the philosophy or thought behind that, if you’re aware?

COMMISSIONER SEAGULL: I am not aware again, I will -- my guess would be is to -- you know there’s a high cost of entry into this business that we’ve been -- in the medical, in the way the medical program is set up. And so I think creating tiers of license types that range from small to large would perhaps create some license types where people who aren’t -- who have less access to capital could still have an avenue to be part of the program.

SENATOR WITKOS (8TH): And DCP currently oversees the medical marijuana regulatory function in the state, is that correct?

COMMISSIONER SEAGULL: yes.

SENATOR WITKOS (8TH): And this Commission that is reported to be seated would fall under the Department of Consumer Protection, correct?

COMMISSIONER SEAGULL: Yes.

SENATOR WITKOS (8TH): Have the -- did the authors of this Bill, it doesn’t sound like it, but I don’t want to answer for you, sit down with your agency to
discuss the different provisions of the Bill or how it would impact your agency?

COMMISSIONER SEAGULL: So that, you know, -- we have been given the opportunity to start providing input based on the languages that here, and we appreciate that, and we appreciate in the opening remarks that this is sort of an initial framework, and it’s a first step and that it will be revised based on conversations. And so we definitely -- we think the Commission will play an important par -- role in the -- especially the expertise on the equity piece, is a really good idea, and so we look forward to working with the Committee and others to help get the language set out in a way so the clear -- the role of the Commission versus the role of DCP are better understood and are not duplicative.

SENATOR WITKOS (8TH): Thank you. That’s all the questions I have at this time, Mr. Chairman.

REP. D’AGOSTINO (91ST): Thank you Senator. Representative Altobello.

REP. ALTOBELLO (82ND): Thank you, Mr. Chairman. Good morning. In your remarks Commissioner, you, and in your written testimony, you were looking to clarify the relationship between the Department and the Cannabis Commission, is that correct?

COMMISSIONER SEAGULL: Yeah, and kind of getting to the point Senator Witkos made, we want to make sure that -- that there’s not an overlap or confusion as to who does what.

REP. ALTOBELLO (82ND): And I believe your written testimony talks about whether or not there would be a Department or a Division -- would you feel comfortable with setting up the Cannabis Commission
as is now the Liquor Commission, with the same sort of statutory language?

COMMISSIONER SEAGULL: Well the statutory language would need to be different. The Liquor Commission statutorily has a more narrowly prescribed role. I kind of read this -- I mean one thing that certainly I think the Committee has the language it’s being written in needs to consider -- the Commission has a big job to do, the Cannabis Commission, that is. And so whether or not to have them be state employees who are being compensated. The way it’s written now, it’s unclear whether this is a voluntary board or not, but it is a lot of work. You know, there’s a different between what a voluntary board that meets a few times a year can accomplish and what a Commission with members who are compensated and kind of come to work, if not five days a week, two or three days a week can accomplish and so that would be something based on how the language is finalized would -- should be considered.

REP. ALTOBELLO (82ND): Is there then a different Commission other than the Liquor Commission that’s under your umbrella that you’d feel comfortable having the language tracked if not their purpose?

COMMISSIONER SEAGULL: Now the Liquor -- within DCP, the Liquor Commission is probably the closest thing you have, and [inaudible - 00:44:43] so there other examples in the state where you have embedded within an agency, a separate commission that’s delegated a specific role, so we would -- we would want to spend some time looking at this, thinking about how to piece that together to make sure it’s done most
effectively and accomplishes the overarching goals of what the Commission is being established for.

REP. ALTOBELLO (82ND): Thank you. Moratoriums by their nature are temporary in nature [background laughing] and I know -- I did read quite a few towns that did a moratorium on their zoning while they were figuring out whether or not they wanted to host different types of medical facilities, and being temporary in nature, have you heard or do you have any evidence that the towns have allowed those moratoriums to expire or to work on their zoning? What’s the -- what are you hearing out in the field so to speak in our communities?

COMMISSIONER SEAGULL: We’re definitely seeing more towns opening up for medical facilities, and I think -- you know, we’re really proud of the program we have and it’s helping now over 30,000 patients and I think as more people are either patients in the program or now know -- have a friend, neighbor, or family member who is a patient in the program, there’s just a growing comfort level with how that program is being run and that’s now kind of flowing up to zoning boards and other local town officials where now not only is there not necessarily the initial fear, you know, at that point people are looking at what’s going on in Colorado or California and thinking that’s not the model we want in Connecticut and as they’ve observed, that’s now how the medical program is played out here. There’s both a growing comfort level and there’s a growing need where now there is an increasing number of people who don’t want to have to travel as far and are probably speaking to their local officials about relaxing those rules. So we are seeing opening up with regard to medical. We were just flagging what
you may initially see in a recreational program is some of those same initial concerns in some towns and some rules that are going to reflect that.

ROD MARRIOTT: And just to add to that point, we have nine new medical dispensaries coming on line in the coming months, and they are all in unique towns, and towns -- that some of those towns had moratoriums prior.

REP. ALTOBELLO (82ND): Thank you. On the current medical marijuana program, all these supply that is dispensed in grown in Connecticut, is that correct?

COMMISSIONER SEAGULL: Yes.

REP. ALTOBELLO (82ND): So, if I have a medical dispensary and I have a sister who has a store in Massachusetts say or some other area of the country, importation from my sister’s store would not be allowed?

COMMISSIONER SEAGULL: Correct. Right, and this goes to sort of the federal -- federal laws and how they exist so the Connecticut program recognizing that this is still schedule 1 drug federally, put in a lot of rules in place to prevent interstate commerce as part of the program, so the entirety of the things is expected to remain within the state.

REP. ALTOBELLO (82ND): That being said, do you suspect that activity is going on?

COMMISSIONER SEAGULL: You know, it -- I would -- hopefully not amongst out licensees, whether there are people who live in Connecticut who have brought marijuana across state lines, I can’t --

REP. ALTOBELLO (82ND): I’m shocked.
COMMISSIONER SEAGULL: I can’t speak to that, but the medical program would prohibit it.

REP. ALTOBELLO (82ND): Just quickly I guess. What’s the shelf life on these products? I mean you’ve got brownies, you’ve got this, you’ve got that, you’ve got bugs, what?

COMMISSIONER SEAGULL: It varies, and yeah, Rod could probably speak more to that.

ROD MARRIOTT: So generally our industry individually tests them for stability, and so they test them out kind of like pharmaceutical, and they vary from product-to-product type depending on what’s in the product. You know, edibles have certain things that may make them more prone to a short shelf life, and then there’s the same issues with air damaging things like the flower as well. So, I don’t have a hard kind of line there as to when things -- or what the shelf life it, it varies from product-to-product and the producers kind of assign that to each product.

REP. ALTOBELLO (82ND): So the producers assign that, and you’re not involved in that presently?

ROD MARRIOTT: Yeah, they study it and, and assign those.

REP. ALTOBELLO (82ND): So it’s self-policing so to speak?

ROD MARRIOTT: Yeah, we would look at designs, sometimes during our inspections where if we have complaints from customers, we look at those.

REP. ALTOBELLO (82ND): How do you see the price of medical marijuana versus recreational marijuana? Recreational marijuana it has been said might be
taxed in the neighborhood of 20%, similar to the total tax in the Massachusetts. Do you see any cannibalization of business from the medications to the recreational or vice versa even where you’ve got a recreational person that might be able to purchase it less expensive at a medical marijuana facility?

COMMISSIONER SEAGULL: So our hope would be that medical patients and people who need to use this medically that cost won’t become a reason for them not to get the medicine they need. A lot of this, how it plays out is going to depend on kind of how ultimately the rules that are broadly defined in this are -- play out, what the tax ultimately ends up being. Ideally thought, you know, we don’t want -- what we don’t want is for price to become a reason that the medical program fails, so we really think preserving the medical program is important, and -- but there’s a lot of moving pieces still, so it’s hard to predict how that all plays out.

REP. ALTOBELLO (82ND): So the -- you’re thinking that the reactional program would have the same standards as the medical program as far as testing, and Connecticut grown, and so forth?

COMMISSIONER SEAGULL: Right now, it all has to be within Connecticut. We would need to look -- you know, I’d certainly think the quality of products, we don’t want adulterated or contaminated products, whether you’re a patient or not a patient. You know, right now, our medical products are labeled consistent with medication, so there might be some variation there and I don’t know if you want to talk more about how we would do this?

ROD MARRIOTT: I think the intention is to keep this -- the testing standard the same because we think of
the safety that’s there is really important to both programs no matter what they are. So it would be the same, if not incredibly similar.

REP. ALTOBELLO (82ND): So all other things being equal then, the medical marijuana program would enjoy a 20% discount so to speak from the recreational?

ROD MARRIOTT: Potentially. You know, when you look at some of the -- what has happened in other states, it seems like the prices seem to drop pretty quickly in both programs in that, but it’s hard to predict what’s going to happen in our state based on our framework, obviously. So, yeah, and those are the different things, and we’ve seen different tax structures in different states based on -- different points in the transactions from grow all the way to sale, and so I think there’s a lot of question on how that’s going to play out and probably beyond the scope of our agency.

REP. ALTOBELLO (82ND): Thank you. And finally, Commissioner, you were talking earlier about perhaps a limitation, especially at first regarding so many ounces that a person could purchase in the recreational program, partially at least to protect the medical program, which I think happened in Massachusetts, where there was -- there were limitations at first, long lines, but because there were very few shops at first. So have we thought about or -- I mean if I’ve got marijuana that has so many parts per -- let’s just say I’ve got -- I’ve hot high test and I’ve got half high test. I mean, if I can buy 2 ounces of the high test, do I want to buy 2 ounces of the half test, so to speak. Or
should -- should we put a limit on how much THC is actually coming across the counter?

COMMISSIONER SEAGULL: So I think there are a number of options. I’ll again leg Rod talk to sort of the more details of the different ways we could go about defining this.

ROD MARRIOTT: So, when you put a per weight limits or to an ounce limit on something, you have to pay attention to the actually active ingredients, and I think it’s an important conversation to have as this Bill goes forward. In our medical program, we use an equivalency for those to determine the strengths, as we get the concentrates and other kind of specialized products and I think we’d probably look to take that and move it into this market and apply it to this market and kind of consider total THC quantities and a per-dose basis. Which is also packaged separately type of a thing to make sure that, you know, we don’t have a lot of accidental overdoses and things like that. But we’re very cognizant and concerned about those issues in both programs. We hear about accidental ingestions from time-to-time and they are concerning. So I think we need a lot more thought into that, but we’re definitely going to be putting in some commentary about that.

REP. ALTOBELLO (82ND): And on the -- I said finally, but I’ve got one more, Mr. Chairman. So the -- in the medical program currently, there are products that run from no THC to stronger, and maybe strongest THC, how is that -- let me phrase that correctly. How do you see the recreational market differing, or do you?
COMMISSIONER SEAGULL: So one of the things, and it’s included in the Bill is to perhaps have a lower cap on THC content for recreational and to have the really high levels of THC only available in the medical program. But right now, our products are labeled with sort of an active ingredient profile, so there is on the label, how much THC, CBD, and things are in it.

REP. ALTOBELLO (82ND): Very good. Thank you both for your answers. Thank you, Mr. Chairman.

REP. D’AGOSTINO (91ST): (Listed but no audio)

SENATOR LEONE (27TH): Thank you, Mr. Chairman, and good morning still Commissioner. I’ve got a couple questions, probably some that have been touched upon already and if they’re duplicative, just -- you could maybe just restart your previous comments. On the Commission, I’ll just go through a couple of them. On the Commission that would be established, one of my questions would have been what kind of pe -- backgrounds would be on the Commission? And reading through it I see that there should be a social justice background, civil rights background, economic background, but I’m not seeing anything say from public health, maybe even education, do you think other backgrounds should be on the commission so that we capture all the necessary brain trust necessary to really formulate a process going forward?

COMMISSIONER SEAGULL: Yeah, I mean, our -- our agency including Rod here, we do have a fair -- a fairly substantial background in public health issues, and certainly we work closely with DPH, but we regulate pharmacies and pharmacists throughout the state, not just in the medical marijuana
program. But we’re certainly open to working with the committee on that. As I kind of clarified earlier, this was not a Bill drafted by DCP, so, I do think, you know, a large purpose of the Commission is to address the equity applicant criteria and so that’s why I think having two of the members with that civil justice background, or social justice background is a good idea. And then economic development as well because access to capital plays a role in who can apply for the program. We’re certainly open to giving thought and recommendations as to whether, with regard to that fifth member of the committee, and as well, I would anticipate and hope the Commission would -- if there’s some expertise required that’s not kind of held by members of the Commission, to reach out, whether it’s to a sister agency or to someone in the private or nonprofit sector to get that input.

SENATOR LEONE (27TH): Thank you, and I hope we do go down that path because being that this is something very new, and somewhat controversial, obviously, we want to make sure that we capture all the different schools of thought so that we flush out as many of the barriers as possible and come at it from a sound reasoning and the more professional backgrounds we have, I think that’s important.

You mentioned there was a -- in your testimony, you have some concerns or it would be problematic if all the members would be unpaid versus pain on the Commission. Can you elaborate your thoughts on that?

COMMISSIONER SEAGULL: Well, just our experience. When you have -- it’s a lot of work that is being anticipated for this Commission to do. And when you
have volunteers, they obviously have day jobs and so
the ability to get -- to dedicate simply the amount
of time, and I think given the importance of what
this commission needs to do, it make sense for them
to be compensated and for them to really kind of
come in and work on -- and work on this every day
and not have to have necessarily another job that
they’re going to. So we just wanted to flag you --
you’re going to get a different investment in time
and effort when people are being paid than when
they’re a volunteer Commission, especially volunteer
commissions often only meet maybe every other month
or a few times a year.

SENATOR LEONE (27TH): And I’m thinking some of the
fee -- potential fee structures would cover some of
those costs?

COMMISSIONER SEAGULL: We would, you know, leave
however, whether everything goes to the General Fund
and then through the General Fund things are paid or
how that I -- you know, there’s a number of people
who think on those budget issues, but we would
anticipate that the revenue overall from a
recreational marijuana program would be more than
enough to support the cost of regulating it.

SENATOR LEONE (27TH): Okay, thank you. I think
that’s important that we look at that.

Moving on, I see that this is -- as mentioned
before, this would be effective upon passage, but
also you’re recommending at least a two year
timeframe for the Commission to do its work and
obtain all the information and help create the
regulatory structure, so, if that were to hold true,
would I assume that we would pass this as enabling
legislation but the first sale of the product
wouldn’t really be applicable until the Commission finishes its work or -- unless we act either statutorily or through the regulatory framework, to speed up that process?

COMMISSIONER SEAGULL: Yeah, so the, the way it’s anticipated to work, is the Commission needs to be established, they need to do their work of defining the equity applicant program and set that up because the equity applicants would be the first to apply.

SENATOR LEONE (27TH): So, if we took all the time necessary, it wouldn’t be until two years from now that there would be a retail establishment that could sell the product?

COMMISSIONER SEAGULL: And really this is true regardless of, of -- I don’t want people to think -- I think the equity piece is really important so I don’t want people to think that that is somehow the barrier. There’s a whole bunch in here of regulations and -- there’re described as guidelines and policies, but you know, throughout, and you know, looking at section 15 for example, there’s a lot that DCP would need to do to set up this program, and all of that needs to be done in -- either through a law so if it gets kind of amended next year or through regulations. So regardless of that piece, it -- you’re still looking at a couple of years because once everything is developed, regardless of how you set up sort of the licensing structure, something has to be defined as to who can apply and when, and then applications need to go, people need time to reply to those applications, those need to be reviewed. And even after licenses are issued, the product itself takes several months to grow, plus the businesses need to be built out.
SENATOR LEONE (27TH): So, on the flip side that would mean, if it did pass upon passage, we’re not — and say it was in the May or June timeframe of this session, it’s not like August 1, there would be a retail establishment selling the product, correct?

COMMISSIONER SEAGULL: No, that would -- yes, people should not expect that.

SENATOR LEONE (27TH): Okay, thank you. In terms of the zoning aspect, I see that there’s an ability for, you know, some local control and to pass their zoning regulations. But would it prevent or bar a municipality from outright allowing an establishment to come into the town, or should we consider pilot towns if we pass legislation and no one’s looking to take advantage of it?

COMMISSIONER SEAGULL: As it’s written now, a town could completely foreclose a business from opening in their town. You know, it’s a larger policy issue for, I think, the Committee to consider whether you want to force towns to welcome these businesses if they don’t want to.

SENATOR LEONE (27TH): Have you been getting any requests from towns in anticipation to this potential legislation that they would be open to these kind of establishments?

COMMISSIONER SEAGULL: I haven’t specifically. I don’t know, control and to pass their zoning regulations. But would it prevent or bar a municipality from outright allowing an establishment to come into the town, or should we consider pilot towns if we pass legislation and no one’s looking to take advantage of it?
COMMISSIONER SEAGULL: As it’s written now, a town could completely foreclose a business from opening in their town. You know, it’s a larger policy issue for, I think, the Committee to consider whether you want to force towns to welcome these businesses if they don’t want to.

SENATOR LEONE (27TH): Have you been getting any requests from towns in anticipation to this potential legislation that they would be open to these kind of establishments?

COMMISSIONER SEAGULL: I haven’t specifically. I don’t know, has drug control?

ROD MARRIOTT: None that we’ve seen yet. You know, it hasn’t had a lot of time to really get out there and I’m sure people are still trying to digest this and expect that they’re probably a lot of changes that can come down the road. So we haven’t seen much.

SENATOR LEONE (27TH): Okay. I think two of the previous questioners referenced this in terms of the medical marijuana program that currently exists. And from what I’m here, it sounds like, there is the possibility that both can co-exist but yet there would be a separation of the kind of products they would sell, or would at some point in time, the two able to merge if they wanted to? How would we keep the integrity either separate or combining them if we needed to go in that direction?

COMMISSIONER SEAGULL: I think that -- I think you need to think of it almost like a Venn diagram. So there’s going to be a lot of pro -- product that may be suitable for medical or recreational patients, but then there’s going to be -- maybe not even a
Venn diagram. I would see the recreational market as being just a subset within the products available for the medical market. So, there’s -- you know, there’s discussion here of higher THC content or maybe certain product types that are going to be more suited for medical use and would not be available in the recreational market. I think it’s a good idea to keep the two programs and to keep them separate. There’s an enormous amount of research and other work going on to understand the medical benefits of that product. And if you merge them too much, I think that work may be stalled, and there’s a lot going on in Connecticut -- it’s really because of how, you know, the -- wisely the legislature set up the medical program. We’re -- Connecticut is in a really good place to be doing that kind of research and to be better understanding the medical benefits so it would be a shame to lose that.

SENATOR LEONE (27TH): Okay, thank you. So more to do. You mentioned also that you think there should be some extra enforcement flexibility allowed for the -- for the agency. Can you expand what that might mean? What you mean or what you’re thinking of?

COMMISSIONER SEAGULL: Yeah, so in here sort of it provides for us to suspend or revoke a license, but that obviously means shutting a business down either temporarily or permanently. There may be some violations where we don’t feel there’s such a risk that actually closing a business is appropriate, so if there were an ability to issue fines or civil penalties, it would just give us a broader range in ways to deal with violations that aren’t as serious.
SENATOR LEONE (27TH): And you would provide some language either in the -- I believe going forward into the regulatory framework, right? Passing certain regulations for this?

COMMISSIONER SEAGULL: Yeah, either through there -- well, I think we would need enabling legislation before we could even put in a regulation on that point. But we, as it still is being worked out can provide language. I don’t think it’s -- it would be complicated really it would be just adding to list of penalties, something, you know, allowing us to issue those fines and so we would be happy to provide some language on that.

ROD MARRIOTT: And much of that will likely mirror some of the other things that we already do in the agency, so we have some nice framework to work from.

SENATOR LEONE (27TH): Thank you, I think that’s important. Two more questions and I’ll pass it along, Mr. Chairman. Are -- do you have any thoughts -- the agency any thoughts working -- and I would think you’re having some conversations with Department of Banking on how we would set up the economic framework? I mean currently, this is really a strictly cash business because of the federal rules, you can’t do a lot of banking, especially for these products that need credit and so forth. I know we -- there’s been some positive movement but can you share any light on how your agency with Department of Banking may or is working on dealing with some of the potential hurdles?

COMMISSIONER SEAGULL: So the federal kind of issues are going to remain after this, so we continue and, you know, we’ve spoken with groups, so there has -- there is some federal guidance, it was issued under
Obama, so whether it’s fully been embraced by the Trump administration is a little less clear, but if you look directionally, this is a problem for an increasing number of states, so we would expect ultimately to have some movement on the federal level to address it. So, there’s only so much we can do in working with Banking just because the concerns for banks are not going to change. But we do, you know, the guidance that does exist on the financial piece talks about due diligence that banks should do before working with a marijuana business and we, you know, always make ourselves available to talk to groups, whether it’s Department of Banking, or, you know, within the banking industry so they can understand the regulatory framework we have in Connecticut, so as they make their decision as to whether this is an industry they want to work with, they understand, in thinking through their due diligence what the state is already doing.

SENATOR LEONE (27TH): But have you had any conversations with our Dept -- the State Department of Banking on this issue?

COMMISSIONER SEAGULL: Over time, yeah, not recently, not with regard to the recreational one, but certainly over the years, as this issue has come up in the medical program, there’s been conversations.

SENATOR LEONE (27TH): So we don’t have any input from the Department of Banking going forward or they’re unable to act because of the federal regulation, then that puts the framework on the economic activities, in my mind, squarely onto your agency, because then it’s a consumer issue. So do you have any -- I’m hoping you’re thinking about how
the regulatory framework would need to be crafted for handling that kind of activity, especially a large cash business if the banks are going -- if the Department of Banking is going to be silent, we’re still going to need some kind of protection for consumers and, and, and the retailers obviously in this department. So, I know that’s a big question and probably not an answer now, but I think it’s something that we have to flush out going forward, and I think that puts all the ownership on you, at least from my perspective. So I think that’s critical.

And then, last topic so to speak, it was mentioned early on, on the shelf life, that was a piece that came up. And so as we’re talking about different shelf lifes or the selling of the products and different THC’s, and obviously the how it might be marketed, gummy bears -- would you consider having any kind of information on the products sort of like on say cigarettes, you know, you have a caution or warning, dangerous for kids, and pregnant women and so forth, or a sell by date that after this, it’s no longer, you know able to meet the guidelines, something to that effect?

COMMISSIONER SEAGULL: Yeah, we have that in the medical program already, kind of an expiration date, and it’s particularly important with medicine because, you want to make sure it’s still effective. But just like any food product, you’re -- to the extent these are in edibles, for example, you’re going to want to have it so there’s just a food safety component alone. And the statute as well as drafted, anticipates us developing either a label or a handout that would go with each product that’s
distributed, that would include a number of those warnings you’re talking about.

SENATOR LEONE (27TH): So would the labels be on the products themselves, or would it be, say in the store front?

COMMISSIONER SEAGULL: There’s different way to do it. The way it’s written right now is it’s a handout or a label. So we would look through, -- you know, in looking at how other states do it, sometimes having the warning as signage is more effective, because you don’t see the label or get the handout until after you make your purchase, so perhaps signs sort of saying, not safe for, you know, if you’re pregnant or may be pregnant, if that’s something we decide is worth having as a warning, having that up front just like before you purchase the product would be something -- so this anticipates that we would kind of develop those -- the policies of what should be on a label or handout and that’s one of the many things, for example, that has to happen before the program could launch.

SENATOR LEONE (27TH): And I would think the Commission would weigh in on that.

COMMISSIONER SEAGULL: I would certainly hope so.

SENATOR LEONE (27TH): Okay, thank you. Thank you, Mr. Chairman.

REP. D’AGOSTINO (91ST): (No audio for him).

REP. ALTOBELLO (82ND): Thank you. Hello again. You made a suggestion that -- I think you made an observation that at least initially the Cannabis Commission’s workload will be very heavy and that it would may be unrealistic to ask for people to
volunteer on -- especially I think probably the first two or three years of the program. However, after the first two or three years, with a limited amount of dispensaries and so on and so forth, I think their workload would come down tremendously and may go from several days a week or five days a week down to one day a week, and maybe every other week at some point, so if we set some sort of compensation schedule, how do we make that equitable going forward after the initial start-up?

COMMISSIONER SEAGULL: I think you’d have to look at what work you envision the Commission -- they continue doing a lot of day-to-day work indefinitely as the Bill is written, so whether it’s sort of evaluating that when the time comes is obviously, this body can always do that, but certainly it’s a lot of work and it’s important work and so having people paid for it makes sense. It’s a little early to speak to what -- if and when that would ever end.

REP. ALTOBELLO (82ND): Thank you. And although we are not the Finance Committee -- will you be testifying in front of the Finance Committee?

COMMISSIONER SEAGULL: I am not aware if I am or not, actually or, you know. They --

REP. ALTOBELLO (82ND): Well let me ask you here, are you interested in collecting the taxes on the rec program?

COMMISSIONER SEAGULL: No I think we have an agency that is well-suited for tax collection. [laughing]

REP. ALTOBELLO (82ND): Okay. And would you enter -- you talk about revoking of licenses, and that’s one thing DRS does, let’s say for cigarettes that don’t -- they don’t pay their taxes. You’d be able
to work with them to recommend -- would you like to
give them the power to revoke or would you like to
have a joint situation there?

COMMISSIONER SEAGULL: So it depends on the license
type. It’s a pretty harsh penalty to shut down a
business, so we would need to understand how that
would work out. We haven’t -- we currently don’t
sort of have that issue that I’m aware of in the
medical program.

REP. ALTOBELLO (82ND): There are no taxes, is that
correct?

COMMISSIONER SEAGULL: Well, there aren’t sales tax.
I mean the business -- if you hire employees, you
have employment tax, there’s going, you know, to be
property tax, they have all the -- they have all the
other taxes that come, not the sales tax.

REP. ALTOBELLO (82ND): And finally, when this new
program, let’s say it’s up -- when this new program,
if we go ahead with it, and I -- I can’t get too far
ahead here, how much of an increase in product do
you think this would chase? Do you think that we’ve
got a certain amount of growers now that evidently
seem to be able to keep up with the medical program.
Are we going to need new growers because the product
-- we’ll need twice the product or six times or ten
times the product? Do you have any experience
anywhere else that you can rely upon in other state
that might give us an idea how many new growers, or
how much our current growers would have to expand?

COMMISSIONER SEAGULL: We can certainly look to
other states that have recently launched. You know,
a lot of places passed recreational, but as we’re
explaining, you know, it took them a few years to
get started. Most of those states had a very differently organized medical program where they already had a whole bunch of growers. Right now the statute anticipates that more, and we call them cultivators in here, but that more cultivators licenses would go out and I think that’s appropriate.

REP. ALTOBELLO (82ND): Thank you very much. Thank you, Mr. Chairman.

REP. D’AGOSTINO (91ST): Thank you, Representative Arconti or Allie-Brennan, I didn’t know if you guys have any questions? Good? You guys are all set? All right. We’ve kept you for a good hour and 15 minutes Commissioner, thank you. But it was important to hear from you first, obviously, because of the role that DCP is going to play with this Bill and obviously with continuing to maintain our medical cannabis industries. I want to thank you for your time, and we look forward to continuing to work with you and your staff as we -- as these Bills continue to evolve, so thank you. Rod, you too.

COMMISSIONER SEAGULL: Again, thank you for giving us an opportunity to give our input.

REP. D’AGOSTINO (91ST): Again, we -- because of the time and because of, you know, the services that are going on, we’re going to flip back and forth between our elected officials as they come in, so for right now, we’ll go to the public section. I think we’ve got three people signed up to come up together. Maureen Dinnan, Nick Tamborrino, and Al Domeika. I’m sorry I have you listed as together, so Maureen Dinnan. Good morning.
MAUREEN DINNAN: Thank you, Representative D’Agostino, Senator Fonfara, Senator Witkos, and other members of the General Law Committee. I am Maureen Dinnan, I am the Executive Director of Haven. Haven is the Health Care Professional Assistance program. We provide support and accountability for health care professionals that may be suffering from mental health, substance use disorder, chronic physically illness. And we appreciate the opportunity to come and speak to you today regarding both raised Bills H.B. No. 7371, AN ACT CONCERNING THE RETAIL SALE OF CANNABIS. As well as the proposed revision to H.B. No. 7287, which proposes to add opiate use disorders to the conditions for which medical use of cannabis would be allowed.

Haven wants to be sure to be on the record to indicate that we do oppose the legalization of the recreational use of marijuana. We appreciate very much in listening to your questions, how carefully the Committee is attempting to address this, and we understand that there’s other Bills that are being done and currently in Judiciary where we’ve also submitted testimony, but there are currently insufficient data that support the safety of marijuana use recreationally, and there’s increasing data regarding the risks that are associated with it. It does create a perception that the marijuana use is not serious and even though you put an age of 21, the brain is continuing to develop to age 25. We’re seeing ever increasing numbers of younger professionals referred to our programs because of cannabis use and harm that they’ve incurred because of long-term cannabis use. The Cannabis Control Commission proposed does not include someone who has
a substance use background, and I agree with Senator Leone’s comments regarding needing to have public health and substance use represented on that commission.

In addition, the data that I’ve seen is every $1 dollar that’s been raised from alcohol has cost $10 dollars, so it is unclear to me whether or not we have considered the financial ramifications that the regulatory implementation, law enforcement, and social services are going to require from this Bill.

The legislation itself recognizes serious, serious risks and indicates that, well we can put this in a warning, or we can put this in a label. I’ll tell you, if you’re one of those persons or your family member is a person that has suffered from this risk, a warning or a label is little consolation. They include the risk of driving under the influence of cannabis and that it remains illegal. And again, we don’t really know, and there’s no way for us to know how to define impairment for cannabis.

The risk of a can -- developing a cannabis use disorder, 10% will develop it. Exacerbation of psychotic disorders, we have had psychotic disorders from cannabis use occur in the hospitals in the State of Connecticut. So I think I heard the bell for my three minutes. I will refer to the written testimony. And again, relative to cannabis use disorder, there is no data and the most recent studies shows that cannabis use is not effective for the treatment of opioid use disorders. Thank you.

SENATOR FONFARA (1ST): Thank you. Questions? Thank you very much. I don’t think Mayor Bronin is here yet. Representative Phipps? Representative Mushinsky? Councilwoman Wildaliz Bermudez? We’re
doing great here so far. I understand on the public side that Nick Tamborrino and Al Domeika are going to testify together. Are they here? Please come up.

NICK TAMBORRINO: Good morning, my name is Nick Tamborrino and I’m here today with Al Domeika representing Connecticut Pharmacist’s Association Academy of Medical Marijuana Dispensaries which compromises of all the currently operating medical marijuana dispensaries in the state and provides medical cannabis treatment to more than 30,000 patients in Connecticut each month. I am submitting testimony on H.B. No. 7317, and H.B. No. 7287, regarding the proposed retail cannabis program and revisions to the current medical cannabis program. Connecticut’s medical marijuana program is a national gold standard of such initiatives. One of the keys to the program’s success is it’s requirement that a licensed pharmacist be on site to consult, counsel and recommend therapy plans to patients. Unlike most marijuana programs in other states, Connecticut’s patients engage directly with the pharmacist discussing medication history, medical history, treatment goals and potential side effects. Our program stands out through its tight regulations that effectively enforce safety standards and oversight of the dispensaries statewide. Since its inception, the medical marijuana program has grown substantially and we have seen the positive effects of this growth. More than 31 qualified adult conditions the program has established of patient’s standard care framework that involves collaboration with caregivers, physicians, and pharmacists. We’re proud of the medical program and we applaud the Committee for
recognizing in both Bills. In particular, we are pleased that H.B. No. 7287 revises current statute and eliminates the certification registration fee for qualifying patients and/or caregivers. Likewise, we fully support making the date that DCP issues a certificate of registration as the effective date of the patient’s certification. However, as an organization that offers public health benefit and addresses specific medical needs, the Academy has some serious concerns about the legalization of retail marijuana, about its impact on the current marijuana program. On behalf of the current operating dispensaries located throughout the state, and the patients we serve, I urge you to carefully consider the impact this Bill might have as it would disrupt the unique model of care the State of Connecticut has establish. We encourage you first and foremost to support and protect the integrity of Connecticut’s medical marijuana program.

As an Academy, we offer the following comments and suggestions. The Department of Consumer Protection remaining the regulatory body for retail use with increased staff and adequate funding for enforcing it, protecting public safety by setting limits on product potency, dosage forms and quantity purchased in the retail program, require lab testing for all Cannabis products sold at retail outlets. If product shortage exists, products will provided to meet the needs of the medical program prior to being distributed to retail stores. I’m summing up. It will be expected that the existing medical marijuana dispensaries will be available to implement an emergency program. The Academy believes the existing dispensaries should be granted retail licenses.
Again, with the expertise of the health care professionals employed by our facilities, we believe this would be a safe and responsible place for the program to start. If a current medical marijuana dispensary obtains a license but believes that medical patient would be better served by either a separate or more accommodating facility or location, they should, with permission of the Commissioner, be allowed to move or maintain a separate location for retail sales.

We recommend including an upper limit to the number of retail outlets allowed by the state, based on supply and demand. If a particular municipality prohibits retail cannabis establishment, the Commissioner should have the express discretion to allow a current medical marijuana dispensary license holder to move or allow the dispensary a separate location for retail sales.

As this legislation moves forward, we offer the assistance of the medical and pharmacological expertise of the Academy. We have been an integral part of the program’s success, and we believe we can be helpful in implementing regulatory framework that protects medical marijuana patients.

Thank you for the opportunity to provide input on this proposal and we open up to any questions.


REP. PHIPPS (100TH): Good morning. Good morning chairs, ranking members and to my fellow colleagues, thank you for giving me the opportunity to testify
in front of you all. Once again, I think it’s better to make sure that when we have this platform that we give this time for those with both the personal experience and the data to be able to lead a discussion. So I’m here with Jason Ortiz, the Political Director of CURE Connecticut and Kebra Smith-Bolden, the President of CURE Connecticut and CEO of CannaHealth.

KEBRA SMITH-BOLDEN: Good morning. Thank you, chairs and esteemed members of the General Law Committee. I would like to thank you for this opportunity to testify before you, it’s both an honor and a requirement as a woman of color, and a healthcare practitioner, who spent the majority of her career as a Registered Nurse in home care, working primarily and by choice in the inner city of New Haven, Connecticut. New Haven, like Hartford, Bridgeport and Waterbury, are ground zero cities in this failed drug war. It is also the city I born and raised in, so I know firsthand the effect the war on drugs has had on communities of color on my communities. I know the names and faces of people that have lost -- that have been lost either to addiction, violence or the effects of poverty, i.e. the lack of access to adequate care and education.

Because of the failed war on drugs, which was really a war on people, restorative justice is not just the right thing to do, it is necessary to do in order to repair the damage that has been done to countless communities as a result of the prohibition of cannabis. And let us not forget why cannabis was prohibited in the first place. As it wasn’t for public health concerns or for a fear of impaired driving, and not even for the concerns for the children, cannabis was prohibited because Harry
Anslinger, a documented racist who was the head of the Federal Bureau of Narcotics testified before congress in 1937 and stated things like reefer makes darkies think they are as good as white people, and through fearmongering and racially divisive propaganda, he was responsible for laying the foundation for the criminalization of black and brown people which was the precursor to Nixon’s war on drugs and the mass incarceration of people of color. Therefore, any ongoing support of the prohibition of cannabis is essentially ongoing support for racism and the different practices that have destroyed communities of color.

Now, some good things. I would like to thank the legislative body for attempting to -- for their fear in wanting to put equity in this Bill. But I also want to put out a few areas that need further analysis. First of all, there is no way that the state and corporate entities should be allowed to make millions of dollars selling hundreds of pounds of cannabis, but the black and brown man that was selling cannabis to feed and support his family will still have to live with years of discrimination for a criminal record because he sold more than one and a half ounces; that’s just not right. I believe these Bills should include a plan for record expungement for individuals with any cannabis conviction and that research should be included --

REP. D’AGOSTINO (91ST): I just want -- I’m sorry to interrupt you real quick. So, and I should have said this at the beginning, and just for purposes of time. So this Committee -- the Judiciary Committee has got their public hearing going on at the same time. Expungement is separate. So all decriminalization stuff over there.
KEBRA SMITH-BOLDEN: I just wrote one thing. [laughing]

REP. D’AGOSTINO (91ST): I know, I know. And I think we’re -- and I think we’ll have questions here because I think we’re particularly interested in your views also on the shortage in the medical -- I want to make sure Mr. Ortiz gets a chance to speak too, so. If you could just target your comments to --

KEBRA SMITH-BOLDEN: It was my last couple sentences. [laughing] But I -- and I will. I’ll pass to Jason now because you ’all got it. It was wrong and it needs to be fixed.

JASON ORTIZ: [laughing] Right on. So my name is Jason Ortiz, and I serve as the Political Director for CURE CT, Connecticut United for Reform and Equity, which is a statewide grassroots organization that mobilizes communities of color to equity in the cannabis industry. And justice for all the communities impacted by the war on drugs. I also serve as the Vice-President of the Minority Cannabis Business Association, a National Trade Association of people of color interested in entering the cannabis industry. I am also a father, a UCONN graduate, a Hartford resident and someone who was arrested at age 16 and gone through the process of having my life destroyed and disrupted based on a simple arrest. So I’m here specifically to speak on the equity programs, both the necessity for those, and the details of how they should be implemented. There’s a couple issues we have with the Bill. We do support the spirit of this Bill, and want to see this and marijuana legalization move forward. It’s a time for -- the time has come to actually move
this forward and so we just want to make sure that we’re doing it right, and the folks that have been disproportionately impacted by the things that Kebra mentioned, have an ability to come back into the legal market and start to produce generational wealth for their families and their communities. So, we think is a fantastic start, there’s definitely some amazing language in here. There’s just some other pieces that we think undermine the really good parts that we can strike out and maybe amend, and move the basic ideas forward.

REP. D’AGOSTINO (91ST): Let’s hear it.

JASON ORTIZ: Sure, so I think the biggest one, section 17, that’s at the end of H.B. No. 7379 which would give the Department of Consumer Protection emergency powers is a little bit scary to us. We don’t really know what emergency powers means in this context, you know, how long would those emergency powers last, is -- I understand the intent is to try to move things along as fast as possible, but to give any government entity sort of carte blanche emergency powers is just a little bit scare to me of what that will mean for the rest of the program. And so, if those emergency powers still have to abide by the other equity provisions in the Bill, that’s one thing, right, but it doesn’t say that clearly. And so I think clarification or removal of that will be important.

The other piece is under the equity applicant qualifications, there’s a section about experience. And the experience piece, while again I think was well intentioned, as I read this particular document, it says anyone with experience from anywhere can come to Connecticut and claim to be an
equity applicant. So if you do that, that means someone that’s working in the legal industry in Colorado could just move to Connecticut and then apply as an equity applicant, which I don’t think is the intent of that portion, but by not having residency requirements, it’s definitely going to make things a bit of a mess as far as, it will be too wide of a group of people that we can do it. If the intent is to have folks that are currently in Connecticut that have been in the black market, have a way to shift over, it’s really difficult for them to be able to provide documentation for that. I know specifically we’re talking about growing or cultivation, right? And so how we do that, I’m not sure. I think it is easier to say that those who have been directly negatively impacted by the racist laws, whether that’s arrest or convictions, form the foundation of the equity program, and also their parents. I think anyone that has a parent that was incarcerated on cannabis should also be able to quality as an equity applicant.

Beyond that, it gets a little tricky if we start talking about geography as a way to qualify, we’re supportive of some of those intents, but I don’t think the way that current experience piece is worded is going to produce the results of disproportionate impacted communities actually having those licenses in the end.

So, you know, the other piece is, the home grown microbusiness parts, definitely, we don’t think a study is necessary. We think it’s -- we’re glad you guys included this, but the rest of the country has already moved forward on that particular issue, and we think we should just go ahead and move forward to allow both microbusiness and home grow.
The last piece is that there’s no enforcement mechanism in the entire Bill. So there’s a ton of great language in there, specifically around equity and how we’re going to support people, but how do we actually ensure that a new license holder is going to meet say 20% of a hiring requirement, right? It’s very aspirational language but without some kind of check or balance on the Commission, there’s really no way to actually ensure that happens. So we think a separate entity, some sort of watchdog agency should be there to actually make sure that all the details and the intent of the law and the best results. And so that is not currently in the Bill. It’s something the Commission I think, you know, alluded to earlier is that they’re going to need a lot of help to deal with all these different issues, and so having some sort of entity specifically looking at both the equity provisions and licensing, but also that the community agreements and promises made that both the state and the private entities are met, right. And the question is, what happens if they’re not, right? If somebody gets a priority license -- because in this, it also gives priority to businesses that can show experience or intent to improve local communities. And so you can promise all kinds of things, and get ahead of everybody else, and then say, sorry, the financial situation didn’t work as I thought it would, we can’t afford to buy that new baseball field now, right? And so what happens at that point. Do we retract their license, who does that, who has the power to do that? Who is going to following up on that, and so the enforcement piece, in my opinion, undermines the rest of the equity -- the lack of enforcement, right. And so I think those are the big ones.
REP. D’AGOSTINO (91ST): Do you have any -- do you have any thoughts on -- one of the things that we’re struggling with is on the equity piece, and I think we’d be happy to take further input from you in writing on a definition for the equity piece, because we’re -- I think it’s important -- this is just me speaking to try to define that further into statute, because it will help, in my mind, sort of speed the process along if we -- if we wait for that and then it’s got to get approved, etc. I’d like us to drill down further on the equity applicant piece, and I hear what you’re saying on the in state/out of state, we’ll have to figure that out. I’m not sure -- we’ll have to think about that further. But I definitely hear you on that.

One issue that is of concern to me, though, is on the equity applicant, like once we have that definition, right. I’m very concerned about sort of predatory practices by some of the larger corporations, then we go out and say on the side, here’s $100 thousand dollars, go get your license and then sell it to me in six months, and then you’re done. So we’d have -- do you have any thoughts about sort of how we would address that problem of, it’s one thing to get equity applicants in the door, it’s another to balance the -- that we want to grow that equity applicant field, but also prevent them simply from just being bought out and -- but at the same time, it’s hard to restrict freedom of contract. I just wondered if you thought about that or have -- or if you know of experience in other states with respect to that process?

JASON ORTIZ: I mean, I have experience in California with the problem being a really serious problem in California with the equity licenses and
folks having predatory lending as you have said before, being able to dangle rather large checks in front of folks that maybe have never seen that kind of money. And so I think, again, that’s where having some sort of watch dog agency that can provide support and contractual review for potential equity applicants to show whether the contracts they’re signing are in their best interest, right, and making sure that there’s someone there to provide that technical assistance on the financial side of it. But in reality, if somebody decides that that is what they want to do, they have built their business, and they want to move on, you know, like I’m not sure I want to block them from necessarily doing that. One thing we thought of is that they should possibly only be able to sell that license to another equity applicant, so that the general percentage of the industry that remains, you know, among equity applicants, could remain the same. I don’t know the specific legal consequences for restricting sale in that way, but if we put say, you know, within the first five years, you cannot sell this license unless it’s to another equity applicant. Because the other thing we want to make sure we don’t necessarily prevent is equity applicants merging to form bigger entities, right? And so the equity applicants are going to have to deal with the giant corporations just like, you know, any other folks and so if I have a grow and Kebra has manufacturing, we say we can be stronger together, I don’t want to prevent that from happening, right? Just like we would in other places. And so, limiting it so that the equity licenses remain in the equity sphere, I think is probably the best way to move forward on that.
REP. D’AGOSTINO (91ST): And you mentioned the legal requirements. Are you -- do you have any experience with or recommendations with respect to making sure that the equity applicant definition, whatever is that we end up landing on, survives any legal challenges. Because as I understand it, there have been legal challenges for that. Other folks have said, wait a minute, you can’t give preference. Now, to me, you can still -- you can always do that under equal protection if you survive whether it’s strict or rational scrutiny and you lay out, which I think we would do here, the rationale for the allowing that. Bu I don’t know if you’ve thought about that?

JASON ORTIZ: Sure, and it’s definitely something that’s going to come up, especially when the Federal Government starts to weigh in more heavily, and I think there will be folks that present more concrete constitutional opinions and why equity applicants are legal. However, that’s why we suggest that equity applicants be qualified based on their interaction with the criminal justice system. It’s a very clear punishment, very clear damages were done to their lives, and you can use that without entering specific racial quotas. That is the biggest problem that we’ve seen, and so it was Maryland, I believe it was, that it has been challenged before, a specific quota.

So we can’t say 10% should go, right? But we can say, this is an equity program for these individuals who were directly harmed by this situation. I think that would stand the muster. That’s why, for us, the equity applicant qualifications have to be rather narrow, right, and that we think again, what -- because it’s also not -- well it’s
disproportionately people of color that have been arrested, it’s not exclusively people of color that have been arrested, right. So another equity applicant that we would seek to include in the definition would actually be Veterans that have lost or had any kind of less than honorable discharge for cannabis possession, right? And so that is not exactly a legal arrest, right, but they could have their pension removed for a very simple position. So we do think there can be other ways to do it, that aren’t racial specific that protects us from any legal challenge.

REP. D’AGOSTINO (91ST): And a question for you, just switching gears -- I think you were in the room and you heard the question that we asked with respect to the medical cannabis industry and this idea of shortages or not. You heard what the Commissioner said, I think they’re looking at it. We obviously are very interested in that and want to make sure that there’s -- I’d be interested in your perspective on whether or not there’s a shortage and if there is or isn’t, what we can do, even just to address whether there’s a perceived shortage or not in the medical field.

KEBRA SMITH-BOLDEN: So overall I’ve never wa -- never heard of anyone walking into one of our medical dispensaries and not finding any kind of cannabis at all. You know, but what the iss -- where the issue comes in, if I’m prescribed Norvasc for my blood pressure, that’s the pill that I’m supposed to take, it doesn’t interact with other pills, you know, that’s how it works, with cannabis, it works pretty similarly, so you can find a strain that specifically works to manage your symptoms and that is what is an effective medicine for you, but
because of the fact that the four growers are unable to keep up with production, you can go for up to three months without access to your medicine. So, although the current infrastructure is doing the best they can with what they have. You know, this is not an overt criticism of them, but as we begin to expand the program and think about adult use, I think from the onset, there should be options open to other producers to be coming onto the program.

REP. D’AGOSTINO (91ST): Is it that they -- is it -- we’ll ask the producers this, but is it that it’s producing that particular product, or is that given -- as I’ve been learning, sort of the particular chemical properties and you’re starting with a plant that may have different levels of the drug in it, that you just simply can’t replicate that batch and so what you need is some flexibility to say, this next batch may not be exact as that prior prescription or product, but it’s within certain parameters that it falls still within that. That’s -- what I’m hearing is that it may be hard to exactly replicate the same thing time and time again simply by nature of the product that we’re talking about here.

KEBRA SMITH-BOLDEN: Well, I mean, in the nature of growing cannabis, you can exactly replicate, you know, for -- to an extent, the plant. It’s -- the problem comes in is that with those variations, so again, someone who has found a strain that is working well for them, one of them is Biscay, we have these weird names here, um, that works really well for a lot of patients, um, that works really well for a lot of patients and for months they can’t -- they have -- they’re unable to obtain it, also because maybe I can go to one of the other dispensaries and find it, but our program here is
limited, so it limits patients to one dispensary, so if that dispensary does not have the product because that grow facility hasn’t sent that product, then that patient is not able to have access to medicine that works for their specific illness.


SENATOR WITKOS (8TH): Thank you, Mr. Chairman. My question has to do with, I guess, your interpretation of the -- under the equity statutes regarding experience, and I was kind of surprised. I want to get -- delve into a little bit more about what your interpretation is of experience. I originally had also thought about, you had to have been in the medical marijuana field either in Connecticut or any place, or recreational in some other state to have the experience, but then you had mentioned experience in the black market and, is that attributed to the conviction part of the Bill or is that -- I’ll let you explain it because I’m a little confused by that.

JASON ORTIZ: So I think the intent is to allow folks -- so let’s say the intent of the equity program generally, right, is to allow folks that have been disproportionately impacted by the war on drugs to answer the now legal market. We want to try to eliminate the black market for cannabis because of the various reasons and negative consequences that the black market sales have in our communities. So in order to do that, we have established equity programs. We have said, if you want to turn over a new leaf and you want to join the legal market, here are some support mechanisms to allow you to do that. And so that’s generally
speaking why equity exists, right. It’s also for historical reasons, but as we move forward, we want to essentially give folks their ticket to prosperity in a legal sense. And so that’s where -- when I look at the experience, if the goal of an equity program is to help those communities, you would want to give folks that are a part of those communities a way into the program, which is what I think the experience piece is.

So if I, for instance, have been cultivating cannabis for a very long time, but maybe haven’t been arrested from it, we do want to encourage those growers to now move over into the legal market and so the idea is to allow folks to say, I’ve been doing this my whole life, I’ve been helping people this whole time, now let me pay taxes I do it. And so that’s how I read it, but I think the way it’s worded leaves too much leeway as far, you know, who can abuse that? That’s not really the intended recipient of the program, but also, how does somebody actually do that? How do I show that I have an illegal grow without, you know, admitting to committing a crime. And so I think that piece there either needs to be some protection for that, or some actual process, but I don’t think there’s any way currently that somebody who is in the black market would be able to join as an equity applicant under the current language.

SENATOR WITKOS (8TH):  What would be the incentive, especially if the Bill considers the ability to grow your own under a study that has to come back within six -- well, it will be six months from the date this would become law, to have somebody that currently sells on the black market to want to have their business regulated. Wouldn’t you think that
that would create more obstacles in that respect than they’re currently operating under now, and you know, unless it’s witnessed the sale, you know, if it’s legalized in Connecticut, it’s legalized, so there’s not going -- never going to be a way to trace it back.

KEBRA SMITH-BELDON: Um, you know I think the general thought that people who are operating in a black market or engaging in illegal activities are doing this because this is just their choice. You know, I think if we provide opportunities that they -- that didn’t exist for them to do the right thing, to actually be in a legal market, I believe they would engage, especially if we provide support. And so that would be the incentive. People don’t want to be criminals [laughing]. They don’t really choose that lifestyle, but because they come from communities that that were over policed and that they end up with these records, they’re unable to come into the legal market. So with equity provisions, we can afford them that opportunity and I think they would choose that. I have people who come to me every day saying, when this is legal, you know, you’re going to show what I can do, how I can get into this industry, and so I believe that people will have the desire to be -- to do the right thing and be legal.

JASON ORTIZ: And I think also to add to that, folks are growing at home right now. And so, whether somebody wants to go into the actual full industry or not, we need to help them not be criminals anymore. And so, we want to make sure that all of the cannabis conduct that is legal, you know, in the general sense, folks can be able to do it at home. And so home grow allows for folks that maybe don’t
want to start a company, but just don’t want to be in fear of getting arrested anymore, that middle ground.

SENATOR WITKOS (8TH): Well, you know, there are drug dealers in every town in this state.

JASON ORTIZ: They’re in every CVS as well. I mean, like, there are people that are producing like -- there are people that are paying their bills. And so like to be quite honest, I used to be part of that black market and lots of folks used to call me a drug dealer, and I’m still a graduate of the University of Connecticut, and so while there are people out there -- it’s cool -- like while there are people out there that I’m sure are being demonized over this drug -- that is the whole reason we’re in this mess to begin with, because we looked at these folks as not as humans but as drug dealers. And so I think as we move forward, that’s exactly why we need equity programs, we need to have other options for people because the rest of the country, and the rest of the world is moving forward on this. We are moving in a direction that this more rational to regulate than to criminalize. And so, as we move forward, I think it’s just as important that our language reflects compassion, reason and science as much as our policies do.

SENATOR WITKOS (8TH): And I’m not disagreeing with you on that, but my point was that, when we’re speaking of the black market. There’s a black market in every community. And I -- and for your comments, you know, I was horrified of the history behind that, I had never heard that before. But, if somebody on this committee does not support the passage of this Bill in its currents form, does not
necessarily mean that -- I don’t think there’s racial overtones towards the black or brown community. I wanted to get that on the record because, me personally, there’s a Bill that was out before this committee last year or two years ago, which I was able to support getting out of Committee. The way this is currently drafted, that remains to be desired, because there’s a lot of problems on this.

I did have a question regarding if you could, what would be your understanding of economic empowerment? Because I’ve never heard that term before using legislation. So what -- what would you think that would be?

JASON ORTIZ: And so I think that’s a term that’s was actually pulled from Massachusetts, they currently have economic empowerment applicants, and that’s anyone that is of low income that still would like to enter the market. We would like to economically empower them through either material resources, grants, loans, whatever may be, helping finding locations. It’s folks that the major barrier to moving forward is capital. And there’s going to be a lot of those folks that maybe weren’t directly impacted as an arrested, but come from a disproportionately impacted community, say Hartford, right, that might have the skill set, and the experience and the interest, but not the $75,000 dollar fee that we see other places, right? And so that’s specific one has to do with income rather than criminal justice background.

SENATOR WITKOS (8TH): You’re the perfect person to ask this question since you seem to be familiar with the Massachusetts line, I don’t know anything about
it. And I had asked the Commissioner, when we’re setting, but, you know the nonrefundable fees of -- or the application fee of $25,000 and the license is $75,000, but that’s not applicable to equity applicants, and it doesn’t say anywhere in here what that application fee would be or the license fee. What -- can you tell me what Massachusetts, if you’re aware of, what -- what there’s are?

JASON ORTIZ: So it depends on the size -- some of the smaller ones are $3000 or less, that’s on the low end; if you just wanted to get into the business, you know, that’s the smallest. But as you get bigger, in Massachusetts, it’s not as much the state’s fees that are preventing folks, as it is the local community benefit agreements that seem to be the biggest economic hurdle. The state seems to be more regulatory, you just have to get everything approved, but then your local town says, well you gotta contribute $50,000 dollars to our local community in order to get this particular zoning passed, right? So Massachusetts requires that type of community benefit agreement, so the localities will say, okay, by law you have to do it, but how much is up to us. And so that’s been the bigger barrier in Massachusetts than the regulatory fees. Our are dramatically higher here. It is much more exclusive, and I would say Connecticut -- lots of folks say we’re the Gold Standard, right, but it’s the most exclusionary program in the country and so it’s very difficult for poor folks, black, white or brown to even get started, and so, a $25,000 nonrefundable application fee, right, so roughly 40 people applied last time and three quarters of them lost that money, right. And so that’s not something that most folk can do, right, to take that chance.
It’s definitely something only a big business can really afford that kind of risk.

SENATOR WITKOS (8TH): Okay, thank you. Thank you, Mr. Chair.

REP. D’AGOSTINO (91ST): Thank you, sir. Other questions? Senator.

SENATOR FONFARA (1ST): Thank you, Mr. Chairman. Good morning via a few minutes. Jason, you mentioned earlier about ways to prevent non-equity folks from buying out an equity participant. What about the scenario that a particularly aggressive and well-financed, whatever reason, legitimately has the resources to buy out some or all of the other equity participants, the Bill right now is silent on that. Do you have a thought?

JASON ORTIZ: I think we just need to limit how long somebody has to be in business before they can sell. Right, and so at least the initial period of the distribution of the licenses, we won’t see folks selling them immediately afterwards, and so I think just restricting who and how they can be sold I think is a good start. The other issue with the current language here, it kind of approaches an applicant as an individual, right -- where there will be applicants that maybe me and Kebra own 51% of the business, but 20% of the business is from an investor, right? So figuring out what percent of the business has to actually be an equity applicant, will be another part of figuring out who can or can’t own part of an equity business.

SENATOR FONFARA (1ST): I’m speaking more to -- let’s say there’s ten participants, in whatever layer of the process, that one, in the first couple
of years is able to buy out the remainder. So you have one equity participant in that particular field. That’s not exactly I think what you would want to see.

JASON ORTIZ: No, and again, I think that’s just we have to limit how and when those lic -- those equity licenses can be sold, even to other equity applicants, right. So while I think that’s a better approach is to keep it within the equity system, I don’t think that it should be just unlimited, anyone can buy as many licenses that they want. Just like the general applicants, that you can only own X amount of licenses, or X amount of square footage, or you can put restrictions on that, and you should do the same thing to the equity applicants.

That being said, I do think it’s important to put in context that those equity applicants are going to be competing with businesses dramatically bigger than they are. And so it will be in the communities best interest to have strong equity businesses to be able to compete with that. So for instance, Curaleaf is in Simsbury, and they have a very large budget, and they’re a multi-state operator, and they may move to Hartford. It’s going to be very difficult for myself and Kebra to compete with Curaleaf if we’re forced to remain very small. And so it is going to be a complicated process because ending the war on drugs is going to be a complicated thing. But, I think the best way to do that is to put time limits on how quickly somebody can sell, and a total cap on how many entities any one application can own. It gets real tricky though, where different people own different percentages of different pieces of it and that part, I think there’s corporate lawyers that
can maybe figure out the best way to put protections on that part, then I could answer.

SENATOR FONFARA (1ST): But there are a number of large businesses, put aside cannabis, in which still in those industries small businesses are able to find a niche.

JASON ORTIZ: Mm-hmm. I think our alcohol industry is a good example.

SENATOR FONFARA (1ST): It would seem to me that that ought to be a consideration in legislation that even though you have big players, that you want to have more players.

JASON ORTIZ: Sure. Well, I think in those situations, most of the time, there’s not a hard cap on licenses, or competitive licensing process, and so, it’s easier for a small business to get in of their own accord. What we’re looking at here is, once a certain number of licenses are given out, that’s it, right, like we’re going to stop at a certain point and say there’s a limit to that. And so if the big folks buy up all those licenses, if we don’t specify, we’re going to have this many large grows, this many medium grows, this many small grows, those smaller business just by law can’t even try. And so I think that’s the big difference when it comes to alcohol versus cannabis, is we have a much freer market when we’re talking about alcohol for folks to try to experiment and do different things. Where cannabis, we’re talking very restrictive and limited number of licenses. So we’re incentivizing bigger conglomerations to apply together.
SENATOR FONFARA (1ST): But we’re seeing the evolution of several markets. Connecticut seems to be, no surprise, a laggard in many of these, you know, one that comes to mind is the delivery industry, now Uber comes along and says, hey, I can do this a different way, I’m not in that same process, and so, I don’t know why we couldn’t look to that model where we’re not limiting the number of licenses if the qualifications and all the other requirements are being met, and ensuring if somebody -- as we talked about the other night, particular entrepreneurial that they shouldn’t be -- they come up with a good idea that customers would want that they not be denied because of a licensing process. That’s what Uber is all about, that’s what Tessela is all about.

JASON ORTIZ: And so, I mean, we support that wholeheartedly. That -- that’s never been sort of on the table for this discussion moving forward, but as MCBA specifically, having a no cap on licenses was the first thing we had consensus on because of the way it structures the industry to be competitive internally, and not really welcoming to anybody that’s trying to get in and hasn’t been in it for a long time. And so we would absolutely support not doing that. I would -- I don’t think that’s what it currently says in this Bill, but in the general principle, we do say the more open the market, the better.

SENATOR FONFARA (1ST): Thank you.

REP. D’AGOSTINO (91ST): (No audio)

REP. CHEESEMAN (37TH): Thank you, Mr. Chairman, thank you for coming today and for your passionate testimony. And I will add, as early as the turn of
the 20th Century, Mexico was trying to limit the use and sale of marijuana, so I don’t think it’s necessarily confined to this country. I can only imagine, however, the pain of having family members who appear to have been targeted solely because of their race or ethnicity. The pain of knowing that their employment possibilities were taken away. So I, with -- as a mother of five and grandmother of four, I can appreciate that. What concerns me as we go forward with this is those very children. As we normalize this. You talked about science. We increasingly see good sound science that talks about the terrible damage that can be done to the developing brain in our young people. I know we will take every step possible to keep it out of their hands. But currently, according to the National Institute of Health, more teenagers use marijuana than smoke cigarettes. I mean it’s a wonderful testimony to our anti-smoking campaign because we know the terrible harm and death it causes. And I know you don’t want, as much as you want job opportunities for your children, and your family members, you don’t want them to suffer from the use of something like this. So I want this to be part of the conversation. And part of me says, if we’re going to do this, by all means offer the opportunity to those who have been effective. But is that the best we can do? When you look at our growing manufacturing industries, in my part of the state, Electric Boat, Pratt & Whitney, United Technologies, simply testing positive once will foreclose those employment opportunities. My sister and her husband are merchant mariners. They’re subject to random drug tests. Now, you know, we may say that’s a federal level issue, we should get that taken away. But we’re here now. So I’d like you to
address your concerns, if you have any, on what this will do, particularly with our very young and impressionable residents of the state.

KEBRA SMITH-BOLDEN: Well, I too, am a mother of four. [laughing] I have triplets that are 17, so I have kids right in the middle of all of this. And, you know, my -- first of all, this is strictly about adult use. We are not proponents of children utilizing cannabis, but if you -- if we’re able to have funds from cannabis to reinvest in communities -- like New Haven has very little to no afterschool activities. Very little, to no, alternative coping mechanisms courses for children, and things of that nature. And so we can do those kind of things with cannabis funds, and in states that have legalized, we’ve seen a decrease in teen use. And the bottom line is that it’s illegal and kids are using now. You know, so if we’re able to provide and develop programs, prevention programs, and provide education and alternatives to just sitting around and doing nothing. I believe that we can engage children in a proper way, teach them about the science of the plant. There’s so many elements of this. These are business opportunities. This can spark interest in children to become engaged in science and chemistry and biology and horticulture and all of these things. So there’s many elements that can be instituted in a responsible way where we can protect our children from things that we are not fully aware of. But there is research on both sides, you know. And so with the ending of prohibition, we can develop more research and be -- and have more studies to see -- to really determine how cannabis use affects teens and educate kids accordingly.
JASON ORTIZ: And I think, you know, how we spend the funds is going to be a discussion for another committee; however, whether or not it’s the best we can do, like we can do amazing things with this process, if folks in your caucus and your party were to join us in drafting this legislation, we can do a lot of great things and as far as CURE CT goes, we did draft our own Bill that has a full legalization Bill, that’s part of my testimony submitted and you can find it at CURECT.org, but we put 51% of the funding into afterschool programs for youth, and if 100% went that would be fine with us too. So I think the more that we can be talking about how can we maximize the benefit for our communities, rather than whether or not we should be moving forward on this is going to open opportunities for young people in all kinds of ways we haven’t even considered yet.

REP. CHEESEMAN (37TH): Thank you. And you know, we could have this conversation all day long [background laughing] because I think part of the conversation has to be the social cost. Again, the editorial from the Robert Troyer in Colorado, their research is showing Colorado marijuana use among teens is now 85% above the national average. He’s also looking at the revenue piece. And granted, if -- if we could be confident that this revenue is actually going to go to where you want, I might look at this differently. But unfortunately, and I -- you know, I sit up here, so I have to take some of the blame, even though I’m only in my second term, too often, revenue streams don’t go where they’re supposed to go. Again, Colorado, it’s less than 1% of their budget. Okay, here it’s what -- they’re population is twice ours. So let’s say we get $100 million dollars a year. There, the cost of
enforcement, the regulatory costs leave very little for those incredibly worthy social programs. And I worry too, and I questioned the Commissioner about this on the black market. I mean, if I’m just googling, why consumers prefer under growers to legal market? Colorado becomes the first state to dedicate marijuana revenue to out -- you know, eradicating the illegal market, the black market. Massachusetts, Boston Globe February 2nd, why most of the sales taking place in Massachusetts are in the black market. We aren’t going to get the revenue you want. I mean there is a financial incentive not to pay the tax on things. So, as I say, I don’t want to monopolize, we have so many people wanting to talk. But I get your concern about wanting justice. I get your concern about wanting equity. But let’s do it in a way that provides you what you want and doesn’t extract a huge social cost on the state. Thank you. Thank you, Mr. Chair.

REP. PHIPPS (100TH): And Representative, may I add on just to say that, um, one of the issues that I think we have to discuss is that we don’t have to image the social cost. We don’t have to pretend to think about it, we don’t have to make it up, we already know the social costs. Some of my friends who left me, already talked about his own journey and what the social cost was. I can’t enter my barbershop on any day and not have someone talk about their lack of ability to be able to get student loans because of a conviction, or applying for a job and having to talk about a conviction or the many mothers, and aunties in my church that have had their sons and nephews and nieces, and daughters incarcerated because of the war on drugs. We don’t have to imagine, that’s my normal story. I said
every week I go into the barbershop, I have someone remind of that social cost. It’s painful to go into my barbershop and have my friends say, that we always knew you were going to make it because the opposite side was they always knew they weren’t because of that social cost, because of the lack of job opportunities, because we have disproportionate and inequitable education opportunities here in the state of Connecticut and throughout our country. We don’t have to imagine the social cost. We know what that social cost is now, and what we have the opportunity to do is address it in an equitable way and move forward together.

REP. CHEESEMAN (37TH): Thank you. And I agree, you’re right, we know the social costs. I suppose the difference of opinion is, is the best way to address it. And it -- I -- as I said, I have -- I would have no problem expunging the records. We’ve already made possession of small amounts illegal. But as -- again, I’m not going to monopolize this. Thank you very much, Mr. Chair. Thank you so much for caring so much.

KEBRA SMITH-BOLDEN: Thank you so much.

REP. D’AGOSTINO (91ST): Representative Allie-Brennan.

REP. ALLIE-BRENNAN (2ND): Yeah, I just wanted to thank you guys for being here today and highlighting such an important part of the conversation. We can’t talk about the retail sale of cannabis without restorative justice and you know, equitable treatment, especially in the areas hardest hit in our state by marijuana law enforcement. So I think you guys have provided valuable testimony and we really appreciate it, so thank you.
REP. D’AGOSTINO (91ST): Other questions from committee members? Thank you all for coming up, thank you. I’m looking forward to working with you as we continue the conversation in the drafting process. [background laughing] Two people together, Nikki LeJay and David Lipman, Lipton, excuse me.

NIKKI LEJAY: Members of the committee, my name is Nicole Lejay, I’m President of Curaleaf, one of the four licensed --

REP. D’AGOSTINO (91ST): Make sure you just get a little bit closer to the mike for me. Thank you.

NIKKI LEJAY: Medical marijuana producers in Connecticut. Our operations are in Simsbury. Our group, the Connecticut Medical Cannabis Council would like to offer brief comments in support of H.B. No 7287, AN ACT CONCERNING REVISIONS TO THE MEDICAL MARIJUANA PROGRAM. We not only produce the medical marijuana that patients purchase for medical dispensaries, we also formulate specific extracted ratios from the many medical properties of the cannabis plant. Our products are verified and validated by independent third-party laboratory testing and our pharmaceutical-grade medicine have helped Connecticut patients treat a variety of serious and debilitating ailments. At the outset, we would like to acknowledge this committee and the General Assembly’s fine work. We also want to thank the Department of Consumer Protection for the wonderful job they have done in implementing the program.

H.B. No. 7287 will permit access to the state’s medical marijuana program by patients who experience opioid use disorder, had become addicted and want to
try a different approach. If we can help patients to avoid opiates, we can prevent the numerous detrimental corresponding side effects. There is precedence for the General Assembly’s adding debilitating medical conditions and statutes. These have included cystic fibrosis, terminal illness, cerebral palsy, as well as eligibility for minors with certain conditions such as epileptic seizures and other conditions for adults. This was done in 2016 through Public Act 16-23.

The decision was made then to move quickly to help people. This Bill takes the same approach in dealing with the national crisis of opioid addiction and death.

Two other important provisions of the Bill merit your consideration. Eliminating the registration fee patients must pay each year, and keeping funds generated by the program in the Department of Consumer Protection. Approximately 33,000 Connecticut residents are registered as participants in Connecticut’s medical marijuana program. We believe the program is one of the best, if not the best in the nation. H.B. 7287 represents a modest update and enhancement to this program, consistent with the vetting and research that has occurred. It will provide a new avenue of relief for adult Connecticut residents who want to treat their pain without the use of narcotic drugs or use medical marijuana to end their addiction altogether. Thank you.

REP. D’AGOSTINO (91ST): Wow, that was perfectly done [laughing] in terms already, you’re -- I’ve got some questions though, so we get -- since we both have come in -- actually I was hoping since you were
in the room and heard sort of the discussion about the medical industry and the perception of shortages, in just helping us understand sort of the technical aspects of growing and what I was trying to get out unartfully, is, if I’m understanding this correctly, in terms of being able to meet a specific product demand and your ability to do that?

NIKKI LEJAY: Certainly. We have put together some statistics for the dispensaries as well as the DCP. We -- the majority

REP. D’AGOSTINO (91ST): Get a little closer to the mike for me, I’m sorry.

NIKKI LEJAY: The majority of dispensaries on a consistent basis do not sell out their full -- or purchase their full allotments of any specific product. You are -- they were correct in that certain strains are more specifically targeted for certain conditions, and I think we just need to increase our communication with the dispensaries on what those are to ensure that those are constantly repopulated and brought in.

REP. D’AGOSTINO (91ST): Are you able -- I want to make sure I understand this. Are you able to do that? If they want a specific product, and you’ve grown and produced that product, and you have to grow it again, are you able to replicate a product?

NIKKI LEJAY: Two -- you can do the same strain, so of course there’s laboratory testing and there’s variables associated with the exact percentages of cannabinoids and other terpene, but yes, you would be able to mimic that strain as the degree the patient’s want.
REP. D’AGOSTINO (91ST): Is there anything we can do? You don’t have to answer this now, but anything we can do to help in sort of the process, and the regulatory process facilitate that communication, to make sure that there’s a -- there’s a line of communication open between you and the dispensaries to address this to help speed through approvals at the DCP level, to make sure that these products, when they run out, are able to be restocked more quickly, so you’re not overburdened on the regulatory end?

DAVID LIPTON: Do you mind if I answer that?

REP. D’AGOSTINO (91ST): Please, go ahead.

DAVID LIPTON: I did have a statement as well.

REP. D’AGOSTINO (91ST): Yeah, I know. You can touch on it.

DAVID LIPTON: If I could just say that, you know, we support the medical marijuana program, it is the best in the country, -- so, I just want to say that. As far as our communication with the dispensaries, we have an ongoing dialogue with the dispensaries, we work with them every week. We’re -- the producers that are producing the products that they then sell to all the patients, certainly, we know the products that they want to purchase, because they order them through us. So, I think we appreciate your help and counsel on that, but, you know, the DCP has also been very good about connecting us with the dispensaries and we do meet and discuss the products.

REP. D’AGOSTINO (91ST): Is there a lag between getting it? Let’s say it’s a prior product that’s been approved that’s run out. You get requests from
the dispensaries to get it again, is there a lag in terms of getting the second batch approved, or is there a way to speed that up?

DAVID LIPTON: So, um, you know, the process is—the speed is greatly improved since the program started. I’ve been involved in the program since the beginning. Sometimes it would take a longer period, maybe eight or nine days to get approval for a product. It’s done in three to five days now. But you have to understand when you’re growing a product to start, and you’re growing a cannabis flower, it’s over six months to grow the product, then you have to dry and cure the product, then it goes out to the lab testing. The lab testing takes nine days, so, we’re many months behind in putting any product out there, and that’s just to start with the flower. Now, 60% of the products that we’re all selling are then derived from an oil that we’re deriving from the cannabis flower, where we extract and we make all the different products. So that’s a whole other set of branding, a whole other set of laboratory tests. But I do want to say, the product menu lists that are in Connecticut, are very vast. There’s a huge a breadth of products and our order form alone has about 150 different products in any given day. You know, we started the program selling products back in 2015, maybe there was 10 or 15 products, but now there’s a 150 products. So I think every producer is taking it very seriously about expanding, putting funds into their infrastructure and creating the products that are really helping the patients in Connecticut. So we don’t often hear that, oh I wish you still had this strain, it rarely does happen and patients do let you know, oh we did love this strain, and if we
don’t currently grow the strain, we say we do have a similar strain, because a lot of the strains are very similar. And to grow them the same every time, it’s a plant, it’s very hard to get the exact same lab test result every time you batch a cannabis flower.

REP. D’AGOSTINO (91ST): Yeah, that was the issue I was trying to get at. And making sure you’ve got flexibility to — even though a strain may be a little different than the prior one, so long as it falls within a set of parameters, it can be still offered to address a particular ailment?

NIKKI LEJAY: Yes, and I believe the regulations are actually written that, you don’t have to rebrand product if it’s plus or minus I think 3% now, so, -- and typically that -- that’s standard.

REP. D’AGOSTINO (91ST): And is that plus or minus 3%, you’re comfortable with that range?

DAVID LIPTON: That’s for the active cannabinoids. Just to understand the cannabis flower and the medicine the patients want. There’s a few different genetic types for plants. You have a hybrid plant, or a Sativa-dominant plant, or an Indica-dominant plant. So if patient A goes to the dispensary and says, I always love this strain, you know someone was talking before about Biscay (phonetic) or another product like that. There will be other products that the other producers that are producing that, probably mirror that as far as the terpenoid (phonetic) level and analysis as well as the cannabinoid analysis, so if there’s not that one exact strain grown, there’s going to be something very similar to that product, that should help the patient.
REP. D’AGOSTINO (91ST): Okay. All right. I just want to communicate, we want to hear from you, we want to hear about these issues, and if there is anything that we can do to help to sort of speed the known products that work to the patients, we want to make sure that we’re doing that. So we want to take your input on that. Questions from Committee members? Any questions? Thank you both for coming up. It’s great.

DAVID LIPTON: Thank you very much for having us.


KAREN O’KEEFE: All right. Good afternoon, my name is Karen O’Keefe, and I’m an attorney and the Director of the State Policies Department, at the Marijuana Policy Project, the largest Marijuana Policy Reform organization in the United States. We commend Representative D’Agostino for introducing Bill to replace the decades long policy failure of marijuana --

SENATOR FONFARA (1ST): And Senator Fonfara.

KAREN O’KEEFE: Oh, and yes, my apologies, you as well, sir. To replace this decades old policy disaster with sensible regulation and with a strong focus on social equity and public health. Marijuana prohibition as our allies at CURE CT have so eloquently said was born of misinformation and racism, and it continues to be enforced unequally to this day. While African Americans use marijuana at about the same rate as whites, there are nearly 3.3 times as likely to be arrested for marijuana possession in Connecticut according to 2010 data. At the same time, the criminal justice system is unequal at every step of the process. That includes
harassing searches, arrests, prosecution and sentencing. We appreciate that H.B. No. 7371 would take important steps to ensure that those who have been the most harmed by cannabis prohibition, are able to reap the benefits of this new industry. It would allow a three-month head start as was discussed for individuals with past cannabis convictions and those who live in communities that have been disproportionately harmed by marijuana prohibition.

We also appreciate the Bills focus on public health and public safety, taking cannabis out of the shadows and into the world of control and regulation. On the illicit market, the consumer has no idea what they’re getting. The marijuana could have dangerous pesticides, contaminants. It could even be laced with something else, whereas when it’s legal and regulated, it can be testing and they can know what they have.

Under H.B. No. 7371, cannabis would be tested, labeled and packaged appropriately. It would have warning labels on risks including any to the developing mind, to pregnant woman and regulated to driving along with many other potential risks so that the consumer knows about them.

Under marijuana prohibition, workers are also at risk. Sellers have been killed during armed robberies, sometimes, of course, they end up in prison. A recent expose showed that in California in the illicit market groves, woman who are growing are subject to sexual exploitation and abuse. And people are subject to wage theft as well. When marijuana is legal and regulated protectors -- um,
marijuana workers do not have to worry about being arrested, killed or otherwise abused.

By replacing prohibition with control, Connecticut can control where, when, and to whom cannabis is sold. And by passing H.B. No. 7371, it can do it in a way that is just and equitable. I would be happy to answer any questions.

REP. D’AGOSTINO (91ST): So I had some questions earlier, I’d appreciate your insights with respect to the -- if we want to drill down further with an equity applicant definition, what the experience has been in other states and how we can best avoid legal challenges to a definition. So in terms of specifics to a definition that would also help us avoid any constitutional or other issues.

KAREN O’KEEFE: Sure, so I think that the most important thing, unfortunately, is that it will be more difficult to -- withstand a challenge in court if it specifically bases benefits on race, because then it would be subject to strict scrutiny. There was a court decision in Ohio, Pharmacann versus, I forget who the other party was, where they ruled against -- I think it was a 15% aside for applicants who are people of color. If that were to be a factor, it would be very, very important that the record be built to show that there’s a need for it. And that it be narrowly tailored. So for example, if there was showing of inequity in licensing for Latinos and African Americans, but not Asians, it would have to be limited to those individual groups that they could -- you could prove it, but strict scrutiny is a very difficult hurdle to get over. So, using what’s currently in the Bill or some other language that’s hopefully drafted in, um,
consultation with CURE CT that gets at the same idea of repairing the harm, without specifically listing race, makes it so you have under equal protection challenge. Only to show a rational basis, which is way less difficult to withstand in court. So that’s very important. And of course, building the records, so if there is a challenge, you can show that there is a reason for it. So entering evidence of the reason that, you know, how much unequal enforcement there is, how much marijuana convictions can make it difficult to get employment, housing, and otherwise, get an education, um, basically building the record and try to avoid strict scrutiny, or if it includes specific considerations of race having a very robust record -- possibly even doing a disparity study. In Maryland, there were going to have preferences for people of color as well, and the Attorney General said that without a disparity study conducted first, it could not withstand a challenge. So if the equity definition were changed to specifically include race, you’d probably want to do a disparity study and build the record very, very strongly.

REP. D’AGOSTINO (91ST): So we’ve avoided quotas or specifically, you know, race-based preferences and focused more on the impact of the war on drugs, and -- which, you know, necessarily impacts communities of color more, but we’ve avoided embedding those sort of threshold considerations in the statutes. So you -- you would say that that’s going to help us avoid such scrutiny and go more of a rational basis [Crosstalk].

KAREN O’KEEFE: Exactly. It’s far more likely to withstand challenge or it might not even be challenged because of.
REP. D’AGOSTINO (91ST): So if there’s other suggestions that you have, given the breadth of MPP’s experience across the nation, with respect to how we can further, you know, define the equity applicant, while -- while keeping within a strict -- a rational basis, paradigm, we’d love to hear that. You don’t have to do that now, but if you want to send something to us, we’d appreciate it.

KAREN O’KEEFE: Certainly, yeah. Just quickly, one other piece on the equity too. I think it’s -- Massachusetts had such wonderful intentions but it ended up 0/100 because the first applicants were people of color, so making sure that there aren’t other hurdles that make it very hard for people without a lot of access to capital is equally important. So the application process shouldn’t be too onerous.

REP. D’AGOSTINO (91ST): We’re definitely looking at economic -- an economic development piece to this pre-application process, etc. There’s other work that needs to be done in another committee that as luck would have it, it’s chaired by the Senator of this committee, so. Thank you. Other questions from Committee members? Thank you very much, we appreciate your testimony and expertise on this.

Ron Petronella, UFCW.

RON PETRONELLA: Hi. Thank y -- thank you Senators and Representatives for giving me a chance to speak before you today. My name is Ron E. Petronella, I’m Secretary/Treasurer of the United Food and Commercial Workers Union, Local 371. UFCW Local 371 is based in Westport Connecticut, together with our sister Local Union 919, which is based in Farmington, we represent over 12,000 workers around
the state, primarily in the food, retail space. If you’ve every stopped -- shopped at Stop & Shop for groceries, you’ve interacted with our UFCW members. Though we do not currently represent cannabis workers in Connecticut, nationally, the UFCW plays an integ -- an integral leadership role in developing and stabilizing of the emerging cannabis sector through its cannabis workers rising campaign, which has existed since 2010. The UFCW supports legislation and regulatory efforts, participates in industry coalition and helps set standards for cannabis workers through collective bargaining. UFCW represents tens of thousands of cannabis workers across multiple states.

While we support the intent of H.B. No. 7371, we are thrilled that the General Assembly is considering ending prohibition on adult use cannabis within the state, something we believe is very long overdue. The current Bill, as drafted, does not offer protection for the future industry’s workforce. Inclusion of workplace safety and labor standards would be beneficiary for the entire state.

First we believe that all prospective licenses should be required to be party of the Labor Peace Agreement with a bona fide labor union in order to prevent labor strife in the industry and ensure stable jobs.

The only way to ensure that the industry operates under labor-friendly standards is by requiring Labor Peace Agreements, sometimes known as neutrality agreements, allowing workers who wish to form a union the ability to do so without coercion by their employer. Once they do, everyone benefits.
Union contracts mean a high quality job. Unionized budtenders in Oregon, for example, make an average of $15.30 an hour and lead workers make an average of $16.30 an hour with health and pension benefits. In our own backyard, unionized budtenders in New York State start at an average of $18 an hour. These workers enjoy health and retirement benefits as well. By comparison, workers without union representation often make minimum wage, and are sometimes placed -- or some places are illegally paid in products. These workers are unlikely to receive benefits, and may end up on public assistance. In effect, the state subsidizes these jobs. We should not go down this road; Connecticut’s workers deserve better.

Further, collective bargaining agreements are instrumental in ensuring that workers have an independent voice and can speak out about any compliance concerns without fear of retaliation.

Workers on the front line are often the first to note health, safety, and environmental problems. When they can speak out without the fear of retaliation, workers help with compliance efforts. Thus, such policies benefit workers, consumers, and regulators.

Our neighbors are already considering this in New Jersey and expected to pass a law within weeks that require prospective cannabis licenses to prevent -- to present evidence of a signed labor peace agreement in New York, which currently requires labor peace for medical licensing, also includes such a requirement within the regulatory cannabis legislative proposal.
It’s also important that the state strongly consider including a merit-based -- a merit-based point system for evaluating applications for all types of licensing’s that take

REP. D’AGOSTINO (91ST): Wrap it up. Wrap it up if you could please. We’re just --

RON PETRONELLA: Cut it -- yeah, so we support the legislation with some tweaks and we hope that you consider our -- our thoughts.

REP. D’AGOSTINO (91ST): Ronnie, on the Labor Peace Agreement, just so we’re clear. Obviously it would be up to each facility, the workers there to organize right?

RON PETRONELLA: That’s correct.

REP. D’AGOSTINO (91ST): And then if they did, then this -- the agreement would take effect? They couldn’t strike and the management would have to accept the agreement.

RON PETRONELLA: Yeah, it would -- the management would have a mutual agreement and in turn, the workers wouldn’t be striking and we’d have an election -- a normal election under the NLRB.

REP. D’AGOSTINO (91ST): Right.

RON PETRONELLA: But no -- none of the employer’s tactics, anti-union tactics, etc.

REP. D’AGOSTINO (91ST): Typical as we’ve got in the private sector right now. And that would -- and we’re talking -- you’re suggesting this be done obviously on each level to the extent we’ve got a cultivation facility, and the workers there they’ll be able to organize, dispensaries --
RON PETRONELLA: Yeah, we, we’re -- we represent people in food processing. We also represent workers in retail space, and retail food, and you know, packing houses and things like that, so we do have experience in, you know, food processing, and that’s basically what the edibles are.

REP. D’AGOSTINO (91ST): If you could keep us apprised of the status of the New Jersey Bill, I’d be interested in taking a look at what’s been proposed in New Jersey, that’s be great.

RON PETRONELLA: We can -- we can -- we can do that. I just want to thank Abe Silk, he’s behind me, he’s with our international union, and he would be a real good contact person for you. And he’s well abreast of the law in New Jersey, he’s been working on it for quite some time now. Okay.

REP. D’AGOSTINO (91ST): Terrific. Great. Good. Other questions from committee members? No? Thank you, Ronnie, I appreciate you adding that issue to the debate which is something that we do need to consider. Michelle Piccerillo.

MICHELLE PICCERILLO: I’ve asked my colleague, Jennifer Dewitt to join me at the table today.

REP. D’AGOSTINO (91ST): Just turn your mike on Jen there too so you can speak.

MICHELLE PICCERILLO: Members of the Committee, my name is Michelle Piccerillo and I’m the Human Services Director for the Town of Cheshire, a Board Member of the Connecticut Youth Services Association, and a mother to three teenage children that I am raising in the State of Connecticut. I am testifying today in regards to H.B. No. 7371, AN ACT
CONCERNING THE RETAIL SALE OF CANNABIS, to express my opposition to this legislation.

I implore you to carefully consider the serious public health and safety implications of any legislation that would legalize and commercialize the sale of marijuana as it is my belief that whatever the intended goal of the legalization, it would come at substantial detriment to the safety, health, and welfare of our youth. As a Human Services and Youth Service Bureau Director, a Member of the CYSA Board, and as a parent, I have grave concerns about this legislation and how it will impact Connecticut’s children.

The primary concerns for youth related to legalization are the potential increase in access to marijuana products and the increased exposure to positive messaging regarding general use of marijuana. This would result from increased numbers of available marijuana products including edibles, waxes and vapes, plus increased product promotion and advertisement. Young people are among the most susceptible to damage related to marijuana abuse given that exposure during adolescence is connected to a whole host of potential health problems. Normal brain development continues until approximately age 25, and medical research overwhelmingly demonstrates the impact of marijuana to the developing brain and body, altering the development with potentially permanent effects. The CDC warns when marijuana users begin using as teenagers, the drug may reduce attention, memory and learning functions, and affect how the brain builds connections between the areas necessary for these functions. Other studies show increased risks for mental health problems and further substance abuse.
My YSB runs a juvenile review board and it oversees other related processes that play an interval role in community-based diversion from court. I have concerns how the impact -- how -- the impact legislation will have on youth access to marijuana and the subsequent arrests of young people for possession of those drugs.

JENNIFER DEWITT: So Michelle asked me to join her and there were just two things that I wanted to share with you. I represent the Connecticut Prevention Network and the Regional Behavioral Health Action Organization serving Region V of Connecticut which is 43 towns of Western Connecticut. And as such, we oversee and support many of our local prevention councils who are housed at Youth Service Bureaus and we’ve been conducting confidential focus groups with high school-age youth, asking one question about the impact of marijuana legalization for individuals over the age of 21 on youth. And every single young person in every single focus group unanimously said, it will increase our access, through older siblings, through other family members, to greater availability, retail availability, etc., etc. So that’s one piece that I wanted to share with you because we’re conducting those focused groups right now, and all of our youth are telling us, that if you legalize this for individuals over the age of 21, it will have an impact on young people.

The other piece I wanted to share is that before medical marijuana was legalized here in Connecticut, a number of potential producers reached out to us and said, would you, you know, support us in writing this, and in being in your service area, -- and by the way, we’ll do some wonderful work and throw
dollars towards prevention. And we understand that with medical marijuana legalization, that absolutely dollars needs to go towards prevention. I can tell you that not one producer, not one distributor that I can identify anywhere in our 43-town service area gives one single penny to their local prevention council. So I want you to understand that while some of our speakers have talked about the importance of prevention, and making sure that we are safeguarding children, it’s not being baked up and I think that you need to know that as a committee as you consider these Bills. Thank you.

REP. D’AGOSTINO (91ST): Thank you. Questions from -- Representative Cheeseman.

REP. CHEESEMAN (37TH): Thank you so much for coming up and testifying today and I was particularly interested in your comment that despite earlier promises, no funds have been directed to you for prevention?

JENNIFER DEWITT: Not through local prevention councils and not that I’m aware of in our service area. I can’t speak for the rest of the state, and I can’t speak for prevention dollars maybe outside other local prevention council, but that’s the appropriate for it to go through.

REP. CHEESEMAN (37TH): So what is your faith in the process should this go forward that revenue derived from this legal trade would be returned to prevention councils like yours?

JENNIFER DEWITT: At this moment, I have no faith that that would be promised or actualized.
REP. CHEESEMAN (37TH): Are you currently seeing issues as a result of marijuana use among the people in your -- your youth service area?

JENNIFER DEWITT: Absolutely. And in other testimony that folks have provided, particularly around vaping marijuana.

REP. CHEESEMAN (37TH): And obviously you’re aware it is proposed that vaping may be made illegal, or purchase of vaping products for anyone under 21. Again, do you have confidence that even if that were to pass, that this would cure the problem?

JENNIFER DEWITT: I do not because many of these products are still available for online purchase. With a $20 gift cards that we give our kids at Christmas time and without parents at home to intercept those packages, that’s another route that young people are obtaining the product, and adulterating them.

REP. CHEESEMAN (37TH): All right, thank you. Thank you, Mr. Chairman.

REP. D’AGOSTINO (91ST): Representative Gibson.

REP. GIBSON (15TH): Thank you, Mr. Chair. Hi, good afternoon. Could you expound some more on the vaping of marijuana as far as, um, what you’ve seen with young kids, um, maybe in schools. How, how -- exactly how they’re getting it outside of the online. Anything else you can add to that?

JENNIFER DEWITT: Yes. So, we started our focus group by asking young people for a list of terms that they use to describe marijuana or marijuana use today so we make sure that we have, you know, current cultural information. And, uh, they use the
terms dab, dab pen, or just vaping, and so I asked for clarification since when we’re talking about vaping, we could be talking about vaping nicotine or vaping THC, and they said, yes, THC is usually called a dab pen or a marijuana pen, but vaping could be referring to either/or. And in another situation outside of a focus group, there were two young adults under the age of 21, standing next to me using both a JUUL and what to look to me to be a THC pen, and they were using both products right next to me, and I could not smell anything from either of them. And so I just asked them casually, what is that, what do you got there? And they said, oh this is a JUUL and this is a dap pen. I said, oh, tell me about that. And one individual said well he got it because he injured his back and had a medical marijuana card and they were sharing it. But I was very, very surprised standing right next to them, there was no detectable odor. And that is what we hear over and over again from all of our school, all of our school resource officers and everyone who finds marijuana use on school grounds, they’re using dab pens, they’re using adulterated vapes and JUULs because the odor is undetectable, and so it makes it fall far under the radar and is being used in school much more frequently than traditional marijuana products are, which again, is affecting their learning and education throughout the school day. And they’re struggling with how to deal with it. Our schools are really struggling, because it would send tons of kids to, you know, juvenile referral or ticket them, or in other ways have to address it, and there’s a lot of it going on.

So again, for individual school-age youth under the age of 21, it’s having an effect right now and from
what our kids are telling us, that impact will only increase.

REP. GIBSON (15TH): Are these -- are these kids who normally wouldn’t do something like this, or is it kids who are at risk and probably would get in trouble anyway? I mean, I’m saying are these like kids who normally don’t get in trouble versus the kids who have a tendency to.

JENNIFER DEWITT: We purposely tried to identify a diverse group. So we had, um, groups of urban and suburban youth. We had youth of multiple ethnicities, we had the kids who are not involved in any kind of afterschool activities. We had the kids involved in athletics. We had the kids who asked us to not audio record the focus group because they did self-identify as someone who uses those products. So, I think from what the youth reported, to me, confidentially, yes it was a broad cross-section of kids who had firsthand experience and observation of peers and others in their school community.

REP. GIBSON (15TH): Thank you. Thank you, Mr. Chair.

REP. D’AGOSTINO (91ST): I appreciate that what you’re say -- you’re describing a current problem that’s a current issue. I guess I’m having a little difficulty accepting that, based on surveys of teenagers, that use will increase if we do this.

JENNIFER DEWITT: That’s not what they said. They said that their access would increase. And if access increases, --

REP. D’AGOSTINO (91ST): Right, well, that’s the implication of the statement. And I guess I’m -- I’d like to see something more scientific than
surveys of teenagers about that. And the only data that I do have on that is the recent study from Colorado showing after five years, that teen use has not increased after legalization in Colorado. So, I -- look, I’m -- we are absolutely cognizant of policing and I think you see in the draft Bill as many restrictions on this as possible, like highly regulated field, limiting access, and obviously what we’re hoping to do is, is, destroy the black market as well, and teenage availability through the black market, which carries a number of other costs besides just access to the drug obviously. And then hoping that the highly regulated access points will, will restrict access. Will we eliminate use by this? Of course not. Of course not. It is the same way that the legal available of liquor has not, you know, kids still get that as well, through siblings, through you know, non-attentive parents, etc. But, uh, you know, to the extent that any of this information that you’ve got can be documented or brought to us in terms of survey responses, what -- we’re happy to take a look at it. But you see what I’m asking for, I mean, we try to drive ourselves a bit by data and I’ve got a five year study in Colorado, you know, that actually looked at this on a state basis. I’ll take your word for it that the surveys, you know, yielded those responses, and I’m happy to have more from you.

JENNIFER DEWITT: They weren’t surveys, they were focus groups, so it is anecdotal information. Yeah.

REP. D’AGOSTINO (91ST): Fair enough.

JENNIFER DEWITT: One other piece, too, that they identified, four different youths in the focus groups identified that they did have an immediate
family member that had a medical marijuana card and they said that they have access to their product. And they said that their parent would probably not be aware if they did get their hands on it. And so, you know, we’re just -- we’re just trying to gather information and the purpose of the focus groups is to help some of our local prevention councils that are looking to do prevention work. And we need to hear from young people because they’re the ones being impacted by this. So, so that’s all I wanted to do was to share some of the information that they shared with me in confidence.

REP. D’AGOSTINO (91ST): Yeah, and looks it’s useful for us to have and I think to the extent that some of that anecdotal evidence can help us craft, whether we do or don’t use it or not within the medical field, access to the medical product. I mean, I think today it is very hard for us, nor would we want to be able to go into every home and figure out how everybody’s securing this, but to the extent that we can strengthen our laws regarding access, like we do with any other dangerous substance, we are willing to do that So I wanted to let you -- let your know that. I think that’s it for the committee members right now. So, thank you both for coming up. John Wisniewski.

JOHN WISNIEWSKI: Good afternoon. I am John Wisniewski. I live in Glastonbury, Connecticut. I am a the owner of Payless Auto Glass and 31 years ago I opened up a Payless Auto Glass in Hartford. We now have locations in Hamden, Norwich and Hartford. I am here today representing small business person and like-minded entrepreneurs, that have made Connecticut prosper. Thank you for the opportunity to speak today.
As a businessman, I’m in favor of these Bills and I applaud your committee and the legislator for bringing the palliative use of cannabis to those in our state and for setting up regulatory protections that will be present if and when the legislative process passes. I am here to ask that while considering these Bills, legislators take care to protect small business and entrepreneurs of our state who wish to compete in this arena from being overwhelmed by giant corporations who have already expressed an interest in controlling Connecticut’s cannabis market.

While small business people like me are not opposed to competition, we need to know that there are room for the little guys to compete, and it’s your job to make sure the playing field is level. After all, all the money that we as Connecticut business-based businesses make stay here, allowing Connecticut businesses to enter this marketplace will recirculate 48% of the money that they make back into the local community. Large out-of-state corporations recirculate only 14% back into their communities.

With the limited legalization of marijuana in our state, we also believe the time is right to show leniency to those who through whatever reason, youthful indiscretion, poor decision-making, peer pressure, may have been penalized for personally using small amounts of marijuana. Now that we are legalizing the industry, we should be willing to give these individuals a second chance. It’s exactly what we do in our business. We do not discriminate our hiring -- in hiring against people may have made poor decisions in the past and who have paid a price
legally and personally. And we’ve never regretted giving somebody a second chance.

In all our years, we have paid a wage higher than minimum wage, and currently it’s about 30% higher. If we’re allowed to compete, our jobs will be not only counter jobs, but will also include office, administrative, IT and many other. I encourage members of the Committee to consider these thoughts when designing the cannabis -- a cannabis marketplace; one that will protect Connecticut small business and give small offenders a second chance at a good job with a decent wage.

We have seen in other states the impact of legalization has on our communities. According to the Berkley Journal of Criminal Law 2018, to enforce marijuana laws costs $3.6 billion dollars a year nationwide with 700,000 arrests per year. Colorado has 5.6 million people and the tax revenue from marijuana from 2014 to 2017 is $600 million dollars. Many of that money has been appropriated to schools, substance abuse programs and public safety. Thank you. If you have any questions, I’d be happy to answer.


JENNIFER PURDON: Hi, I’m going to read off my phone to save trees [background laughing] Good afternoon, esteemed members of the General Law Committee, I’d like to first thank all in attendance of this hearing today. My name is Jennifer Purdon and I speak on behalf of Canna Care Docs, and for myself as a patient and advocate for equity in cannabis. I am student at the University of Connecticut where I
engage in clinical research in psychology, and am an employee of the Canna Care Docs. At Canna Care, we take pride in our ability to help educate and integrate Connecticut patients into the medical marijuana program. My role at Canna Care is as a patient educator, which means that I spend two to three days a week, when I’m not in classes interacting with patients, teaching them about cannabis med -- medicine and helping them navigate the program.

You can only imagine how many patients I’ve had break down in my office desperate for alternatives to treat their conditions, some of them on 10+ medications that are no longer working for them or are exacerbating their condition. Many of these patients are prescribed opioids, which they often do not work for them and in some cases have contributed to the development of a problematic relationship with opioids and/or opiates. These people need to be listened to and their experiences deserved to be valued, not just theoretically but on an institutional level. This is why I’m here testifying today in favor of these two Bills. I’m not sure where the DCP stands today on adding opioid use disorder to the list, but I am completely in favor.

There is a substantial research that supports the hypothesis that cannabis is effective in helping the struggling, stigmatized and often victimized people who use opioids to come off of them. Research shows that cannabis medicine can help alleviate symptoms of withdrawal, which include tremors, nausea, diarrhea, vomiting, weight loss and both the physical and psychological pain that they are experiencing.
Given the gravity of the epidemic and the current lack of available treatments, stories such as ones we’ve heard in the past, and in other hearings are invaluable. We believe it’s time that CT legislators address the epidemic directly by allowing people trying to come off of opioids, access to any safe treatment available and cannabis presents as one of the safest treatments currently available. I hope that some of the revenue generated from legalization will be redirected back to the medical program, as many of my patients frequently share with me that the $100 cost for the State fee is egregiously high, especially since many of our patients are of a lower socioeconomic status and/or are disabled and unable to work.

As a cannabis activist as well, and person who uses cannabis, I know firsthand the medicinal benefits, but I’m also aware of the immense harm that has been imparted on marginalized communities in the name of the war on drugs, which is really a war on people who use drugs.

The budget crisis has affected me personally by limiting my research and job opportunities, raising my tuition and decreasing my access to mental health care. Please consider the effect of that this crisis is having on students, patients and marginalized communities.

When cannabis is legalized, it’s imperative that participate in legal cannabis is prioritized for the black and brown people that have been incarcerated and disproportionately harmed by prohibition. The drug war began with the intention of incarcerating people of color, breaking up their communities, and vilifying them. And there will be no justice unless
all of those who have been incarcerated are released from jail and their convictions are erased.

I hope that the State will provide business trainings, lawyers, decrease licensing costs, and consistent support to people of color entering the cannabis industry so that access will be fully actualized.

Thank you for your time in listening to my testimony, and I’d be happy to answer any questions that you have. Thank you.

REP. D’AGOSTINO (91ST): Thank you for mentioning the fees on the medical side. I think we’re committed to -- regardless of what happens with adult use, reducing that, and making sure that our medical patients are not overburdened when it comes time to accessing treatment. Questions from committee members.

JENNIFER PURDON: Thank you so much.

REP. D’AGOSTINO (91ST): Thank you very much. Kevin Har -- oh, I’m sorry, Representative Mastrofrancesco, I believe is here. Again, we’ve had some representatives who couldn’t make it earlier because of services and other commitments. So I’m going to just let them come in and out. Afternoon Representative.

REP. MASTROFRANCESCO (80TH): Thank you, Co-chair D’Agostino and ranking member, Representative Cheeseman, I’m Gale Mastrofrancesco, State Representative from the 80th District. If it’s okay with you, I’d like to yield my time here today to Dr. D’Souza. He is from Yale as well as Dr. Kaminer, he is from what was that? Oh, UCONN,
UCONN, I apologize. I’d like to yield my time to them, thank you very much.

DR. D’SOUZA: I’m Cyril D’Souza, I’m a Professor of Psychiatry at Yale University. I’m also a staff psychiatrist to the VA Hospital where I have been treating patients with severe mental illness for the last almost 30 years. I also conduct research on cannabis and cannabinoids for over the -- twenty years. I’m also a father of a 17-year-old and I also drive on the streets of New Haven, Connecticut. And so, my concerns really about four issues. One is the impact of legalization on young people. Second is the impact of legalization on driving and motor vehicle accidents. The third is the impact on cannabis addiction. And the fourth is the impact on people with serious mental illness.

I believe as we testified in the other committee --

REP. D’AGOSTINO (91ST): If I could ask you to focus your testimony on those three -- on the driving issue -- we’re trying to just sort of narrow what we think this committee -- No, no, actually that one’s for Judiciary. If you could focus on the impact on young people, addiction and your experience in the medical community, that would be helpful for us.

DR. CYRIL D’SOUZA: Sure, okay, thank you. So, we know that the brain continues to develop until the age of 25. We also know that the brain has an endocannabinoid system, that’s independent from exposure to cannabis. Everyone has it, animals have it, insects have it, and we know that during adolescence, there are critical phases of brain development that occur which can be perturbed if the brain is exposed to cannabis. Animal studies have now shown that exposure to cannabis in adolescence
is associated with some negative long-term outcomes, and we know that acutely cannabis can impair many cognitive functions that are essential to student’s lives, such as learning and memory. We also now have very convincing data that cannabis is indeed addictive and about one in three people who are regular user will develop a cannabis use disorder, for which, unfortunately, we don’t have any treatments.

We also know that young people, and the younger one is the more vulnerable that one is to the -- to developing an addiction with cannabis.

Finally, as a psychiatrist, treating people with serious mental illness for a number of years, I’d like to point out the strong association that’s been shown now in many, many studies that exposure to cannabis in adolescence is associated with a higher risk for schizophrenia, which in my view, is perhaps the most serious of mental illnesses that costs society a substantial amount of money. I’m going to hand over the remaining time to my colleague, Dr. Kaminer.

DR. YIFRAH KAMINER: Thank you, I’m Yifrah Kaminer, I’m a child and adolescent psychiatrist, and also with an appointment with pediatrics at the University of Connecticut. Information I will provide you represents my knowledge and my experience. I’m not representing my institute, I’ve been working with adolescent substance abusers since 1987, I wrote six books, 180 papers and chapters, treated about 2000 adolescents including the largest study ever conducted, the cannabis use treatment study that included 600 people. So I think that I do have experience in understanding this work. My
research is to do with assessment, treatment and core carrying psychiatric disorders, particularly depression and suicide. I’m talking about depression and suicide in addition to psychosis which is a clear consensus that early use of cannabis increases the probability of psychosis, um. There was an increase in suicidal behavior, depression whether pre-existing or non-existing, and it carries it longer to -- to further years. Since THC concentration has been increasing from 2% to 4% in the 1960s and 1970s to about 20% right now for smokable and 60% to 90% of concentrates, this is a new, basically, hand grenade to the mind of young people who also vape it, and we see additional problems, by the way, we haven’t seen before in my youth and adults, including cardiovascular problems, strokes, arrhythmias, cardiac arrhythmias, and um, myocardial infarctions.

I don’t want to repeat what my colleague has mentioned here, but any way, shape or form, when I look at what’s happening, it looks that there is an increase in the morbidity and in the negative consequences.

I heard the previous testimony, I’ll just completed a review on this, uh, cannabis is no quick fix for opioids. There is no reason to use cannabis in order to fix the opiate epidemic, this is a desperate and confused effort of people because we don’t have good research to address the opiate epidemic. There is very outdated literature that negates this approach. It’s come from different countries, not just American. It come from the U.S., it come from Australia, so, we are not maligning cannabis. Cannabis is a harmful drug in particularly to young children and adolescents. If
you want to decriminalize it, so people don’t go to jail, so be it, but that’s about it. Anything beyond it, would increase the likelihood of adolescents using it. In states where cannabis has not been legalized for recreation, 20% of adolescents who have not been using said that they will be using cannabis if it would be legalized. Thank you.

REP. D’AGOSTINO (91ST): I think it would be helpful for me, and then you both have mentioned young people and adolescents, etc. are we -- I mean, obviously, you understand we’re talking about adult use here and 21 or older. I assume the studies you’re referring to are what, what age ranges are we talking about here?

DR. YIFRAH KAMINER: Yeah, you’re correct, but unfortunately what we see, for example, in states where it has been legalized, that for example, uh, 75% of adolescents in treatment for substance use disorder, get their cannabis from dispensaries and from adults, and that was in 2012 and 2013. Now, when it’s been legal, it’s a completely open market. So the bottom line is that if the adults have access to cannabis, it increases the likelihood that kids will have access to it, similarly to alcohol, tobacco and so forth. Now people --

REP. D’AGOSTINO (91ST): How do you respond to the Colorado, the five year Colorado study that was just published last year with the -- that showed in Colorado no increase in adolescent use?

DR. YIFRAH KAMINER: I’ll tell you why, because already all those who wanted to increase it, used it, when it has been medicalized, and then now, the study from Debbie Hasin who is actually the best,
the most [inaudible - 02:59:03] epidemiologist in the United States, from Columbia University that shows that now there’s an increase in the age group of 18-26, which means the next group. The bottom line is, even if there’s no increase anymore, it’s because every vacuum has been filled, but let’s remember, that the THC concentration is increasing, so the compound has become more and more toxic, more and more problematic and it would actually lead to more negative consequences. By the way, in other words, statistics from the United States, because I’m also saw a chapter on maternal addiction that pregnant adolescents in the United States smoke cannabis at the rate of two times more than non-pregnant adolescents. So basically we have another problem coming up now that we have infants that are being exposed to cannabis in utero and it has certain effects on the brain including circumference of the brain and so forth -- all kind of other things that I won’t get into, but the literature is very clear that we see more and more some groups -- subgroups, or subpopulations that are basically -- their exposure to marijuana leads to negative medical and psychological consequences.

REP. D’AGOSTINO (91ST): I guess what I’m trying to get at, is I’m trying to understand the link -- where there’s data, I understand again, you’ve mentioned -- I think the prior speaker, a couple speakers ago talked about surveys of youth, but I’m look at actual data from states that have legalized, and putting aside the debate about sort of the impact, where there’s a link between a legalization program that actually would -- I mean you understand we’re talking here about actually limiting the actual THC content in what is sold in the adult use
market as well. We’re not leaving that up to the market to determine at all and would actually be limiting the amount in the adult use market as well.

So, I mean, anything that you can give us in terms of data points with respect to tying a legalized economy in states that already have it to the issues you were talking about would be helpful. Otherwise, I’m sort of struggling with just anecdotal.

DR. CYRIL D’SOUZA: So, the states that have legalized amongst young -- youth, they are also the states with the highest cannabis use by young people. Or putting it another way, the states that haven’t legalized, have much lower rates of cannabis use amongst young people. Now, that would be important information. One of the points I made earlier on, is that I think the full story is yet to happen, as is in it’s only been a few years since legalization occurred, and I think the full consequences of some of these policy changes have still got to be realized. But my question to my colleagues and to others is, why would we expect that the use rates should not go up or stay the same? If the whole point of this is commercialization and if I was running a commercial enterprise, my bottom line would be to sell as much product as possible. Why on earth would we expect that the rates of cannabis use should not increase? That just doesn’t make sense to me.

REP. D’AGOSTINO (91ST): Again, I think what we’re talking about it, youth versus adult use. Certainly we expect if it’s legalized for adult use --

DR. CYRIL D’SOUZA: And there’s trickle down. We’ve seen that with tobacco. We’ve seen that with alcohol. We’ve seen that despite very clear
regulations about tobacco not being sold to young people, and alcohol not being sold to young people, that still happens. We also know from Colorado that the -- 90% of children who use cannabis get it from their parents. So, there’s bound to be a trickle down affect.

REP. D’AGOSTINO (91ST): And of course that happens in the states where it’s not legal as well.

DR. CYRIL D’SOUZA: So I don’t know the data on the states that -- where it’s not legal. But the point is that regulations are not going to prevent children from having that trickle down affect.

REP. D’AGOSTINO (91ST): Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chairman. Thank you both for your testimony. I wanted to flush out. I know we've had this dialog and I share you concerns with the impact on our youth. But if you could just speak to -- there was testimony I missed before, but, from Haven Health, and one of the things they talk about is the impact of marijuana use on the adult brain. And in this testimony, what they were finding is that they're receiving patients being referred to them, professional, you know, people that are actually in the medical field, tested positive for marijuana use, and they're finding that these individuals were displaying a discrepancy in their clinical performance as opposed to their academic performance.

So, while they might've smoked through college; they were able to be successful in their academic careers, but because of the impact it had on brain development, they're having a difficult time in the
clinical portion of their jobs, doing things that are multitasking. Can you speak to the permanency of marijuana use on the adult brain even, what that impact could be?

DR. D'SOUZA: Yeah. So, that's a topic of some degree of controversy. I think there have been some studies, like the Dunedin Study, done in New Zealand, showing that adolescents exposed to cannabis, who stopped smoking cannabis in late adolescence, continued to manifest cognitive deficits that were evidence almost ten years later. That particular study that received quite a bit of media attention suggested that if you were exposed to cannabis in adolescence and you stopped smoking, there was about a ten-point reduction in your IQ. That study has been challenged to be fact. And there are other studies suggesting that perhaps there are no other chronic effects.

What I would like to point out to you, so, for example, in laboratory studies that we do there is absolutely no question that, acutely, cannabis impairs a number of important cognitive functions - attention, memory, so on and so forth. And in animal studies, where you can actually do these experimental studies and draw clear conclusions, there is data suggesting that animals exposed to cannabis or cannabinoids in adolescence, during specific phases of adolescence, will manifest cognitive deficits later on in life. And that would kind of go along with -- I didn't have a chance to look at that study that you spoke about earlier, but at least that would be consistent with those kinds of findings.
REP. CANDELORA (86TH): Thank you. And then this bill currently before General Law does not have any, as I read it, any limitations on the levels of THC that could be sold in these products and also on what delivery models could be sold, necessarily. I mean, the language is speaking to try to keeping it away from kids. But what would be your recommendation, if it was to be legalized, where that limit should be put?

DR. D'SOUZA: So, I would say that there should be a limit, two kinds of limits. One is in the absolute higher level of THC present in the cannabis, but also to try and promote the amount of CBD present in cannabis. As some of you may know, CBD may have some protective effects against some of the harmful effects of THC. And so, I would strongly encourage a product that has some balance of CBD and THC to try and minimize the degree of harm. That actual number is a number that would be -- would require some degree of consensus. Just to give you an idea, the THC content of cannabis back in the 1970s was four percent. Now the average is anywhere between twelve and fifteen percent. And so, data that was collected from many years ago, back in the '70s and '80s, may not be -- cannot be -- one cannot extrapolate to the current situation with THC levels of much higher potency. I don't know if you had anything to add to that.

DR. CAMERON: Yeah. So, I think a study that was published two days ago, so we are all very, very updated, in eleven countries, I mentioned in the other session. Eleven countries in Europe and including Brazil, where they did the cutoff point -- people who used THC below and above ten percent, the focus was psychosis. And so, definitely those who
had more than ten percent had a higher prevalence of psychosis and -- but also the frequency is a major issue. My colleague mentioned Dunedin New Zealand study, which is, for those who don't know, it's a 30-year follow up of adolescents who used cannabis. In those who use at least four times a week, which is moderate to high, had irreversible decrease in IQ on average of eight points.

Now, in terms of your specific question, I know it also from a study on stimulants, some people using stimulants for an alleged enhancement of cognitive ability. So, you can break it down that some cognitive abilities are being affected positively, some negatively and some not at all. So, it might be the same story about those people that certain tasks, they're not performing as well as before. Other tasks might not be affected.

REP. CANDELORA (86TH): And then, I think my final question. In terms of commercialization, you know, one of the concerns that I had and I know you spoke to it in the Judiciary Committee, is that if we are turning to a commercialized market, obviously there is a profit center there, and we see it in the medical industry. I hear over and over again from patients they can't afford to purchase the product that are -- that's in our medical dispensaries.

And we don't have any price fixing here. So, the price could be set at whatever the markets deems appropriate, you know, similar to alcohol. Not only do we regulate the amount of proof that's in products and who could sell which different proofs, but we also keep an eye and regulate the pricing. In this type of situation, we're not gonna be regulating the amount of THC. There's nothing
speaking to that in this bill. And we're also not regulating the pricing. One of the things that I've sort of looked at is it seems as if, if we're going down this route, should we be having a conversation about homegrown versus commercialization? Because with commercialization, you want to have high levels of THC, you want to keep increasing that high, and people want to make money off of it. Versus if somebody wants the marijuana and they grow it in their back yard, you don’t have that profit center driving it and it could be a safer avenue to go. Do you have an opinion on that?

DR. D'SOUZA: So, yes, I do. In fact, I think the first country to legalize marijuana, Uruguay, has exactly that model, where it's not a free market. That if you want to smoke marijuana, that's fine. You grow it in your back yard and you can exchange it with friends and family, but there's no commerce involved. And really, the driving force behind the — what we now see with tobacco and alcohol, where the two drugs that contribute to the top five disease burden in the world, is after commercialization. And so, I think your idea is a very interesting, intriguing idea that has been tested before.

Where if this is really about giving people the freedom to choose to use a drug, they can do it so in their, you know, grow it in their back yard and smoke it in their homes. But getting big business involved is really what's going to change the game of this. We already know that companies like Altria, which makes Marlboro cigarettes, Anheuser-Busch and Molson, etcetera, they're already in this fray and they're going to create an array of products that contain cannabis and their bottom line
is going to be to sell as much product and to sell to lifelong consumers who are young people.

REP. CANDELORA (86TH): Right. And what was the country you had mentioned?

DR. D'SOUZA: Uruguay.

REP. CANDELORA (86TH): Uruguay.

DR. CAMERON: You know it's -- I'm kind of smiling because I was trained always to say, when somebody asked me a question, as compared to what. So, I oppose growing marijuana in your back yard. I don't think the state would allow me to grow tobacco in my back yard. I don't think the state will allow me to have a vineyard in my back yard. They would like to take [inaudible - 03:12:12] and so forth. So, I kind of always get lost with the fact that people say, well, how about this, how about that, and should you or shouldn't you give it to your friends and to your children. I think it's -- my perspective should be very clear. If there will be legalization, I'd like it to be very clear like any other kind of legalization of drugs such as alcohol and tobacco. I don't want anybody to grow anything in their back yard, because these are drugs, and kids always find ways to use and abuse it.

REP. CANDELORA (86TH): And I appreciate that perspective. Because, you know, I share your concerns. When we went to the medical program, I had opposed the original legislation. And as I've seen it roll out and just what we see in Colorado, there is such a different scale of marketing involved now. Where, when we keep saying this bill is only applying to 21-year-olds and up, the sheer marketing involved. We know there's experts in this
field that you've got to get them when they're young. And so, that profit drive, obviously, creates a bit of concern for people. And we think, well, if we regulate this really tight we'll be okay. Well, regulating it this tight is just increasing, in my mind, the profit centers, by evidence of all these people that are fighting for this.

And so a select few people are gonna make boatloads of money. I mean, we have a former U.S. Speaker of the House now who has gotten behind this whole industry. I wonder, morally, what he thinks of it, but certainly he's in that boat because he has a ton of money to make, and I think Connecticut is going down that same path. Does that make sense? So, if this is gonna happen, maybe we do look at homegrown and maybe that is safer. And my last point to that is -- my question to it is. In your travels, have you seen legislation that would be proposed that might prohibit current and retired public officials from getting involved in the medical -- in the marijuana industry period, and maybe putting a provision like that forward. What would you think of that? Have you seen that anywhere?

DR. CAMERON: Well, in some countries there's a cooling period, whether you enter from the military to politics or whether you use the information you gained while working for the state in order to be a lobbyist, which is happening in this state and other places. I'm old school. I would like people to retire three years not to use any influence that they have on the friends, you know, the old boy's network so to speak. It's good for everyone. But, you know, there's always the underground, you know, tampering, the way it is happening in basketball now
or in other, in baseball. So it's a problem. But remember that in terms of tobacco and alcohol, the way we are using prevention now is we are raising the price and we see that less and less youth, adolescents using. If you're going to make it very available or very inexpensive and let them grow it in their back yard, you're just inviting more use, which will become abuse.

REP. CANDELORA (86TH): Thank you. I appreciate your testimony.

REP. D'AGOSTINO (91ST): Questions from committee members? Representative Cheeseman.

REP CHEESEMAN (37TH): Thank you. Thank you for your testimony today and I'd just like to follow up on some Representative Candelora's comments and talk about the negative effects on the adult brain. I see in your testimony that nearly three in ten of daily cannabis users manifested a cannabis use disorder. We're talking about adult users here?

DR. D'SOUZA: Yeah.

REP. CHEESEMAN (37TH): All right. Could you expound on that for me, please?

DR. D'SOUZA: So, cannabis use disorder, like all the other substance use disorders, is conceptualized as the use of cannabis where a person spends a lot of time, a lot of money, using it, getting high on it, recovering from it, trying to quit it; where the person neglects important aspects of their role either as a student or as a parent or as an employee; that they experience cannabis withdrawal symptoms when they've attempted to quit. They experience craving and they also experience tolerance, which is basically the ideal way one has
to use more of the drug to receive -- to achieve the same degree of high. So, cannabis use disorder is well recognized.

And in the latest and the best study that's been done worldwide, again by Debbie Hasin from Columbia University, using data from a national sample of almost 35,000 people, her data -- from that study, they concluded that about three in ten people who use cannabis will develop a cannabis use disorder. Furthermore, in those people who have a cannabis use disorder, almost 50 percent of them have moderate to severe cannabis use disorder. So, even with a cannabis use disorder, you can have very mild and severe. But about 50 percent of these people had trouble in their everyday life that was interfering with their life. So, a substantial proportion of people had that. And an important point related to that is we don't have any good treatments for cannabis use disorder. There's no FDA-approved medication for the treatment of cannabis use disorder. And most of the treatments that we have are not that effective.

REP. CHEESEMAN (37TH): And how would that compare to, let's say, other addictive substances or addictive habits? I've seen recent research -- obviously, you're aware of efforts to expand gambling in the state, sports gaming and that sort of thing. And the research I saw from the Gambling Control Institute was that between 1.1 percent of gamblers become problem gamblers. I think it was 5.7 percent for people who actually do sports gaming. I don't know and I don't know if you know offhand the number of people who drink who have an alcohol use disorder. But would you say those numbers are high, that a higher percentage of people
who are using cannabis develop a use disorder as opposed to people who drink or smoke or gamble?

DR. D'SOUZA: So, I think that's a very good question and a question that might be a little difficult to answer. Because when we talk about how addictive a drug is, we have to take one important parameter into account, which is that how available is that drug. So, alcohol is obviously much more available. Anyone can buy it, whereas cannabis is not. So, to compare how addictive a drug is or how many people become addicted to it might be hard to do in the current context of things. Once it's legalized, perhaps we might have a better indication. But I would say that the most recent data suggests that between one and three -- one of three people or three out of ten people will develop a cannabis use disorder for whose who use cannabis. Do you want to add anything?

DR. CAMERON: Yeah, I wanted to about adolescents because that's my specialty. About seven percent of our seniors in high school are daily users. So, daily user means you're addicted. Even a weekly users means you are addicted. So, the different levels of addiction, you know, not just abuse and dependence we used to say before. Now let me remind you that in the United States, a highly populated country, every day on average of 3,500 adolescents are first-time users of cannabis. At least one out of each -- one out of a hundred will become psychotic because they're using cannabis. And as I mentioned, even though the figures of monthly and annual and weekly use are waxing and waning, they are around the same percentage.
But again, I'm concerned that younger and younger kids are being exposed for the first time to marijuana and basically increase the chances to become addicts and to have some other negative consequences. And the psychosis issue, there's no argument anymore. There's a very clear consensus about it. Daily use of marijuana increases the likelihood of developing psychosis.

REP. CHEESEMAN (37TH): And you touch on the negative impact, both on the emergence of mental illness, but also people with existing mental illness. If you could talk -- again, we see increasing levels of anxiety and depression among our young people, but I think we also see it with adults. What is the effect of that cannabis use on people with existing mental illness?

DR. D'SOUZA: Yeah. Thanks for the important question. So, I'm a psychiatrist and I've been working at the VA hospital and Yale since 1992. So, I have a substantial amount of experience working with people with serious mental illness. And there's absolutely no question, that in people with schizophrenia and bipolar disorder, the use of cannabis leads to a negative -- to many negative consequences, including many more visits to the ER, hospitalizations, legal problems, homelessness, etcetera, etcetera. There's no question about the fact that in people with serious mental illness there's actually a negative impact on the cost and expression of these disorders.

And I should just add to that. We have a medical marijuana program in the State of Connecticut. I happen to serve on the physician's advisory board for the medical marijuana program. It's a highly
regulated program. It's very difficult for people to just get a medical marijuana card. Some of my patients with schizophrenia have been successful in getting a medical marijuana card for made up symptoms. They go out, they get the card, and they smoke that weed and they've ended up in the hospital at the VA. And then we've had to hospitalize them for a -- sometimes three to four weeks. It cost a lot of money to pay for hospitalization for someone with schizophrenia. And then for them to recover from each of those episodes is extremely costly to society. So, yes, there's no question that there are negative consequences to the use of cannabis by people with serious mental illness.

DR. CAMERON: I would like, if I may, to add to this. When we ask our adolescents that we treat, why do you use marijuana, for example, and some of them say I'm self-medicating. So, let's address the issue of self-medication. In some most recent studies, it has been shown that even if it's for a short period of time, when you're depressed and anxious, marijuana calms it down. You become "comfortably numb," to site Pink Floyd. Afterwards, there is an exacerbation.

So, basically, it's like a very short-term remedy because the trajectory of the disorder is to increase your -- which means to exacerbate your depression and actually the episodes longer and predict longer periods of episodes in the future, also it increases the chances, unfortunately, the probability for suicidal behavior by 250 percent. And in the United States, since 2006, we've had so many epidemics. One of the epidemics is suicide. Every year since 2006, 1,000 more people perish because of suicide. So, all this additive elements
end up with serious numbers because this is a
country 330 million people, so the causalities are
basically in the thousands. One more issue --

REP. D'AGOSTINO (91ST): I don't want to -- I
appreciate the conversation that's going on here. I
do want to try to keep us on task and target here.
This committee has got -- is looking at a particular
bill concerning the regulatory structure of -- if we
were to do adult-use marijuana. And I appreciate
the concerns about the impact on adolescents and the
debate about that and the science and the various
studies on that.

REP. CHEESEMAN (37TH): I just -- one last question.

REP. D'AGOSTINO (91ST): Yeah. So, I just want to
make sure that we're focused on that and that to the
extent that these gentlemen can help us, if there's
studies that they're aware of with respect to a link
between legalization of adult use in certain states
and the issues they're talking about. But the
continued discussion about the impact on our youth,
which, of course, we are not sanctioning under our
bill, I'd like to keep us moving on target with
respect to the issues before this committee. So,
one other question. Thanks.

REP. CHEESEMAN (37TH): Thank you. And I believe I
was discussing the effect on the adult brain. One
final question. You mentioned that if we were gonna
do this, you would like to see the age limit raised
from 21 to 25. Is that because even at the age of
21 you are still seeing some development with those
areas that the cannabis use would affect?

DR. D'SOUZA: Yeah. There's irrefutable evidence
that the brain continues to mature until the age of
around 25. And we know that the maturing brain, or the changing brain, is much more vulnerable to any kind of insult, including exposure to drugs and alcohol.

REP CHEESEMAN (37TH): Thank you. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): Representative Rutigliano.

REP. RUTIGLIANO (123RD): Thank you, Mr. Chairman. And thank you both for coming up here and giving your important testimony. I just had a couple of quick questions, one of which was, can you go into detail or describe the difference between and edible marijuana and smoking marijuana?

DR. D'SOUZA: Sure. So, all these products have in common the principal active of cannabis, which is THC. So, THC is what produces all the psychoactive effects of cannabis. When you smoke cannabis or you smoke a product containing THC, the THC reaches your brain within about a minute or less. And you experience the effects almost immediately, which means that you have the capacity to titrate the effects on the fly. So, in very real time, as you get the effects, you can decide should I take more or should I take less. Right?

But when you consume an edible, because of the viability -- I won't go into the details, the medical part of it. But it takes between 60 to 120 minutes for the effects of THC to emerge. Which meaning to say that you don't have the capacity to titrate the dose when you've consumed an edible like you could do if you smoked the product. And why is that important to keep in mind? So, let's say
you're a person who's on the anxious side or you're someone who needs to be in control. You take this edible and nothing happens for half an hour, nothing happens for 45 minutes, and you say, oh, maybe I should take a little more, eat another brownie. And then by the time it hits you, you've probably taken too much. That's number one.

The second thing is that the effects of when it's consumed orally tend to last longer and are much more variable than when someone smokes or vapes the product. So, that's the basic difference. But in terms of effects, the effects are produced by THC, which is present in both of them, so there shouldn't be any different in effects. It's the onset of effects and the duration of effects.

REP. RUTIGLIANO (123RD): Are there any medical studies or is there any -- are there more, sort of, emergency room or doctor's visits pertaining to edibles as there is to smoking cannabis?

DR. D'SOUZA: I believe from Colorado there have been many more cases of poisonings effects dogs and other animals and children related to edibles because many of these edibles are being marketed in a way that gives the appearance of them targeting young people. So, certain forms of candy that are wrapped in a certain are or advertised in a certain way.

REP. RUTIGLIANO (123RD): Would you consider just the sheer making of, like, a gummy, an edible of cannabis products of gummy bears sort of marketing to children?

DR. CAMERON: Absolutely.
DR. D'SOUZA: Absolutely. I mean, they even have products like the *Krondike Bar* instead of the Klondike Bar.

REP. RUTIGLIANO (123RD): The what bar?

DR. D'SOUZA: The *Krondike Bar*. It's a play on the words. It's basically to target young people.

DR. CAMERON: You might be familiar, if not, with, you know, the RMHIDTA.org report. It has all this information and we have a lot of children that end up in emergency rooms because of edibles and drinkable; so some sodas, and they're really struggling what to do with it in Colorado. And some parents, by the way, the same way that you see, unfortunately, casualties among little babies whose parents OD on opiates, you see some kids that end up, I don't know why their parents let them smoke or purposefully give them this edible products, they end up in the emergency department.

REP. RUTIGLIANO (123RD): Thank you for that answer. Just two more quick questions and one of them is, is there any credible evidence, and I think somebody has spoken to it before, that cannabis is an effective treatment for opioid addiction?

DR. D'SOUZA: So, let me be categorical about this. If you look at the signs closely, there really isn't any evidence to suggest that cannabis is a treatment for opioid use disorder.

DR. CAMERON: I just wrote an editorial on this issue. Hopefully, it will be published in one of our professional journals. It's a review of the literature of this matter. I second what my colleague has said. And furthermore, it will cause more problems. Those people not only would have
opiates-related problems, they're gonna have cannabis-related problems.

REP. RUTIGLIANO (123RD): And my final question. Mr. Chairman, thank you for the time. Would be -- I've seen some new articles, read a few stories about. When you say that people have psychotic episodes from marijuana -- is that the correct term you used, psychotic? Does that also include a violent tendency?

DR. D'SOUZA: I wouldn't say that. I think psychosis is quite distinct. Psychosis is basically the idea where a person loses touch with reality and can hear voices and become paranoid, etcetera.

REP. RUTIGLIANO (123RD): But have you seen it through any of your work, a link to violence and cannabis use?

DR. D'SOUZA: Not in my work, but I believe in the Rocky Mountain Report that my colleague referred to, the police in Colorado have reported an increase, not a decrease, in crime.

DR. CAMERON: But if you -- if somebody develops a psychosis, it can be a paranoid type. It's -- again, it's a matter of personality and personal approach. And, you know, aggression in general is associated with irritability. So, definitely there are cases of this kind.

REP. RUTIGLIANO (123RD): Thank you for your answers and thank you for your time. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): Thank you. Just real quick, actually, while we're on opioids. Dr. D'Souza, are you now currently or have you been
previously funded in your research by any companies that produce opioids or opioid-related products?

DR. D'SOUZA: So, my colleague, Dr. Mohini Ranganathan, conducted a study for a company called Insys and that company I believe does make opioids. But I am not funded by that company. I am not, as others have suggested, an employee of that company. I am an employee of the government, of the U.S. Government, the federal government, the Department of Veterans Affairs, and Yale University. I have no commercial interest. I've not made any money related to the question that you asked.

REP. D'AGOSTINO (91ST): Has any of your research funding been funded by AbbVie?

DR. D'SOUZA: AbbVie.

REP. D'AGOSTINO (91ST): AbbVie.

DR. D'SOUZA: AbbVie, as in Abbott Pharmaceuticals?

REP. D'AGOSTINO (91ST): Well, AbbVie or Eli Lilly or any of those companies.

DR. D'SOUZA: Eli Lilly, yes, in the past. Yes.

REP. D'AGOSTINO (91ST): And are you currently a consultant for any companies or have you been a consultant for any companies?

DR. D'SOUZA: I'm currently a consultant for a company that makes a drug that might work for cannabis use disorder, but I -- but all the companies that you've raised earlier, I am not personally funded by them. I'm conducting research that is administered through Yale University, and so the money goes to Yale University, not to me. Just to be clear about that.
REP. D'AGOSTINO (91ST): Okay. Thank you. Other questions from committee members? I think we've kept you long enough. Yeah, Representative Candelaria.

REP. CANDELARIA (95TH): Thank you. Thank you, Mr. Chairman. As I was hearing this testimony, you talked about the study had been done on the development of the brain, where we were looking at adolescents and their use. How long have those studies been going on?

DR. D'SOUZA: The study for brain development?

REP. CANDELARIA (95TH): Brain development. Based on your experience, have you done any specific studies here in the U.S.? Or are we looking at studies that have been done abroad?

DR. D'SOUZA: So, in terms of brain development, if the question is when does brain development get completed? Those are studies that have been now validated in the U.S., where they've done brain scans of people at different ages and they've determined that brain development is completed by around the age of 25 of so. If you're asking me about whether --

REP. CANDELARIA (95TH): [Crosstalk] specifically yes. If you have an adult -- an adolescent that's smoking marijuana, what is the impact on the development of that youth brain? And I want to know specifically when those studies started, were they done in the U.S., or these studies have been done abroad?

DR. D'SOUZA: So, there are studies --
REP. CANDELARIA (95TH): Because right now, from my understanding is, marijuana being a -- being a -- exactly -- a type of drug currently that the government does not allow any studies. I don't know, maybe I got the wrong information. But if you could enlighten me on that, please.

DR. D'SOUZA: Yeah, sure. So, first, the studies have been done from all over the world including the U.S. And, Representative, I should say that the studies I'm referring to are epidemiological studies, meaning to say that these are studies where we don't give children cannabis. No one's ever gonna do those kind of studies. Right? What -- the studies that are being done have the following design. They take people, kids, who are using marijuana and compare them to kids who are not using marijuana, and look at many different outcomes. Those outcomes could include paper and pencil tests about attention and memory. It could include studies of their brain activity using EEG. It could be studies of their brain structure using MRI. But no studies are actually giving patients -- people -- young people cannabis or cannabinoids. These are observational studies. They're not experimental studies.

REP. CANDELARIA (95TH): And these observational studies, they've been done here in the U.S. as well, right?

DR. D'SOUZA: Yes, absolutely.

REP. CANDELARIA (95TH): Okay. And how did they determine the subjects who are being tested?

DR. D'SOUZA: I'm sorry, I'm not sure I understand the question.
REP. CANDELARIA (95TH): How do you select the subjects that are being tested?

DR. D'SOUZA: Oh, I see. So, I don't know, maybe I should defer to my colleague, who works with children.

DR. CAMERON: Sure. Thank you. To follow on what my colleague has said, we conduct treatment studies, for cannabis use disorder in particular, funded by NIDA-NIAAA, by the feds. And similarly to our treatment studies, other people conduct studies and they measure some brain parameters pre-treatment and post-treatment to see how the brain is being affected by the treatment. Meanwhile, based on the history taken from parents and from the adolescents, we take out the history of their use, what it has been, and compare it to nonusers. And as has been mentioned, and I'm familiar with several studies, have been very high quality, published in the first tier of journals, that show that indeed there are some structural changes in a certain part of the brain, and I don't want to get into the details unless you want me to get into a lecture mode, as compared to other people who don't.

Furthermore, some of the changes are in the area, by the way, that is very vulnerable to psychosis. Because we have in the brain this -- there's endocannabinoids in the brain. The brain produces its own cannabinoids the same way that it produces its own opiates. And it's for a very clear purpose. It's for developmental purpose, in order to deal with the creation of receptors and also myelinization. So, it actually upgrades the action of the brain and to lead it into maturity, from childhood into maturity up to age 25. What they
found is that external cannabinoids, such as cannabis, marijuana and so forth, basically overwhelms the system. The system don't know how to deal with it because the exogenous, the external cannabis connects to these receptors and does not allow the endogenous one to do the job. So, at the end of the day, there's several outcomes, and one of them they mentioned is basically "shrinkage" of some structures that are very important to deal with cognition, innovation, rework systems that actually may drive kids to the use of marijuana.

So, these studies have been done here. They've been done in other countries. They are very high quality and they raise concerns because we have not seen it in other medications or other drugs. Hopefully that answers your question.

REP. CANDELARIA (95TH): No. Thank you for that. Thank you for that information. I think that's very helpful for me. Now, just to follow up on a question that was asked earlier. It's my understanding that there is a study being conducted at the Branford hospice to help seniors kick off the opioid addiction. Are you aware of that study or do you know anything about that study?

DR. D'SOUZA: No, I'm unaware of that study.

REP. CANDELARIA (95TH): Yeah. My understanding is it's been going on for about a year now to help. So, any -- can you -- have you seen any similar studies where they have tried to use cannabis to help with any other addictions?

DR. D'SOUZA: So, yes. And let me spend me a minute talking about that. I think that in the medical field, for us, the gold standard of whether a drug
does or does not work is a double-blind, placebo-controlled, randomized study where we -- that's the basic design of these studies. I am unaware of any studies of that nature; that are that quality; that have shown that cannabis is a treatment for opioid use disorder. I think that I'd be interested in knowing what the results of that study is, has it been completed or not.

And then, the other factor to this is that whenever we do these kinds of studies, once we do these studies, we write up the results and then we submit it to a journal. In a journal where reviewers who are not in any way affiliated with us, will review that and provide an independent opinion about whether this data is worthwhile and whether the results can be interpreted. So, I would be interested in hearing or seeing the results of that study in a reputable journal.

DR. CAMERON: Again, it's all a matter of quality. If you want to give me your email, I'll give you my email. I'll send you some of that information that absolutely written in the Journal of Psychiatry, the top of the line in the United States. That refutes any connection between providing cannabis to opiates disorder. Furthermore, there's a study conducted in Connecticut that's never been published; the same way like this study, on 6,000 adolescents that show that exposure to cannabis increases the likelihood of using heroin four times, other drugs five times, and prescription medications fifteen times.

So, the association actually is negative. Because in terms of addiction, the pathway to addiction is multidimensional, and once you open this pathway, any drug can go through this and increases the
likelihood of the use of other drugs. We know that people who get "medical marijuana" have a higher likelihood of using marijuana for recreational purposes and also other drugs.

REP. CANDELARIA (95TH): Thank you. Thank you for those answers. And I think that's why we have this bill before us, right? It is for those same things that are currently happening in the black market. Because as we all are aware, this is being sold in the black market and our children have access to it. And I think that's why we want to regulate it. Because as we know, what's being sold out there on the street is laced with other harmful chemicals and probably can agree to this, that is affecting our youth. So, right now all the effects that we're seeing is because they're having access through the black market. And I think that if we pass this measure forward and regulate it, we can control that. So, thank you so much for your testimony and being here today.

DR. CAMERON: May I address your last comment --

REP. D'AGOSTINO (91ST): I think I need to -- we've got about three dozen people to go here, so I think I'd like to move on if I can. I appreciate the Representative for bringing the speakers up.

REP. MASTROFRANCESCO (80TH): Thank you very much.

REP. D'AGOSTINO (91ST): Thank you.

REP. MASTROFRANCESCO (80TH): Much appreciate your time. Thank you.

REP. D'AGOSTINO (91ST): Kevin Hart.

MR. HART: Good afternoon, honorable members of the General Law Committee. My name is Kevin Hart and I
I am resident of Orange, Connecticut, and I am the president of a proud Connecticut company called Green Check Verified. Thank you for the opportunity to provide some testimony today in support of House Bill 7371, AN ACT CONCERNING THE RETAIL SALE OF CANNABIS.

I’d like to begin my testimony with a brief introduction of our company, Green Check Verified. We're a regulatory technology, or a RegTech company, and we're based in Yale University’s historic Science Park in New Haven, Connecticut. Green Check's a patent-pended proprietary tool, GreenCheck is the trademark we use, is an enterprise-grade platform that modernizes financial reporting and transactional compliance sufficient to enable verifiable and bankable commerce throughout the legal cannabis industry on a national scale. Our company is focused on driving responsible and sustainable growth of the legal cannabis industry as it is ascribed by the rules and regulations as they evolve. Our experienced team of enterprise software professionals are passionate about the opportunity to continue to build our company right here in Connecticut.

The bill before you today, House Bill 7371, would allow adults at least 21 years of age to purchase, possess and use cannabis for recreational purposes and would create a strict regulatory process to allow for the retail sale of cannabis in Connecticut. Green Check Verified supports the rights of adults to make their own decisions about possessing and using cannabis and believes that creating a highly-regulated environment for consumers to safely and lawfully purchase cannabis is the right approach to take. We strongly support
Connecticut’s current medical marijuana program, as you've heard here from multiple people today, believing it is one the best defined programs in the country. And we believe that for many of the same reasons.

Having reviewed this bill in detail, and having witnessed the House Chairman’s recent press conference, I'd like to commend the leadership of the committee for the tremendous amount of work that went in to crafting this bill. I'm sincerely impressed and highly supportive of your efforts in not only creating a well-conceived recreational cannabis program, but one that also pays respect and even strengthens the current integrity and future prospects of Connecticut’s medical marijuana program. This was not an easy goal to set, and I applaud you for working and in achieving this remarkable goal.

I’d like to highlight and expand on another item contained in the bill. Specifically, this bill places a requirement on recreational cannabis cultivation, manufacturers and retailers to utilize an electronic identify verification system to ensure compliance with this act. We at Green Check heartily endorse this requirement. In our extensive research in other states with recreational cannabis programs, we have seen the sad and unnecessary consequences of permitting cannabis licenses to operate without such a requirement. In those situations, many businesses are unable to secure dependable banking relationships and consequently are left to deal strictly in cash transactions with their customers and their vendors. This in turn leads to states not achieving their anticipated revenue estimates due to retail sales dollars never
making it into the banking systems where transactions can be verified.

Failure to employ such a system also makes it nearly impossible for state regulatory bodies to ensure that businesses are in compliance with other programmatic statutory and regulatory requirements. Additionally, we believe it is critically important that Connecticut’s new recreational cannabis program require that all cannabis businesses have an honest and robust banking relationship with a Connecticut chartered financial institution. The benefits to all parties are obvious, in addition to ensuring compliance with Connecticut’s anticipated cannabis tax laws. And to ensure that there can be no doubt about this bill would be requiring of its licensees, I would respectfully ask the committee to consider adding clarifying language to this bill to ensure that all recreational cannabis licenses not only utilize such a system, but that they be required to establish and maintain a business relationship with a financial institution.

To that end, we respectfully offer the following; that each licensee utilize an electronic compliance system approved by the commission to ensure compliance with this act, and such system shall be sufficient to facilitate a commercial relationship with Connecticut financial institutions. Thank you for your consideration of this recommendation. And thank you for the opportunity to offer testimony in strong support of the bill. We stand ready to work with the bill as it proceeds forward and answer any questions as they are.

REP. D'AGOSTINO (91ST): Just to be clear, just so I'll understand. You're not -- we're not talking
about tracking individual users by name or Social Security. You're talking about tracking transactions so banking institutions can have a record of the sale and be able to track that transaction on a financial basis.

MR. HART: Correct.

REP. D'AGOSTINO (91ST): Okay.

MR. HART: They have to be able to work together and they require different levels of information.

REP. D'AGOSTINO (91ST): All right. I wanted to clarify that. Thank you. Other questions from committee members? Thank you, Mr. Hart.

MR. HART: All right. Thank you very much.

REP. D'AGOSTINO (91ST): I see Mayor Bronin came in. He was on our list of public officials. So, I'd like to give you the opportunity to come up and testify now. Thank you, Mayor.

MAYOR BRONIN: Thank you very much, Chairman D'Agostino, Chairman Fonfara, Senator Witkos, Representative Cheeseman and members of the General Law Committee. Thank you for the opportunity to testify today. I am here to testify regarding H.B. 7371, AN ACT CONCERNING THE RETAIL SALE OF CANNABIS.

This legislation creates a sensible framework for the regulated production and sale of marijuana, and, crucially, it includes equity provisions to allow communities that have suffered because of the war on drugs to benefit from and participate in the marijuana industry. Overall, I support the legalization of marijuana because regulating it will help make it safer, will allow the State of Connecticut to collect the revenues as other states
have done. It's important to acknowledge that revenue -- that marijuana has long been widely available. It's widely available in Connecticut today on the black market. And research shows that in recent decades its potency has been increasing.

Regulating marijuana would give the state the ability to ensure that it is not laced or contaminated with other more dangerous drugs or other substances, again, in addition to providing opportunity to generate revenue. I know that there are a number of proposals regarding marijuana before the General Assembly, and I'm sure that this and every other bill will go through multiple iterations before a final consideration. And so, what I am speaking in support of today is not every detail of the bill as currently drafted, but a broad framework, and what I think represents a good start at recognizing the importance of equity.

I think that the equity provisions in H.B. 7371 are important and I hope that the committee will consider how they might be strengthened. From my perspective, representing the City of Hartford, true equity in the legalization of recreational marijuana means that residents from communities that have borne a disproportionate burden during this extended period of prohibition and the war on drugs, will have ownership opportunities in both cultivation, production and sale of recreational marijuana, that there will be every effort made to ensure that a maximum number of employment opportunities are available to residents of communities that have borne that disproportionate burden, and also that when it comes to allocating the revenue that's generated from potential legalization, that it's invested in appropriate ways in communities that
have experienced decades of disinvestment and that in all three of those ways we will strive to achieve equity and recognize just how hard hit some communities and neighborhoods and families have been through the decades of prohibition.

I think it's important to say that our goal in this process should not be legalization period. It should be legalization that repairs the damage done by decades of racially disproportionate drug enforcement, and we can pursue legislation that's equitable and that responds to the concerns about both public health and public safety. And again, I think H.B. 7371 includes several provisions that would advance that goal and lays out an important -- a strong framework to start that discussion. Thank you very much.

SENATOR WITKOS (8TH): Thank you. Good afternoon, Mayor. I was glad to hear your comments about if this were to pass and the allocation of the dollars. We had some folks here from -- that were from a -- Connecticut Youth Service Association and some folks from CURE Connecticut from New Haven that -- they testified that 51 percent of the money, I think, in Massachusetts goes directly towards programs for young adults. And I would hope that we would do something similar to that here in Connecticut when it moves forward. But could you -- you know, a lot of folks that have come up and testified to disinvestment of their communities. What do you mean by that?

MAYOR BRONIN: Sir, I think it takes many forms. You have seen in many communities over the last, you know, four or five decades, you have seen the flight of middle class, what is sometimes described as
white flight, but in honest -- in reality, in a city like Hartford, really more accurately should be described as the flight of those with the resources to leave. And we've seen a dramatic decline in our middle class, a dramatic decline in home ownership. And I think those trends are complicated. They are rooted in many different factors. But a part of it, I think, can be attributed to the damage that has been done to communities that have experienced high rates of crime and also tremendous disruption to family structures, to neighborhoods, as a result of extraordinary levels of incarceration, often for nonviolent offenses and often for the offense of selling or possessing marijuana.

SENATOR WITKOS (8TH): How do we -- you know, it's often been said here in this building that when we send, we, the state, sends money to different municipalities, the money gets eaten up at city hall. I'm not picking at Hartford. But it gets eaten up by city hall by hiring more people and it never really gets out to the neighborhoods and the communities, which is really what we're talking I think. My interpretation of what you said about for disinvestment. So, how can we be assured that those, you know, -- if there are dollars spent to try to correct some of the injustices that have been going on for some time, actually get to the programs and out in the streets where it will make a difference?

MAYOR BRONIN: Sure. So, on the first part of the question, Senator, I would welcome the opportunity to sit with you and go through the line by line, our city budget. We do it every month with the Municipal Accountability Review Board. And that's a genuine offer. I would love to do that with you so you can see where we spend our money. I think we
are awfully lean at this point and I think probably understaffed in most areas of city government. That said, I agree with your point that we want to make sure that any resources generated here go into the communities that would benefit most. And I think there are many ways you could it. I don't have a single prescription to suggest today, but I'll give you some examples.

You know, I talked about the decline in home ownership in a community like Hartford. We have, by far, the lowest level of owner occupancy and home ownership in the city. And what that means -- coupled with the fact that the median household income is extremely low. What that means is you have historic neighborhoods and historic buildings with some magnificent architecture that is literally crumbling as we speak because -- either because those who own the properties don't live here and don't seek to invest, or, in many cases, because those who live don't have the resources to invest in that property's upkeep in an appropriate way. And I think we risk losing historic neighborhoods in a matter of years.

And so there might be opportunities, for example, to use some of these resources to compliment what we're already doing to calm that blight and to do that on a neighborhood-by-neighborhood basis so that you can rescue some historic architecture and historic neighborhoods. I think there may be ways to use it -- look, in a city like Hartford, our mill rate is 74.29. Now, there is a differential, so that's -- you know, residents don't pay full freight, but small businesses do. And so if you look like -- look at an avenue, like Albany Avenue or Franklin Avenue, the small businesses there are paying five
percent of the value of their property every single year in property taxes. It's like paying sales tax every year on a property. That may be one of the biggest obstacles to small business growth in the city.

So, perhaps it's targeted in a way that allows us to provide targeted tax relief to those who are building businesses. But I hope that we would work together to find ways to ensure that the benefit of that funding doesn't just go to those who live outside the city and invest in the city, but rather is used to help make investments that are felt in a lasting way and stay in distressed -- neighborhoods with distressed municipalities.

SENATOR WITKOS (8TH): Thank you. And I'm gonna take you up on your offer at some point during this session. Because I think the comments that you made are spot on. Because often times, some of the communities that I represent, will say, well, we already invested in the urban areas when for every dollar that we send to Hartford or Connecticut, the state capitol, we get twelve cents back, but some folks send in a dollar and they're getting two or three dollars back. So, they're incentivized in that respect monetarily. But thank you, Mr. Mayor. I'm looking forward to sitting down with you and going through some things and maybe we can come up with some ideas that get to those types of investments where the proceeds actually hit the people on the streets.

MAYOR BRONIN: Thanks, Senator. If I -- may I add one other thing as we're talking, Senator? I think another possibility would be to look to see whether there is a way to couple the allocation of these
revenues with the recently created tax incentive for investment in opportunity zones. You know, there are some 70-odd opportunity zones around the state that are selected on the basis of, you know, median household income and other factors indicative of distress. And there may be a way to use this revenue to help provide an additional incentive that helps draw in a far larger amount of private investments into places where that investment is desperately needed.

REP. D'AGOSTINO (91ST): Senator.

SENATOR FONFARA (1ST): Thank you, Mr. Chairman. Good afternoon, Mayor. Good to see you. Thank you very much for your testimony, your perspective. I know you've given this issue a lot of thought and we hope that you'll be part of helping to shape it as it goes along here and plus the other two committees where this bill will pass cognizance. A couple of things, and I'm not asking you to respond today, maybe you could think about it with your team and report back to us. And this is part of the discussion and testimony that happened prior to your arrival, and actually was discussed a little bit in the forum that took place earlier this week that you attended. There's a -- there are high -- there are hopes that have been raised in the community regarding the opportunities, the equity opportunities. Hopes that I hope are more realized than not.

And that truly is -- involves how can we support entrepreneurship, support the growth of businesses, that the equity part of this initiative seeks to provide. It's easy to say we will do X. It's a whole other story to have that come to reality. And
I think it would be helpful to us if you or your office could provide us with some thoughts on how to support, and over time, maybe not ensure, but increase the chances that there'll be not one or two players that do very well in five years from now, but that there are -- there's an opportunity for creative people, entrepreneurial folks who have a good idea that there's still a market available to them as this industry evolves.

The second is related, and I know this is something that, if you haven’t thought about, probably have, knowing you as I do. This process will be competing with an existing illegal market, and how closely we can align what we do here with that market. Obviously, the legalization has a lot of benefits to it. But if we aren't mindful of that people who are participating in the illegal market now have an established business, if you will, know their clients, if we tax this too much, if we set up too many regulations, and whatever other factors come into play when someone decides that they're gonna move from the illegal market to the legal market. Maybe not yourself, but those that may have an appreciation of what those factors are, that you may have the ability to reach out to, that would be very helpful to me and I believe to my co-chair and to this committee.

MAYOR BRONIN: Thank, Senator. And I'd welcome the opportunity to work with you and your co-chair and with, you know, all the members of the committee on both parts of that. So, I'll make sure that my team is working on it with us and I'd be glad to get, you know, our broader team together with you at any time to work together on that.
SENATOR FONFARA (1ST): Thank you, Mayor. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): I just want to add one little caveat. And you guys have spoken much more eloquently than I can on sort of the broader themes and issues that we're trying to address here. I also just would appreciate input from you and your team on the more technical aspect of zoning. I'm very concerned that the zoning process, which we do want to preserve, will be used to throw up additional roadblocks.

MAYOR BRONIN: I'm thrilled that you asked that question, Representative, because not in Hartford. We actually have already amended our zoning code so that you can, as of right, put a retail, you know, point of retail sale or a dispensary in any place where retail is permitted and you can, as of right, place a growing facility or other production facility anywhere that industrial is permitted. So, it's important to us to say clearly that when, you know, when and if these changes are made that we welcome the establishment of those businesses and we will work to make sure that there are as few barriers to entry as possible.

And I think that finding ways to reduce barriers to entry of all kinds are important to achieving this equity objective, including, you know, making sure that we're not setting any fees, you know, licensing and application fees at an excessive rate which might make it impossible for those who we want to have opportunities here, to get those opportunities. So, we are -- as a city, we have already taken that step to make sure that zoning, the zoning code does not provide an unnecessary barrier to entry and, you
know, I encourage the committee to look for any and all opportunities to do the same.

REP. D'AGOSTINO (91ST): Terrific. Thank you.

MAYOR BRONIN: Thank you.

REP. D'AGOSTINO (91ST): Other questions? Representative Candelaria.

REP. CANDELARIA (95TH): Thank you, Mr. Chairman. Hello Mayor, how are you? Just a quick couple of questions that I have and hopefully you can enlighten me. There's a couple of provisions in this bill and there's some that are not really fully covered. For example, if this measure is to move forward, there's a big concern that people will be driving under the influence. And, in your opinion, do you perceive that your police forces would need additional training to recognize the additional signs when individuals are under the influence of marijuana? Would we, in this provision of the bill, ensure that, one, if they have the ability now or would you need additional dollars to ensure they can trained additionally to identify those signs? That's my first question.

MAYOR BRONIN: I think, you know, we would certainly welcome any additional resources to assist with the training and would love to have that conversation. I think I'd like to consult with my police chief about that specific question. But I certainly think it would be useful to have those additional resources. That said, I think our police officers are accustomed to looking for signs of intoxication of all kinds, not just alcohol. And so, from a public safety standpoint, I don't believe that this is an obstacle that should be viewed as, you know,
prohibitive as we look to move towards recreational legalization.

REP. CANDERLARIA (95TH): Yeah. And if this does move forward, we want to make sure that our police force has the proper training.

MAYOR BRONIN: Absolutely.

REP. CANDERLARIA (95TH): Right, because we don't want nobody driving out there under the influence, and I think that's the goal at the end of the day. The other part -- the other questions that I have is -- there's gonna be limitations. If this measure does move forward, there's gonna be limitations on where individuals can smoke. Looking at senior buildings, for example, HUD or housing buildings that may be, because they're federal, they'll be prohibited. Would you support having a smoking establishment within the city to address those populations that, one, because you're not gonna smoke in public; that would not be allowed in this measure, or any of the federal buildings or subsidized. So, what's your opinion on that?

MAYOR BRONIN: I do support making it possible to have an establishment where you can not just purchase but consume on the premises, you know, much like a bar.

REP. CANDERLARIA (95TH): And lastly is, I think one of the measures that I know, I want to ensure that this provision is also built within the language of this bill, is investing knowledge, not only in equity, but also in prevention and addiction services.

MAYOR BRONIN: Absolutely.
REP. CANDELARIA (95TH): And I think we don't make the -- we do a large investment of the state in addiction services. We do some in prevention. Can you talk a little bit about what are you doing in your city, in your schools, to talk about prevention, specifically about marijuana and other substances?

MAYOR BRONIN: Sure. I mean, in our schools there are health classes where drug awareness in general is done. Drug awareness education is done. But picking up on your point, Representative, I do think that in addition to investment in communities that have borne a disproportionate burden during the war on drugs, I do very strongly believe that we should be dedicating additional resources to opioid addiction treatment and to treatment in general. And I think that, once again, communities like Hartford have often borne a disproportionate share of contending with addiction epidemics like the current opioid epidemic.

And so, I do think that we should be working together to find ways to more appropriately fund that effort and also to relax restrictions that may be impeding our ability to respond effectively. So, for example, restrictions on medication-assisted treatment, which has proven to be effective, I think we should be looking at how to make that more widely available and also to make it both from a legal standpoint and from a funding standpoint.

REP. CANDELARIA (95TH): Thank you for those answers. Thank you, Mr. Chairman.

SENATOR FONFARA (1ST): Thank you, Representative Candelaria. I don't think there's anyone else left,
Mr. Mayor, to question. Do you have another comment?

MAYOR BRONIN: Senator, I apologize. Just one other follow up to Representative Candelaria's question. I think, you know, back to this point about education. You know, I'm proud that the City of Hartford just recently increased the age for vaping -- for selling vaping products to 21. Because we are not interested in our young people beginning a habit that will, you know, damage them, damage their health for the rest of their life. And so, I don't think those two things are incompatible. I think, you know, looking at -- to take a market that exists out of the black market, take it out of the shadows, make it safer, make it healthier, generate revenue, but also educate people of all ages about the real risks that are associated with use is the way that we should go.

And frankly, from my own, you know, experience, you know, having grown up during the height of, you know, "Just Say No" campaigns, I think sometimes there was -- they backfired because there was so little detail and nuance in those discussions that the answer was just say no to everything. But that message wasn't consistent with, you know, the extent to which marijuana is available and widely used. And so I think sometimes you have this attempt to create fear without educating and then when that barrier of fear breaks down, you have no barriers left. So, I think we really do need to focus on strong, detailed, well-informed education for our kids and for residents of every age.

REP. CANDELARIA (95TH): And I -- if I may, Mr. Chairman. Thank you for that answer. Because I
think this is critical. That at the end of the day we all want the same thing. It is how do we educate and prevent, right, our children from having accidents. And unfortunately, there's not a lot of dollars invested in those measures, right, and I wish there was a lot more that we could do. But unfortunately, we're also limited as to resources that we have. But I think that if this measure does move forward, then there'll be, you know, revenues. So, let's really invest real dollars in these areas. And I think that we can bring awareness not only to our children, but to everyone in our state. So, thank you, Mayor.

SENATOR FONFARA (1ST): Thank you, sir. Thank you very much, Mayor.

MAYOR BRONIN: Thank you, Mr. Chairman. Thank you to the committee.

SENATOR FONFARA (1ST): So, ladies and gentlemen, we have, signed up anyway, approximately 40 people. If each took their three minutes and no questions from us, we'd still be here for two hours, and that's find, that's our job. But it's for us to also want to hear from everyone and we don't have a lot of members here right now. I'm sure some are watching and listening from their office, but there are other committee meetings going on and my sense is that some are there. But more may arrive and the more we can refrain from questions at this point, unless absolutely we feel that it's necessary and will assist us in our decision making, I would hope we could move through this so we get everyone who intends to testify, that they have more people here than just chairs and ranking members. So, having
said that, Steve Kennedy. Have all of you signed up to speak?

MR. KENNEDY: No, they have not.

UNKNOWN SPEAKER: We're from the Veterans Legal Services Clinic and we represent Steve.

SENATOR FONFARA (1ST): Okay, but you haven't spoke -- you have not signed up to testify?

UNKNOWN SPEAKER: No, correct. We're just here with Steve Kennedy.

SENATOR FONFARA (1ST): I heard you, but -- okay. So, we're gonna limit it to the three minutes, so I hope you'll use your time, as you see fit, but efficiently for your guests.

MR. KENNEDY: Absolutely. Thank you for having me today. My name is Steve Kennedy. I am an Iraq veteran from Fairfield, Connecticut, and I'm also the Connecticut team leader for Iraq and Afghanistan Veterans of America. We're here today in support of both of the bills before this committee for several reasons. Some that, you know, go to language that is in the bill already and some that we would like to see you add.

The main reason that we are here is that veterans face additional barriers to enter the municipal marijuana program. Currently, VA physicians are prohibited from writing a prescription for a veteran to get medical marijuana. So, in order to get a certification to actually enter the program, a veteran is required to go hire an outside physician, pay that fee, and then on top of that pay the fees that are required to enter the program and maintain your medical marijuana card.
So, we are strongly in support of the language in this current bill that waives those fees for medical patients, and as Chairman D'Agostino had mentioned before, we hope that that does stay in this kind of no matter what happens, that we do see that as a very important measure for veterans to be able to get this treatment for, you know, a number of conditions that are service related and have shown very positive impacts on those. So, we're strongly in support of that. But beyond that, we are in favor of this bill in general.

Because of the barriers that veterans face to access the program, they're essentially, you know, often forced to seek marijuana on the street or go, now, across state lines to obtain it there. We've decriminalized up to a half-ounce of marijuana at this point, but, you know, as the DCP commissioner mentioned before, for a medical patient you need up to two and a half ounces. So, if a veteran is going up to Massachusetts with the intent just to be purchasing this for personal use, they are easily over the limit and now have a record. They can be arrested for that. Our estimate, based on FBI data, is that there are about 100 veterans a year arrested for marijuana-related infractions. So, we would like to see this bill move forward for that reason, so, again, they're able to get the treatment that they need without being arrested.

We'd also like to see veterans included in the study on subsidizing low-income patients in the medical program. So, again, because veterans face a unique barrier to entering the program, we would like to see the commission actually consider veterans within that study. If we are going to be subsidizing purchases, veterans be included as well. And then
we also would like to see the committee consider that a veteran's diagnosis of a qualifying condition be sufficient for entering the program. So, rather than having to get a certification, which the VA will not give them, you show some record of a diagnosis or use the form that we currently use for state benefits for veterans with other than honorable discharges, to show that a physician is certified, they had a condition, and that's sufficient for getting them into the program.

And then finally, we are strongly in support of the equity provisions of this bill. We would suggest, as Jason Ortiz from CURE did, that veterans with less than honorable discharges related to marijuana infractions are also included there. So, this -- under the current language that would not be included, it's not criminal conviction. But it can have the same kind of disastrous effects. If you get a less than honorable discharge, the veteran, who could be, you know, could be a combat veteran, could've been self-medicating for PTSD or any other kind of condition that they were using this for. They now are stripped of their benefits and unable to get the care that they need. So, we would like to see them included.

I don't see -- you know, there were questions of whether this is kind of giving people who have infractions a leg up over everyone else. And I don't see that. I can't speak to, you know, someone with a criminal conviction. But for veterans who have less than honorable discharges, they're more likely to be homeless. They're more likely to have substance use disorders. They're more likely to commit suicide. To give them a little bit of an opportunity to maybe get in earlier, I don't see as
a leg up at all. I think it's a very small step towards making it more as likely as anybody else.

So, with all of those things in mind, we strongly support this bill and would definitely ask that you consider some of these veteran-specific proposals that we put forward. And we're happy to work with you on language or anything like that with the assistance of the Veterans Legal Services Clinic, Yale Law School, who join me today.

SENATOR FONFARA (1ST): Thank you, Steve. Have you included all of what you spoke on today in your testimony?

MR. KENNEDY: Yes, that's included in our written testimony. We could also submit, you know, draft language or things like that if that would be helpful.

SENATOR FONFARA (1ST): That'd be great. But, in particular, you have included your points that you testified on today in your written testimony?

MR. KENNEDY: Yes.

SENATOR FONFARA (1ST): Great. Thank you. Anyone? Thanks very much.

MR. KENNEDY: Thank you.

SENATOR FONFARA (1ST): William Huhn.

MR. HUHN: Mr. Chairman, members of the committee. My name is William Huhn. I'm a resident of Guilford and I'm speaking in opposition to House Bill 7371. My -- I did submit my written testimony and the heart of it is that there is a report from the Colorado Department of Revenue that I have with me to show you what it says, that is called, Market
Size and Demand for Marijuana in Colorado, 2017
Market Update. This is based on hard data of the sales of marijuana, the production of marijuana, in Colorado since the legalization took place.

There are two or three really key points that come out of this. In 2014, they have data on what the consumption was in Colorado and that was 131 metric tons. They have survey data, again, using the same survey, the National Survey on Drug Use and Health, for 2017, and that shows 208 metric tons. So, there's really very good data on what the increase in use was that took place. This is adult use. They don't have -- they didn't publish any data on teen use, use by kids. They excluded that from their study. They don't have data on marijuana that was shipped out of state, over the border. So, this is adult use of marijuana within the State of Colorado, and it shows -- I believe that's a 60 percent increase in use that is attributed specifically to legalization.

So, that's one of the down sides that I'm sure you're all aware of. I mean, you obviously know that use is gonna increase in Connecticut when you legalize, but maybe you didn't know or even have much of an idea what the percentage might be. And it looks like 60 percent is a pretty good number to be thinking about when you're weighing the benefits and costs of this stuff.

The second set of data and this is a big down side that comes out of the same sales data, is that the increase in adult marijuana addiction is tracked by this. They've got, in 2014, 111,000 heavy users, which is a euphemism for people who are addicted to marijuana. It's those who are using virtually every
day, in large quantities. So, you've got 111,000 at the baseline in 2014. And then 2017, the same survey, by SAMHSA, they've got 206,000 heavy users that are addicts. So, they've added 94,000 people who essentially are addicted to marijuana, and that's an 85 percent increase.

Now, I believe you've heard testimony from Drs. D'Souza and Cameron, about some of the adverse effects that come from use of marijuana by teens and by adults and the costs that get associated with that are going to be very substantial. You end up with a lot of expenses that the state is gonna have to pick up when you increase the number of people addicted to marijuana by 85 percent.

Now, the third piece of information that I included in my testimony is the, again, the National Survey on Drug Use and Health. They list the data from all 50 states and slice it in a whole bunch of different ways. But that survey data is out there and it shows that the states that have legalized marijuana, the top ten states, eight of them have legalized, and it's Vermont, Oregon, Maine - 1, 2, 3. New Mexico's medical marijuana, Rhode Island's medical marijuana, and then it's Colorado, Washington State, Massachusetts, Alaska and Nevada. Now, I've heard people talk about the fact that Colorado doesn't show an increase since they've legalized. Well, Colorado is ranked sixth in the country with nine percent used by teens.

REP. D'AGOSTINO (91ST): If you could just wrap up I'd appreciate it. Thank you.

MR. HUHN: And the ten states with the lowest use of marijuana by teens, none of them have legalized. So, I think that those three pieces of data are
things that you're gonna need to weigh when you're doing the pros and cons. Thank you.

REP. D'AGOSTINO (91ST): Questions from committee members? Representative Candelaria.

REP. CANDELARIA (95TH): Thank you, Mr. Chairman. Just a quick question. You talked about the study and the teen usage and the increase.

REP. D'AGOSTINO (91ST): Oh, I'm sorry. A different Candelora. Not Candelaria, Candelora. But you started, so we'll go ahead and then we'll go to Representative Candelora.

REP. CANDELARIA (95TH): It happens a lot in the building, trust me. Sometimes I get his name. So, prior to legalization, were they capturing teenage usage? Did the study say if they were capturing the teenage usage prior to legalization? Because my assumption is that a lot of information is voluntarily, right, provided doing surveys and some people may hold that information. So, I'm trying to understand the validity of the data. Because if it wasn't being captured, now, because it's legal, then you capture it, right, because you see the incidence happening at the -- the increased number that went to the hospital. Because I'm looking at a different data that shows when they started initially and how it plateaued for awhile and then the numbers dropped.

So, even for me personally, I'm trying to understand what data out there is accurate. Because I'm seeing some data from Colorado that's coming out that's showing me teenage use has dropped. Because there was no point at the beginning to actually track that data. So, if you could -- if you have any
additional information in that area, I will greatly appreciate it.

MR. HUHN: Yeah. Just quickly. The -- I call it NSDUH, the National Survey on Drug Use and Health.

REP. CANDELARIA (95TH): If you could turn on the mic that will be great. There's a button right there in front of you, that gray button right in front of you. That one.

MR. HUHN: Sorry about that. This National Survey of Drug, whatever, notes the data is taken by SAMSHA at the national level. They've done this for many, many years, the same survey, the same techniques. And so they tracked Colorado back from day one, which really is 2006, when they -- Colorado first started down this path. I think it was around 2010, in Colorado, they commercialized medical marijuana. And Colorado's not exactly comparable to Connecticut because they started this really in 2010 and then in 2014 they went to full legalization.

So, the numbers show that increase occurring and now it's tracked level or even gone down, but I think it's pretty clear that they end up with higher teen use. And, I mean, it just seems like, yeah, of course you're going to because it's -- there's more access and the advertising and parents have it around and, you know, college kids have it. And so, it seems to me there are definitely pros and cons on both sides of this, but it's not right to close your eyes to the fact that there's gonna be -- you know, there are some down sides and more use and more teen use, I think is a pretty clear down side. And if you're -- I mean, I hope you don't do it. I really hope it doesn't happen.
I had a daughter who got addicted to crack in high school and our family was demolished and she was demolished. She dug her way out. She's made it. But bad stuff happens with drugs and drug abuse and it just seems to me that as you balance the pros and cons of it, you've got to look at the cons for the kids. And if you do it, you've got to look at what they've done in Colorado to make the numbers go down. I have no idea what they did. Did they come up with a program that works? Do the schools do stuff? You know, you really need to be sure there's a way to reduce the harm if you go this path.

REP. CANDELARIA (95TH): Exactly, you know. And I totally agree with you.

MR. HUHN: Yeah.

REP. CANDELARIA (95TH): That if this measure was to move forward, it is to really invest dollars in prevention. I think I've been very vocal about that, even to my chairman, that we need to really invest dollars in prevention and education and addiction services. Right? Because, and I'm sorry that you went through that experience with your daughter, but this has happened because we still have a black market. So, even at the end of the day, our kids are having access to it. That is the fact, and if we don't do anything and we stay idle, I think that we're not resolving the real underlying problem and it is that these cartel drug dealers are taking advantage of our communities.

So, I do agree with you. I don't know what's gonna happen with this measure. I really don't. But I think that we need to really invest meaningful dollars so that we could address if -- when that -- if that increase does happen, as it did in Colorado
after it dropped and then plateaued and now we're seeing numbers just slightly going down, then we need to ensure that we could do those critical programs in those communities to bring the awareness and the education necessary. Because the last thing we want is for our youth to be smoking.

MR. HUHN: Yeah.

REP. CANDELARIA (95TH): Thank you so much. Thank you, Mr. Chairman.

MR. HUHN: Just to add to that. I'm -- my whole game is prevention. I've worked as a volunteer for 15 years in prevention in the Town of Guilford and we've cut drug use by close to 50 percent. So, in my view, spending -- you really need to look hard at what works at prevention. And I our experience, it was having youth leadership, that spending money on public announcements isn't gonna do it, you know. It's gonna take some real effort there. Thank you.

REP. D'AGOSTINO (91ST): Yes, Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chairman, and thank you, both, for your testimony and your advocacy on this issue. You know, life experience certainly could bring us in one direction or another and what you've done to make it a positive for the community of Guilford is just -- it has been invaluable. And we've had a lot of dialog on this issue and I think everybody makes an attempt to keep an open mind, and then the what ifs, you know, and how can we make this better. One of the things you speak to, you know, we debate this issue of is there harm or isn't there harm, will it impact children or won't it, will see a decline. You know, any
thoughts even in this legislation to put triggers into place.

So, if this goes forward and we find out that, you know, teen use is increasing, that we would have the ability or the requirement to automatically go back in and make these regulations more restrictive, you know, reexamine the THC levels. Putting some mechanism in place to say we need to evaluate this each year as we go, because if we get it wrong, we want to be able to stop this process.

MR. HUHN: Yeah, I think it would be very hard to go back in and delegalize it, if you take that step.

REP. CANDELORA (86TH): Right.

MR. HUHN: But I think it would easy enough to say that if teen use on the NSDUH survey goes up by ten percent, we're gonna double the tax on retail marijuana and that the purpose is not to bring more tax revenue into the State of Connecticut or to take that money and spend it on prevention, it's to encourage the sellers to come up with their own prevention programs that tell kids about the real damage that's gonna be done to them if they go down that path. So, really putting a hammer in there would be something that -- I mean, I hope, I really hope you guys don't do this thing, but.

REP. CANDELORA (86TH): Right. Because two of the areas I'm looking at to -- in this bill, you know, it talks about towns being able to opt out and I'm guessing a lot of towns will go that route of opting out and prohibiting it in their communities. But if there are communities that do this, we don't have any potential guidelines here on what an appropriate -- where an appropriate place would be.
The testimony before, I wasn't in the room, but I heard it from the mayor of Hartford, who had indicated that they're gonna allow it anywhere, retail establishments located in Hartford. But shouldn't we be concerned about, you know, maybe putting provisions in here that would restrict it being able to be established near a community center, a school, you know, areas with youth activity? We typically don't dictate local zoning, but to me it would make sense if we have that conversation of restricting the brick and mortar from being near children.

MR. HUHN: Yeah. I got involved in Guilford with an effort led by our teens to have the Planning and Zoning Board prohibit medical marijuana. And the kids' logic for asking for that was that they felt marijuana dispensary is a giant statement that this is okay, that it's safe. It wouldn't be allowed unless it was safe. And so, I would think, certainly in Guilford, there would be people fighting against having dispensaries in the town.

And I would think that in any community that welcomes this and wants it for the jobs or the economic benefits, that they would want to be sensitive to it being a billboard for drug use and that they really would want to think through how to -- okay, if we're gonna do this, how do we keep that from happening? And I just, I really hope that you will, if you go this path, that you'll honestly do everything you can to prevent kids' use increasing.

REP. CANDELORA (86TH): I appreciate that. Because in lines 184-187 of the bill, I think there's an attempt to prohibit the retail sale of products to children, which is sort of already underscored in
the bill itself, because it's 21 and older. But we don't have any real strong language here about marketing, necessarily, to the children. It does speak to banning the use of cartoons, toys, animals or children and banning products that look like any specific trademark food product. But we don't talk about in this bill the marketing piece of making sure that there are prohibitions on, you know, what you speak to, are these sort of these billboards that you're gonna see if they're put up near schools. So, I appreciate your testimony and I think it's really something that we need to flush out. I mean, I'm with you on the commercialization piece. I think it's very dangerous to go down, but if it is done we have to make sure that it's restricted from our kids. Thank you.

MR. HUHN: Personally, I like your suggestion of that by home growing you don't commercialize. It does seem to me that the impact on kids is coming from the commercialization, the big money guys doing the advertising and coming up with the gummy bears, you know.

REP. CANDELA (86TH): Right. Thank you.

MR. HUHN: Thank you.

REP. D'AGOSTINO (91ST): I think that's it. Thank you very much for your testimony.

MR. HUHN: Thank you.

REP. D'AGOSTINO (91ST): Roger Pease.

MR. PEASE: Good afternoon, Chairman D’Agostino, Chairman Fonfara, and members of the General Law Committee. For the record, my name is Roger Pease.
REP. D'AGOSTINO (91ST): Lean into that mic for me. There you go.

MR. PEASE: For the record, my name is Roger Pease, from the town of Somers. I'm here offering my testimony in support of H.B. 7371, AN ACT CONCERNING THE RETAIL SALE OF CANNABIS. And I also support the one for the commercialization of hemp, 5481.

I am an owner of a 116-acre farm. The business is Pease Farm in Somers. Sixty-six of those acres are reserved for open space land preservation. On the land, I have two tobacco sheds that are rented out to my neighbors and 35 acres for growing corn for $100 dollars an acre. As many of you know, it is a struggle for farmers to stay in business in our state. We have used our land to raise beef cows and have lost money at that in the past. This requires me to work a full time job, as I part-time farm, basically.

In Massachusetts, I believe the tax revenue was lost because towns would not let farmers grow. They can’t keep up with the demand. It is important that we don’t let towns be overly restrictive when it comes to the regulation. To make sure we give consideration to the local farmers and growers, I would like to just highlight a few points that I would like to see the legislation include.

Have the licensing and the location be controlled by the state. No town interference, because most towns will not allow a farmer to grow commercial hemp or cannabis, my town most likely being one of them. Classify the growing of commercial hemp and cannabis as agriculture. With the classification of agriculture, the farmers should be able to obtain and cultivate -- obtain a cultivation license as
described in section 12d of the bill, which states the law shall not prohibit an agricultural or farming operation, as defined in section 1-1 of the general status, from obtaining a cannabis civilian license, which I support.

Allow growers to clone the cannabis plants and not just grow from seeds. By cloning the plants, it's easier to control the quality of the plant. And in order to help promote agriculture and support local farmers in our state, make fees and licensing reasonable. Thank you for this opportunity to provide a written testimony here today. I'd be glad to answer any questions you have. And not on my written testimony, I don't believe somebody with a criminal record, who has been arrested for this in the past, should get a head start on myself, who's been a law-abiding citizen my whole life, or since I was a kid, anyway. I mean, we were all kind of stupid when we were kids, but. (Laughter)

REP. D'AGOSTINO (91ST): Thank you for your perspective.

MR. PEASE: You know, I have a wife and four kids and a farm and I'm trying to maintain it.

REP. D'AGOSTINO (91ST): We definitely leave in the draft, actually, a provision allowing the farms to participate. But I appreciate the perspective with respect to the zoning piece as it pertains to farms.

MR. PEASE: The zoning's important for people like myself, because most towns will not allow this to happen. I have guys who work for me in a machine shop. I run a machine shop for Camerota Truck Parts up in Enfield and it's a border town. Some of the guys in Massachusetts who grow produce for local
grocery stores are not allowed to grow because the town shut them down.

So, these are things I would like to see happen, so people like myself, who've been farming generation after generation -- I inherited from my grandfather, who inherited it from his father, who inherited it from his father and so on. We've been on that road since the mid 1700s farming. It's not being farmed right now. I'm renting it out. I've tried little things to try to make money with my brother and been unsuccessful. So, we both have full-time jobs and I maintain 116 acres out of my pocket basically. This would be a great opportunity for myself and others like me.

REP. D'AGOSTINO (91ST): Questions from committee members? Representative Cheeseman.

REP. CHEESEMAN (37TH): Thank you, Mr. Chairman. Thank you for coming, today, Mr. Pease. Is it possible to grow cannabis plants outside in Connecticut?

MR. PEASE: It's possible, but it's --


REP. CHEESEMAN (37TH): I just -- that was my understanding, that because of our climate and, indeed, in most places the intensive cultivation takes place inside.

MR. PEASE: Yes. That and - I mean, nobody's gonna be driving down a road and trying to smoke your hemp plant, you know.
REP. CHEESEMAN (37TH): No, no.

MR. PEASE: You have cannabis plants out in your field, everybody and their brother's gonna be stopping in your field.

REP. CHEESEMAN (37TH): Yeah, yeah. Whereas if you have them in greenhouses.

MR. PEASE: Yes, greenhouses, indoors. I have a big milking barn with no cows in it that I would love to turn into a grow facility.

REP. CHEESEMAN (37TH): All right. Thank you. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): That was a good question. Thank you. Other questions from committee members? Thank you for that perspective. That was important. And make sure your written testimony gets submitted, please.

MR. PEASE: Yeah. Your man, Jason Knight, did it for me.

REP. D'AGOSTINO (91ST): Thank you. Appreciate it. Tom Burke.

PASTOR BURKE: Good afternoon, Mr. Chairman. Thank you so much for having me. I really appreciate the opportunity. My name is Thomas Burke. I am the associate minister of Norfield Congregational Church in Weston, Connecticut. I'm originally from Bethel, Connecticut, and I'm a former Infantry Marine who served in Iraq and Afghanistan.

When I got back from Iraq and Afghanistan, I witnessed a variety of things, and without triggering you, I watched children get blown up and I had to clean up their body parts. And I became a
coke addict afterwards. One of the things that I was fortunate enough, when I got home, here to Connecticut, is I had access to medical marijuana, whereas a lot of my fellow peer veterans didn't. And a variety of them killed themselves because they only had access to a variety of medications that made their symptoms worse.

In addition to being an associate minister, I also work as a chaplain at Norwalk Hospital, and I want to share a story with you this morning. I met with a 94-year-old man. I won't give you his name. But he is a very sharp man and he is struggling. He has a wonderful family. I have become very close with him. And he told me about -- this was probably my sixth visit with him this morning, and he finally told me last month -- his head has been giving him so much pain, so much pain. And last month he was finally able to have access to marijuana. He told me for a brief moment his symptoms were actually relieved and he was actually pain free. Now, we can talk about the anecdotal success of that, but we also can talk about the palliative use of a 94-year-old man having access. This was a 94-year-old man who served in World War II. He was a naval sailor.

And so I rise today in support of H.B. 731 -- or 7371. In particularly to appreciate the codification that veterans will be made sure to be part of the equity program under the bill. Because veterans as well as other populations that have disproportionately affected by the legal -- or decriminal -- or the lack of legalization or access to marijuana has resulted in a variety of ways, especially in the suicide epidemic in veterans. So, again, I appreciate the time and I will answer any questions.
REP. D'AGOSTINO (91ST): It's an important -- other important perspective. Thank you. Questions from committee members? Questions? Thank you. I appreciate the testimony. Tiffany David. Todd Foster.

PASTOR FOSTER: Mr. Chairman, and members of the committee. My name is Todd Foster and I'm recently retired pastor out of the City of New Haven after 27 years of service in that city. I reside in the town of Hamden. And while I'm opposed from many perspectives to H.B. 7371, I am intentionally limiting my remarks today to refuting what I believe is an ill-advised notion that legalizing recreational marijuana soles issues of social justice.

There are certainly issues of social justice that need to be considered, but legalizing marijuana doesn't solve any of them. Decriminalizing, perhaps. And without question, the so-called war on drugs has had a detrimental effect upon society as a whole, but particularly upon communities of color. I have no argument with that whatsoever. Furthermore, efforts to ensure equitable access to new entrepreneurial opportunities in any created legalized arenas are valid considerations, but don't let it become a subterfuge. Don't let it become the smokescreen that is hiding other issues. Don't drink the Kool-Aid is what I'm saying to all of us as this becomes a premise that I hear repeated again and again and again. We're doing this because of social justice.

You see, somehow it all seems to get back to dollars. There's this notion of financial opportunity that as we hear in the equity issue,
that has me most alarmed about those leading the cheer to legalize cannabis. Whether it's the Connecticut state budgeteers or huge corporate conglomerates, or small business hopefuls, the introduction of money as a motive to legalize marijuana makes their posture on the matter suspect, whether we're talking about Marlboro or Canna Care or the barbecue place in New Haven that I saw on the news. They've been talking about it for years. They mentioned it again on the news last night. They want to infuse barbecue sauce with marijuana.

You know, so, it -- dollars can cause us to strange answers. The glitter of gold is in fact more intoxicating than the marijuana that brings us here today. Perceived opportunities for gain make strange bedfellows and tend to diminish or ridicule genuine dialogue concerning societal risks. It's this reality that has caused an unlikely cross-section of the special interest groups to come together under what amounts to a disingenuous for some banner of social justice.

Now, if we're really interested in social justice, particularly as it relates to communities of color, we cannot separate this issue from the issues that have propelled issues of justice and civil rights and equity from the time of reconstruction. In my written testimony, I have several examples of how this flies in the face of historical issues of social justice and why it's not a good idea. If that means my time is up, I will yield or if given the opportunity, I would delve into some of that.

REP. D'AGOSTINO (91ST): Thank you. You've very concisely stated everything in the time you had. That was well done. Questions from committee
members? Thank you, sir. I appreciate the testimony. Abraham Hernandez.

REVEREND HERNANDEZ: Greetings, members of the Joint Committee on General Law. My name is Reverend Abraham Hernandez. I serve as the executive director of the Connecticut Chapter of the National Hispanic Christian Leadership Conference, which represents over 250 Hispanic Evangelical Churches in our state.

I would like to testify in opposition to H.B. 7371, AN ACT CONCERNING THE RETAIL SALE OF CANNABIS, due to my concern of how marijuana, its use and abuse, is affecting our society, especially our inner cities and children. I come before you today to respectfully, yet firmly, speak against the retail sale of recreational marijuana. I believe that there are significant concerns with this measure that should set off alarms in the hearts and minds of all our legislators, our Governor and our state residents.

There are vast numbers of concerns that race through my mind on a daily basis when I reflect on how legalizing cannabis for recreational purposes will further devastate communities that have been decimated by the repercussions of drugs for decades. Before our legislators travel down the fast track of legalizing marijuana, I’d like to highlight three of those concerns I hope we can keep mind. Knowing -- there are currently four million middle and high school students vaping in our country, thus dangerously experimenting with vaping. As stated by the CDC, this has reached epidemic proportions and should concern us all. And this is happening and vaping is "already "regulated."
Second, by normalizing marijuana, marijuana products will be available in the market which positions it in a minor -- by minor steps away from the many of our state’s kids who are experimenting with vaping and will also do so with marijuana. Recent data from the State of Colorado, and we heard earlier today, reveals that there were 111,000 users in 2014, and a mere three years later, 206,000 state residents were consuming marijuana.

For the sake of our black and brown communities, I would like to set the record straight because it strikes me to constantly hear the false propaganda that proponents of this legislation have been sharing as if it were gospel. It tears my heart to hear each and every time that marijuana should be legalized for reasons of justice because our communities of color are being arrested at a much more disproportionate rate in comparison with other communities. The rhetoric is interesting, because data from the states -- State of Connecticut's OPM has indicated that it’s not so in the State of Connecticut. In 2017, there were a mere 32 people arrested due to marijuana infractions. And I don’t want to minimize by saying this, how devastating it is for one person to be arrested, but that illustrates inconsistencies in what we hear.

However, the following illustrates also the post-marijuana legalization ramifications in Colorado with this quote. "All painted as a noble cause to seek to reduce incarceration rates among these communities, but legalizing marijuana has had the opposite effect." According to the Colorado Department of Public Safety, arrests in Colorado of black and Latino youth for marijuana possession have
increased 58 percent and 29 percent respectively after legalization.

So, with all these concerns, I would like us to meditate and not sacrifice, as I believe, the lives of our next generation, our kids -- the quality of life on the altar of political expediency. The bottom line is that it seems to be all about money and not much about justice. Thank you. I've also submitted testimony electronically.

REP. D'AGOSTINO (91ST): I was gonna ask you that. Thank you. Questions from committee members? Thank you, sir. Thank you for your testimony. Elizabeth Abernathy. Elizabeth Ott. Daniel Glissman.

ATTORNEY GLISSMAN: Good afternoon, members of the committee. Thank you very much for having me this afternoon. My name is Daniel Glissman. I'm an attorney currently practicing here in Hartford with the Law Firm of MacDermid, Reynolds and Glissman, and I'm also a counsel to the Law Firm of Prince Lobe Tye in Boston. I have worked in the Massachusetts cannabis industry for the last five years. I've had the opportunity to see that industry develop from a medical marijuana program in 2014 to an adult-use program over the last year.

I have permitted and licensed two to three dozen cannabis establishments including the first medical marijuana dispensary in the City of Boston and one of the first two adult-use retailers in the State of Massachusetts. I represent cultivators, product manufacturers, retailers, both small entrepreneurs and large, multi-state organizations. I've also worked very closely with the legislature, regulators and local municipalities in drafting their regulations. Drawing on that experience, I wanted
to share a few thoughts for the committee's consideration.

I believe that vertical integration is critical for a -- for the deployment of a successful cannabis establishment. The law as currently written prohibits a cannabis establishment from owning both a cultivation facility and a retail facility. And I believe that control of both the supply and distribution chains in this industry is crucial. It gives these establishments the ability to control the quality of the product on their shelves as well as withstand the ups and downs in a very competitive market.

Regarding the cap on licenses, I believe applications should be accepted on a rolling basis and that market pressures will determine how many licenses are gonna be successful. I think cannabis entrepreneurs are getting smarter and there's more data out there for when a market becomes saturated. With respect to location and zoning, I'd like to echo some of the comments from Commissioner Seagull. I think it's critical that the legislature be clear that municipalities either affirmatively zone in or out cannabis establishments. I think some will immediately prohibit, while others will want the economic growth that comes with America's fastest growing job sector.

In conclusion, I'd like to offer my support for House Bill 7371 and I look forward to being a positive influence in the industry's creation and development here in Connecticut. Thank you very much. I'm happy to answer any questions.

REP. D'AGOSTINO (91ST): Representative Cheeseman.
REP. CHEESEMAN (37TH): Thank you, Mr. Chairman. Thank you for coming, today, Attorney Glissman. With your experience in the Massachusetts retail market, I wonder if you would comment on this Boston Globe piece from February 2nd, 2019, which indicates that 75 percent of the sales in Massachusetts are on the black market.

ATTORNEY GLISSMAN: Yeah, absolutely. So, I think the context of that article really goes to the fact that the delay in licensing the retail establishments had really caused a problem on not providing access to those facilities. As of February, there was no retail establishments open. The first retail establishment in Massachusetts opened in November of 2018. It's been, you know, a licensed market for over a year, but there have only been retail establishments since right around Thanksgiving of last year.

REP. CHEESEMAN (37TH): Okay. I'll accept that point, that maybe simply that there is not sufficient supply available currently in the legal market. But if you look at Colorado, again, where the sales have been legal for a considerable period of time, as well as California, Colorado is still seeing a huge black market. In fact, they're the first state to dedicate marijuana revenue to combating the black market. In California, I believe 80 percent of the sales are in the black market. And obviously, this is a real concern. I mean, I can understand the equity piece. I can understand the, you know, decriminalization piece. But if the point is to remove this trade from the black market, how can we overlook evidence from other states that this is not happening and what would you tell us in Connecticut, if we do go down
that road, to ensure we're not in the same boat, where there are still a huge percentage of the sales taking place on the black market?

ATTORNEY GLISSMAN: So, I don't have any specific statistics on Colorado. I represent numerous entities that currently operate in Colorado and are seeking to be licensed in Massachusetts and would likely seek licensure in Connecticut as well, should, you know, the legislature decide to adopt the regulations. You know, from their commentary that I've heard, you know, their understanding is not that the black market is still rampant. Their operations are all profitable. The numbers that Colorado is producing every year is astronomical.

So, you know, I truly believe that the large portion of the sales that occur in Colorado occur through the legal, regulated market. I think one of the concerns that this body should consider is that, you know, a contributing factor in black market sales would be cultivation overproduction and I think that there are very creative ways to deal with -- grow canopy tier regulation and deregulation to the extent that if a particular company doesn't sell enough of their product, they can grow less product the next year, and that would help to sort of limit the amount of excess product they have, which would, you know, cause the prices not to lower at a rapid rate like it did in some other states.

REP. CHEESEMAN (37TH): And what would your advice be for Connecticut as we move forward? We're talking about this enabling the small entrepreneur, the small business, and we recently had a farmer who was in here, to prevent the mass commercialization. I'm just looking at a piece from CNN - beer and wine
giant, Constellation Brands, which owns Corona, has made a $4 billion dollar investment in canopy growth. Budweiser, Anheuser-Busch InBev, a deal with Tilray in Canada, and Marlboro maker Altria recently bought a 45 percent stake in Canada's Cronos. So, if we're to prevent this from becoming big tobacco, big alcohol, big business, whose sole concern will be to sell as much product as possible and not pay attention to the health risks, not be as solicitous as we would like, again, you have experience in this field, what do we do to prevent that?

ATTORNEY GLISSMAN: Well, I think a focus on local involvement. I certainly applaud the committee's discussions around the social equity piece and the economic empowerment piece. But I think local involvement is critical and, you know, there are specific license types in Massachusetts that get certain amounts of preference that are only available to local residents, folks that have been, you know, residents of the state for over a year. You know, the difficulty with the cannabis industry, obviously, is -- has a lot to do with financing.

And so, you know, the harsh reality is that there are a lot of big businesses out there that have the capacity to finance these operations. But, you know, that doesn't mean that there are not opportunities still for the local entrepreneurs to profit or create businesses in this industry. I think it's hard to suggest or to think that there will be no opportunity for the small businesses. I think certainly the larger businesses will come in to this industry. They already have. The Boston Globe is doing an interesting spotlight piece right now. They published an article just yesterday,
discussing this very issue. Massachusetts has actually a cap on the number of licenses that each company can hold, which is also a good way to I guess combat the big businesses coming in.

REP. CHEESEMAN (37TH): I know one of the recommendations we had from some testimony submitted from the beer and liquor industry was that we have something similar, where a certain entity can only own X number of package stores. At the moment it's five. So, you would say if we're going to prevent that kind of homogenization takeover by large commercial entities, that might be a model to follow in terms of limiting the number of licenses?

ATTORNEY GLISSMAN: Yeah, I think that's reasonable. You know, I think that, you know, any artificial caps on the industry aren't good for the industry. But I think that if you were to implement a cap you might incentivize some of the larger players to work with the smaller startups or the social equity groups by allowing, you know, the capability of the extension of that cap should they show good cause in working with those groups or communities, so that they might, you know, exceed the limitation if they work with three or more social equity groups. Something along those lines.

REP CHEESEMAN (37TH): And do the Massachusetts regulations require retailers, those in the industry, to redirect some of their profits into education, into community outreach, to actually put back into the community? Because, as we know, state revenue is extraordinarily fungible, and even if we say 20 percent of the revenue we take in is going to go to these programs and to these affected cities, it may not always happen. Do you think it's -- does
Massachusetts have anything that requires license holders and people participating in the industry to redirect some of their profits into the local communities?

ATTORNEY GLISSMAN: In part, yes. So, Massachusetts has an interesting tax structure. They have a 17-percent tax effectively on cannabis that goes to the state general funds and then local municipalities can adopt an additional three-percent tax on retail sales. It was a bit of an incentive for communities to host retailers in their communities. So, three percent of the sales goes directly back to the local communities through that local tax. And then there's also these host community agreements where, under state statute in Massachusetts, a perspective cannabis establishment must enter into a host community agreement with their host community that can stipulate up to three percent of their gross sales in "impact fees." So, effectively, the tax rate for cannabis in Massachusetts is 23 percent, six percent of that going back to the local community.

REP. CHEESEMAN (37TH): Thank you. That's very useful information. Thank you, Mr. Chairman.

ATTORNEY GLISSMAN: You're welcome.

REP. D'AGOSTINO (91ST): Thank you, Representative Cheeseman. Any other questions from committee members? Representative Candelaria.

REP. CANDELARIA (95TH): Thank you, Mr. Chairman. One of the things that -- through a lot of the research I've done, what I've noticed is one of the issues that has impacted the black market in Colorado to continue was that part of the language
of the bill was to do homegrown. Within those homegrown, they were allowing about six plants per individual, fully grown. But they didn't cap the number for the household. So, you had several individuals registered in one household and basically you were going to farm inside the house -- in a house, and that was utilized by the black market.

The State of Colorado took wind of that through enforcement and they even strengthened the homegrown regulations, reducing it to -- it was 12 per household, if I'm not mistaken. So, that controlled that aspect. Because I think this is all new, right. Regulating it is all new and as the markets continue and other states continue to regulate, we're adopting better policies to contradict a lot of those particular issues. Can you talk to me a little bit about what has Massachusetts done to limit the homegrown and are they capped at a specific amount?

ATTORNEY GLISSMAN: Yes, they are. That's a great question. So, Massachusetts, similarly to Colorado, allowed six plants per person for home grow with a cap at 12 per household.

REP. CANDELARIA (95TH): Thank you for that. And the other part that I think is a little bit concerning is now that a state's moved forward and the adult use, we're seeing, as the great Representative outlined, is a lot of the corporations are basically getting into the industry, all right. You're seeing they're buying a lot of cultivation sites and they're gearing up, because this is a big economy. No questions about
it. What has Massachusetts done to limit the influence of large corporations?

And let me be more specific. One of the barriers for a lot of the entrepreneurs and minorities is licensing fees, application fees. Sometimes they will require to be bonded. Others, there is language within many of the bills that limit the individuals that have a criminal history to be entrepreneurs. So, I want to know what has Massachusetts done, if you have this information. And also, I think another barrier is providing some type of economic resource, microloans for a lot of these individuals, so that where they can go and borrow, so they can open the establishment. Can you talk a little bit about that and what Massachusetts has done? Thank you.

ATTORNEY GLISSMAN: Absolutely. So, in Massachusetts, under the medical program when it was originally developed, applicants were required to show a half a million dollars of available funds per location and they were allowed to make up to three applications. They got a discount of the second and third, to show $400,000 dollars of available funds for the second and third license applications, totally $1.3 million dollars to max out your application. So, the medical program, the fees were very high. The application fees themselves were about $80,000 dollars all said and done.

When they switched over to the adult-use program, they drastically reduced those fees. The application fees themselves are, you know, anywhere from $100 dollars to $300 dollars. The annual licensing fees and the fee upon licensing is, depending on the size of your cultivation facility,
is anywhere from $1,000 dollars to $25,000 dollars. And for folks that qualify for, in Massachusetts, what's called the economic empowerment applicant or the social justice applicant, they've waived those fees entirely.

You know, with respect to lending, it's still a very difficult market for entrepreneurs to get financing for these, but I think, you know, it's all about education and educating the entrepreneurs with the leverage that they might have being a, you know, social equity applicant potentially and getting that sort of preference, that they do actually have some leverage to negotiate with these larger companies when they propose financing structures, etcetera.

REP. CANDELARIA (95TH): Thank you for that answer. And that's my concern as well. You know, one of the things I think we try -- we talk about is about social equity and how do we build upon that to ensure that that does happen, right, and open the opportunities for these individuals [inaudible - 05:11:37] come and enter the industry. But if we don't provide the mechanism -- like you said, one of the challenges is the financing piece. If we don't provide that mechanism, it's gonna be a lot difficult. Has Massachusetts thought of developing a financing fund or any type of micro program that would help these individuals open their new businesses through -- I don't know if this state is doing specifically. That's what I'm trying to get at the bottom of.

ATTORNEY GLISSMAN: No, not to my knowledge. You know, I work closely with the regulators, but I would defer to the legislators, etcetera. I think, you know, no one is better to determine how to help
advocate for these folks than the people in this room and yourselves. So, I would defer to you guys on that one. But it's a very difficult thing and I think it's the biggest challenge for this industry.

REP. CANDELARIA (95TH): Yeah. And I think that is one of the challenges that we face, as well as, you know, how can we ensure that we provide that mechanism for them to do these -- into these different type of licensing industries. You know, looking at probably zero interest loans or things of that nature. But let me ask you another question which I think is very important. On the equity applicants, is there one -- the equity application is granted. Is there a cap of how long they have to hold onto that license or can they sell that license right away?

ATTORNEY GLISSMAN: You mean if an equity license -- is ultimately granted a license --

REP. CANDELARIA (95TH): Mm-hmm, granted.

ATTORNEY GLISSMAN: Could they turn around and sell it to a non-equity applicant? To my knowledge, there is no restriction on the sale of the licensure. Certainly, the ultimate change of control in a cannabis establishment is subject to -- they also have a Cannabis Control Commission in Massachusetts. It's subject to their approval. And personally, I would expect that if an equity applicant simply used its priority status to receive a license and then filed a change of control application, I would expect that the regulatory body would push back on that and they -- and in fact, you know, I would think they may suggest that that invalidates the license, etcetera, etcetera. But no, to my knowledge, there's no limitation or
minimum timeline as to how long they must hold the license before they can sell it.

REP. CANDELARIA (95TH): Okay. Thank you for that. That's very informative. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): Thank you, Representative. Other questions? Representative Gibson.

REP. GIBSON (15TH): Thank you, Mr. Chair. Good afternoon. I apologize. I missed some of your testimony. You may have covered this already. But I have two short questions. With the amount that an individual can grow home grow, you said six plants. What's the rationale behind having a limit on how many plants you can grow?

ATTORNEY GLISSMAN: I think it boils down in some part to the total amount of product that you can have in your possession at your home, which is in Massachusetts is up to ten ounces. You can buy one ounce per transaction, but you can't possess more than 10 ounces. You can't transport more than one ounce at a time. So, I don't know exactly the logic behind the structure on the amount of plants, but it may come down to how much they think you could reasonably grow and maintain, and their assumption that it would keep it within that framework, you know, in the ultimate possession framework.

REP. GIBSON (15TH): These might not be questions for you. If they're not just let me know.

ATTORNEY GLISSMAN: Sure.

REP. GIBSON (15TH): As well as the number of sellers. What has Massachusetts determined to be the amount of sellers that they're gonna have? Do
they know that yet or? And where the places are located. What's the plan?

ATTORNEY GLISSMAN: So, Massachusetts has put a lot of focus on local municipalities and their traditional zoning controls to limit the number of licenses. The state itself has not capped the number of licenses. Currently, I believe there are 140 retail applications that are pending. There's twelve open adult-use retail facilities and something like 50 medical facilities in Massachusetts. They have tied it to -- the state statutorily tied municipalities' ability to limit the number of retailers in their municipality to how many package stores they have in a community.

So, if a municipality has ten package stores in a community, if they want to go less than 20 percent of that for retailers or less than two, they would have to take it to a town-wide vote for a ban or reduction of anything below 20 percent. So, it really comes down to the local municipalities. Some have banned all out. Others have no cap. Others have placed that 20 percent cap. So, you know, I don't know what the total cap is, but if you were to really dig through, you could probably come up with that answer.

REP. GIBSON (15TH): Thank you. Thank you, Mr. Chair.

ATTORNEY GLISSMAN: Thank you.

REP. D'AGOSTINO (91ST): Thank you. Other questions from committee members? Thank you for the perspective. Thank you.

ATTORNEY GLISSMAN: Thank you very much.

MS. FISCHER: Hello, Chairperson, Ranking Member and members of the General Law Committee. My name is Karen Fischer, from New London. I've worked in the field of prevention of youth substance use for 13 years and prior to that I was a child and family mental health counselor for 15 years. I know a teen; I’ll call Dave, who started using marijuana to get high when he was 15. He used it more and more, and then daily. And he was one of the unfortunate teens the doctors spoke about, who became psychotic with heavy marijuana use and is now living with schizophrenia. Some people think marijuana is safe to use, but it wasn’t for him.

I want to focus on prevention. There's been some question about the accuracy of our statements that if you increase access through legalization you will increase use. There's a lot of prevention research on this. This is actually -- if you -- there are two things you should do if you want to decrease use, and that is decrease access and increase perceptions among youth that the substance is harmful to them.

We have quite a bit of data on this, both theoretical and from the National Survey on Drug Use and Health that has been done for years and years by HHS, Monitoring the Future Survey of Youth on Substances, since 1975, out of the University of Michigan and sponsored by the National Institute on Drug Abuse. And we have numerous youth risk behavior surveys in Connecticut. All show that if you increase access, you increase use.
Legalization decreases the perception of harm in many ways. One, kids think if it’s legal, it must be okay, just like they thought. Well, it's okay for medical marijuana now, then it's medicine and it must be okay. Plus, you have this huge amount of positive, social media, media stories about how wonderful marijuana is. Please keep in mind that corporations have millions of dollars to spend on enticing more and more to use their product. And like alcohol and tobacco companies, marijuana corporations realize getting teens hooked on the drug will mean lifetime customers for them, and that is why corporations will continue to market to teens.

Should you legalize marijuana, we would need more money for prevention and treatment, and that's woefully underfunded now. Please find a way to -- May I summarize? Please find a way to get us the funds to do that work.

In the State of Washington, 50 percent of promised funding in legalization legislation for prevention and treatment has already disappeared into the general fund, just like in Connecticut, gambling prevention and treatment money disappeared too. Please do your job on that issue. I oppose this bill. Thank you.

REP. D'AGOSTINO (91ST): And lottery money for education and etcetera. Yeah, I hear you.

MS. FISCHER: It -- we know how -- there's a lot of really good research on prevention, but it needs funding. We can't do it all by volunteers.

REP. D'AGOSTINO (91ST): Yeah, that's on us. We definitely have gotten that message.
MS. FISCHER: Please, please.

REP. D'AGOSTINO (91ST): Questions from committee members? Thank you for your testimony. Mike Makowski. Aaron Romano. Good afternoon.

ATTORNEY ROMANO: Good afternoon. Esteemed committee members, my name is Aaron Romano. I am legal counsel for Connecticut's NORML Chapter. I've also been a criminal defense attorney for the past 20 years, and a former public defender in Philadelphia. I'm also on the Hartford County Board of Directors for the Farm Bureau.

I'm here in support of legalization, but opposed to this bill. I don't think this bill goes far enough in terms of allowing small business development, in enabling tax revenue to -- due to the fact that small business entry is prohibited from this bill. It is costly in order to enter the game here and we've heard from the big players of the industry earlier today. They're concerned about their market share being cut. And our opinion for Connecticut NORML is that this substance should be regulated exactly like alcohol. I submitted testimony in support of that. I would ask if there are any questions regarding that.

REP. D'AGOSTINO (91ST): Questions from committee members? Representative Candelaria.

REP. CANDELARIA (95TH): Thank you, Mr. Chairman. What is NORML's position on how CBD is treated in this particular bill?

ATTORNEY ROMANO: One of the difficulties with this bill and the bill across the hall is that there is no -- cannabis is not distinguished from CBD. The current definitions that this bill refers to in 21a-
240 includes CBD as a psychoactive substance. So, the concern is that when someone is in possession of CBD, they would in fact be in possession of what might ultimately be regulated for adult use, which is cannabis with the psychoactive ingredient, THC. And I believe our definitions need to distinguish the psychoactive from nonpsychoactive components.

As you've heard testimony throughout the day, the concern is that people may use psychoactive cannabis, perhaps get in car accidents. There's a concern about youth use of THC and the effect on the brain. But there are no studies that suggest that the use of CBD has any deleterious effect to the human being, in fact, these are the healing properties within the plan. So, there needs to be a distinguished -- the statute needs to distinguish between the compound THC and CBD.

REP. CANDELARIA (95TH): One of the concerns here is how do we ensure the equity piece, right, equity not only to those communities that have been disproportionately affected, but also equity in ownership. Can you expand a little bit what can we do to ensure -- and I think the previous guy's specific questions about licensing fees, application fees. How can we ensure that we don't do the mistakes that other states have done? Which everybody talks a good game about the equity and ensuring that the communities are protected, but there is no provisions in the bill to ensure that happens. Can you provide with a little more information on how can we accomplish, if it's through lower licensing fees, if it's we're talking about cultivation, making sure that we have different sizes of licenses. For example, similar to what I've seen in California, which is zero to
5,000, that's considered small, 5,000 to 10 and 25 on. Then you look at the micro-businesses, and I want your thoughts on that. The micro-businesses, where it is very vertical where you can grow, process and sell.

ATTORNEY ROMANO: So, I think the question that we all have to have regarding this bill and the bill across the hallway is; what is the reason for the passage of the bill? So, if we understand why we're passing the bill in the first place then we can -- we can then devise a bill that would accomplish those goals. It appears as if the language in this bill attempts to address equity issues. But let's explore that for a moment and find out what that really means. When we talk about equity issues, there's a recognition that, historically, cannabis prohibition stemmed from a racially discriminatory purpose.

It was Harry Anslinger who led the way, who led the charge in the federal government for cannabis prohibition, who made statements such as "marijuana makes darkies think there as good as white men." "Marijuana makes black men step on a white man's shadow and look at white women twice." And these were statements he made before congress, testifying in favor of cannabis prohibition. Now, what was happening at the time, if we take a look at the cultural context? This was the era of Jim Crow laws. And so there was concern among the white establishment that black folk were going to get a stronghold, particularly in the south.

This was at the same time where laws were being passed, particularly one in Alabama regarding voting rights, and voting rights laws were being litigated
all the way up to the Supreme Court. The reason I know this is because I currently have a challenge against Connecticut's cannabis prohibition laws that's pending in the appellate court and I've done this research. That voting rights' case in Alabama stated that you could not vote -- you could not register to vote, unless your grandfather could vote. So, this was in the 1920s. So, that excluded any black person in Alabama from being able to vote because slavery existed at that point.

So, laws weren't written with overt racist intents. The racist intent was hidden. And so, at this point, at this time, in the 1930s, black folk were using and Mexicans were using cannabis recreationally and it was not common among white folks to use cannabis. White folks were using alcohol. And we saw what happened after alcohol was prohibited. It was overturned because white folks wanted to be able to engage in activities that they found enjoyable. They wanted their intoxicant and they didn’t want to be arrested for it. But what ended up happening afterwards was they wanted to protect their share or their power in the federal government and ensure that black folks did not have a seat at the table.

We have to understand, these comments that we were made in congress were acceptable before congress and ultimately the congress men, because it was only men at that time, passed cannabis prohibition with the racial prejudice in mind. Now, Connecticut hopped onboard. What Connecticut did was Connecticut adopted what was called the Uniform Narcotic Drug Act.
REP. D'AGOSTINO (91ST): I do want to try to keep us focused on specific suggestions you may have to this act and what we've got before. I appreciate the history, but.

ATTORNEY ROMANO: Sure. Yeah. And getting to the equity. But the Uniform Narcotic Drug Act was an act that was proposed by Harry Anslinger to ensure that states, that state laws, comported with the federal equivalent. And I have the testimony from the committees that were debating whether or not, in Connecticut, whether or not to pass the Uniform Narcotic Drug Act, and there was a recognition by Representative Burns, at the time, who said --

REP. D'AGOSTINO (91ST): If you could. If you could. Really, if I could ask you to just focus on what specific things you want us to be --

ATTORNEY ROMANO: My point is. Connecticut passed their cannabis prohibition based on the same reasoning that Harry Anslinger promoted cannabis prohibition federally. So, Connecticut's cannabis prohibition laws are based in a racially prejudicial purpose. And so, the equity piece is designed to then address this racial prejudice. What we saw afterwards, after the law was passed, are black folks being arrested at a rate four times as high as white folks, even though white folks were using at a slightly higher rate.

So, we saw that the racially prejudicial purpose, it had its effect. And so, what we're trying to do is undue some of the harm, right. We can't go ahead and bring back families and undo the fact that black folks were jailed at a rate four times as white folks, but we want to make sure that people who are directly harmed and communities that were harmed
directly by prohibition have an opportunity now to make some money from this substance that they were punished for possessing. Well, you heard from the industry players earlier today who don't want to give up any market share. They're the millionaires. They're the white folks who have already made their money.

And the problem with this bill is they are being given preference, the current license holders are being given preference over those who were harmed, communities and specific individuals who were harmed by prohibition for the last 80 years. And if we ignore this, we're doing -- we're not achieving the purpose of this bill. And that's why I posed the question to the committee members, what is the purpose of the bill? I see that equity, the language or the word is used, but will it be achieved? It can only be achieved with some of the measures that --

REP. CANDELARIA (95TH): Not to interrupt you, but I think you eloquently have outlined the history of it. But what I really want, and you don't have to provide it now, because we want to make sure that others have the opportunity to come and testify, is if you can provide us some of those ideas that you have on how do we strengthen the equity piece in this bill. Okay?

ATTORNEY ROMANO: I think Jason Ortiz mentioned making sure that there is a timeframe within which an equity applicant could not sell their license. I think that's very important. I think another measure that would be important is no numerical caps on licenses. I think that was discussed earlier as
well. Once there's a numerical cap -- we know that big money is involved here.

One of the licensees who testified earlier today was bought out for an $81 million dollar deal and they're here to try and make sure their market share is not reduced. They are the players who would end up trying to buy up the other licenses. So, if there are an unlimited amount of licenses, that type of behavior would be less likely to undercut the equity applicants. I think what you suggested, Representative Candelaria, was having separate tiers is also important, reduced licensing fees, and guaranteeing that the equity applicants truly are equity applicants is important too, dictating that there's a market or an ownership interest that is a majority ownership interest in those entities. Those are the types of measures I think that we can all agree on that would be objectively measured and could be regulated in a fair manner.

REP. CANDELARIA (95TH): Well, thank you for that. Thank you so much. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): Questions from committee members? Representative Gibson.

REP. GIBSON (15TH): Thank you, Mr. Chair. Good afternoon. I'll be real quick. Two quick questions. One, could you elaborate on home grow, how many plants a person can grow for their own use? And the second one, tell me something about the retail sale as far as being equitable and people being -- having access to being sellers.

ATTORNEY ROMANO: So, if I'm -- let me try and address the first question, part of your question, Representative Gibson, which is home grow. Our
position is that cannabis, and that is the position of NORML, that cannabis should be regulated exactly like alcohol is regulated. Now, there is a limit to how much beer one can brew on their own I think. So, there should be a logical equivalent limit. Other states have implemented a limit such as the six-plant, twelve-plant per household. That is a working model.

I know that the legislation suggests that there should be a working group or a committee formed prior to addressing or prior to implementing any plant limits or home grow. I don't think that's necessary because we have models all across the country. I don't know what else would -- what other information would be needed other than the evidence that's already out there that's working. So, I think a six, twelve-limit should be fine.

In terms of your second question, I want to be able to -- I want to make sure that I understand it. Could you pose it to me again?

REP. GIBSON (15TH): What is your stance on the ability of people who aren't multimillionaires or people who want to have access to being sellers, getting into the industry and making things equitable for them to be able to sell?

ATTORNEY ROMANO: So, since Connecticut began its medical program, as one of the attorneys working in the cannabis industry, I receive many calls from small businesses, wanting to get involved in the industry. And the way the medical program was set up is it simply was cost prohibitive for those business to get in. There are people who own tanning salons, people who own restaurants, who want to reinvest in their community. These are small
business people who are already in the community. These are people who want to reinvest in their communities. And small business, as we all know, employ local people and they provide the most jobs.

So, I think an important way to go ahead and ensure that small business development is there is to make sure that there are smaller-scale licenses that are available. Certainly, cutting the fees on the licenses, the licenses and the fees, should reflect the amount of money it cost to regulate the program. That's what it -- that's what the fees are intended to do, is to -- if it's DCP, ultimately, that overviews the program, to defray the cost of hiring the additional personnel, those licensing fees should do that.

To your point, and I think this is very important to understand, right now, the proposal is a limit, a possession limit, of one and a half ounces. I think one of the goals of this bill is to create tax revenue. If you limit the amount of purchase that one can make, you're limiting the amount of tax revenue that the state can reap. So, one will only be able -- if I buy the maximum quantity that's available to me, it will be a tax on whatever the cost or whatever the price of one and a half ounces is. I would suggest -- one of our positions is that there be no limit to the amount that can be purchased and that one should be able to purchase as much as they want from the entity and pay the 20 percent premium on that for that amount.

REP. GIBSON (15TH): Thank you. Thank you. Thank you, Mr. Chair.
REP. D'AGOSTINO (91ST): Thank you. Thank you. Other questions? Thank you, Counselor. I appreciate it.

ATTORNEY ROMANO: Thank you very much.


MR. PLUDE: Good afternoon, committee members, Mike. My name is Norman Plude and I'm here from Southbury, Connecticut. I stand before you today against the bill. A little about myself. I'm here -- I've been growing cannabis commercially since 2017, where I was one of the growers at UConn along with Cody Roberts, who's over here, and Dylan Williams, who isn't.

Since that time, I have grown commercially in Oregon and I'm currently working with a group of investors acquiring properties in Rhode Island and Massachusetts to commercially cultivate cannabis. I'm their master grower. I got into cannabis cultivation when I was raided in 2016 for growing my own medication. Currently, the Connecticut medical marijuana program does not allow patients to cultivate their own medication, although our definition allows us to possess cannabis whether growing or not. And that definition is in 21a – 240. I got into the cannabis business because my medication, raw cannabis, is not available even today at any dispensary in this state.

To this date, no bill has been brought forward, although, on many occasions, I have stood before everyone here and went through this in the past. Although I was hoping through a stroke of your pen that patients would finally have the opportunity to
grow medication that is so desperately needed, this is our only hope. We have no -- we have a medical marijuana program and we know that cannabis has medicinal purpose and we shouldn't deny this to anybody in this state. Medical patients in this state consume a huge amount of cannabis, far above any recreational user would. We don't get into car accidents any more than anyone else. We hold onto our jobs. We have families, and importantly, we contribute to society. We're not sick from our use of our cannabis. As a matter of fact, we're getting better.

I believe that all nonviolent marijuana offenses should be expunged, not just for small amounts under an ounce and a half. I believe that all cannabis violations should be actually expunged all the way back to 1937, following prohibition. Although no official records are available, I did a quick survey on social media. Most of my group are medical patients. Out of those patients, I found that one in 500 medical patients in this state have been arrested for cannabis.

This has to stop. We're patients. We're not prisoners here. We're trying go get better. For these reasons, I'm not in favor of this bill. This bill, the way it is written, will only hurt Connecticut and everyone that lives in the state. It's time to heal our families. It's time to right the wrongs that have been going on for 80 years. All we ever hear from out of Hartford, up here, is it's time to do the right thing. Well, we have that opportunity and the time is now. We need to right the wrongs, the archaic thinking of mandatory minimums for cannabis possession. Patients caught growing cannabis could face up to 60 years in
prison. Somebody my age; that could be a life sentence. This has to stop. We're patients.

REP. D'AGOSTINO (91ST): Thank you, Butch. Questions from committee members? Thank you. And we do look forward to hearing from you each year. I appreciate your testimony again this year on these issues. Thank you.

MR. PLUDE: Thank you.

REP. D'AGOSTINO (91ST): Oh, we have a couple of people who came in who weren't able to testify earlier. Representative Mushinsky.

REP. MUSHINSKY (85TH): Thank you, Mr. Chairman. With me are two of my colleagues from Wallingford. Craig Turner is the director of our Youth and Social Services Department, and Ken Welch is the president of the Coalition for a Better Wallingford, right her. And I'm speaking on 7371, the retail sale of cannabis, not to any particular section of the bill. I am sure you have carefully considered how you're going to do this, if you do it.

I'm more concerned with prohibiting cannabis for people under the age of 25. The medical evidence is pretty clear. I'm going to be submitting to you a summary of the medical evidence from the National Institute on Drug Abuse. But the primary effect, negative effects are on you people, young brains, up to the age of 25. Under the acute adverse consequences during cannabis intoxication are impaired short-term memory, impaired attention, judgment, and cognitive functions, coordination, balance, anxiety, and then, uncommonly, psychosis, especially depending on the dose of the cannabis.
The persistent adverse effects are impaired learning and coordination and sleep problems. And the long-term effects, cumulative effects, are potential for addiction, impairments in learning and memory with potential loss of IQ, increased risk of other drug and alcohol use disorders, and in certain people with genetic vulnerability, increased risk of schizophrenia. So, I will be submitting all of this. But that's my main concern, is the effect on young people and additional concerns on impaired driving and other effects on the community. And I'd like to give the rest of my time to my two colleagues.

MR. TURNER: Good afternoon. My name is Craig Turner.

REP. D'AGOSTINO (91ST): Make sure that red button's on. There you go. There you go.

MR. TURNER: Thank you so much. Craig Turner, Department of Youth and Social Services for the Town of Wallingford. I'm gonna be reading a letter, actually, from Mayor Dickinson, Town of Wallingford.

REP. D'AGOSTINO (91ST): If we could -- we're happy to take that in writing. I think we want to keep things moving along. So, if you want to amplify anything that the Representative had to say.

MR. TURNER: I'd be happy to. Yeah. So, we're -- within the context of the letter, we're not opposed to the potential use of cannabis. That's not the issue for us. There are two issues. The major issue is that we don't believe that there's been enough significant research done by both the federal government and our own State Department of Health to really look into the medical capacity in terms of
treatment, just that more research and clinical access studies to determine the safety of its use for both medicinal and/or recreational purposes, and we should be identifying what benefits and risks accompany the use of cannabis.

REP. D'AGOSTINO (91ST): Sir.

MR. WELCH: I am Ken Welch. I'm the president of the Coalition for a Better Wallingford, a community prevention group of volunteers. And it's hard for us to understand, with all of the news coming from states that have legalized it and their lack of controls, and the negative impacts that they're having in those states, that we'd be considering legalizing it here just because other people are doing it.

The news is bad and we just don't know enough to write the laws and have the controls in place that would keep people from being harmed. Adding another drug to potentially undermine family structures that are already being battered in our society just doesn't make any sense to us. The Attorney General is very clear in Colorado, less than six months ago came out and said this was a bad idea, folks. We need to rethink it. It was an experiment that failed. And he cited a number of instances out there, from black market enhancement to youth -- increased youth usage. So, we're against it. We've got our hands full trying to control substance abuse in our youth now. Adding this and normalizing it for kids is the wrong thing to do. Thank you.

REP. MUSHINSKY (85TH): I appreciate the committee is trying very hard to -- if it passes in Judiciary, that you are trying very hard to regulate it to protect the public and I really do appreciate that.
I think the three of us are just saying we hope you're not -- we hope Judiciary isn't gonna legalize it and then we don't need this bill.

REP. D'AGOSTINO (91ST): Fair enough. Thank you all. Any questions from committee members? Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chairman. Thank you, all three of your, for your testimony on this issue. I think as we go forward it is important to keep the science in mind. And to Representative Mushinsky's point, the science does seem to suggest 25. So, where we come up with that age number, I think it does matter. Just to throw out there, I mean, there's been discussions. How do you feel about homegrown? One of the concerns I have in this bill is, you know, putting the commercialization piece on steroids.

If we try to have a restrictive market where people are profiting, we're gonna end up seeing more of a proliferation of use and possible marketing to teenagers, versus if we just left it up to individuals to be able to grow it themselves if they wanted to. Do you have an opinion on that?

REP. MUSHINSKY (85TH): So, you're looking at the Massachusetts model, where they allow a certain number of plants to be grown by the land owner?

REP. CANDELORA (86TH): Yeah, without the commercialized piece.

REP. MUSHINSKY (85TH): No, it makes sense, especially for a medical marijuana user. I do have a number of constituents who have medical issues that really benefit from the medical marijuana and it would probably benefit them personally to be able
to grow, what to them, is a medical product. What -- you know, -- I have also had complaints from people who are on medical marijuana, who are greatly priced out of purchase, and they have -- they've been distressed when they called because it's so expensive for them to get this medicine.

REP. CANDELORA (86TH): Yeah, and that's another piece I wish this bill spoke to, that even our medical would speak to, is the affordability. Because that's just a barrier for people on the one hand, but I also think it drives the black market. When there's a profit to be made, you're gonna see that black market --

REP. MUSHINSKY (85TH): No question. No question about it. If you need it for your pain relief or whatever your condition is and you have to pay a couple hundred dollars to one person, you're gonna go find a cheaper alternative because you have to relieve your condition. So, there's no question about that. You also have the bill before you on the -- on revisions to medical marijuana and I have had requests from constituents for you to add neuropathic pain to the category of that.

REP. CANDELORA (86TH): And that bill's floating around somewhere.

REP. MUSHINSKY (85TH): Yeah, there is a bill floating around on that. I don't even know who has it, but there is -- there are constituents that need that.

REP. CANDELORA (86TH): Okay. Thank you. Thank you, Mr. Chairman.
REP. D'AGOSTINO (91ST): Thank you, Representative. Other questions from committee members? Thank you, Representative. Thank you.

REP. MUSHINSKY (85TH): Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): And we also had Tiffany Davidson, who was on the list earlier.

MS. DAVIS: Chairs and distinguished members of the committee, my name is Tiffany Barnard Davidson. I live in Westport, Connecticut. I'm testifying in response to House Bill 7371. I do not support the bill.

On December 9, 2018, my eyes were forever opened to marijuana addiction and its deleterious consequences. In the early evening of December 9, my then-17-year-old son, my only child, lay in my arms sobbing uncontrollably. I would soon learn that he was struggling with marijuana addiction. We took swift action and today I am able to report that my son has 103 days of clean time. But this, while a vital step, is only the tip of the iceberg.

His road to recovery and my conviction to fight the legalization of recreational marijuana have just begun. Please take a good look at me and know that this is not the last time you will see me or hear from me, or from him. I believe you all have received a video link to the testimony he gave at the Mayor’s press conference in Wallingford last weekend. My bright, enthusiastic, confident, and curious son became a shell of his former self in just six short months of vaping 97 percent THC oil. What started as recreational use with friends increased exponentially into daily use, multiple times a day, in his room by himself, with plans to
move on to harder drugs. That was my son until the evening of December 9, when he had the remarkable self-awareness to see that his behavior was no different than that of a junkie shooting heroin in a back alley.

And this, despite the shameless snow job that big marijuana has propagated in this country and that he had internalized as truth, that marijuana is not addictive, that marijuana is merely a harmless pleasure that marijuana is not a gateway drug. I stand here on behalf of my family and the countless number of families I have met in three short months whose lives have been upended by addiction. Many of those stories are far more tragic than mine, but dead kids can’t speak and the parents of those children are often too traumatized.

If you vote to legalize recreational marijuana, you will have blood on your hands. YOU will be responsible for encouraging marijuana use and for the steady increase in use. You will be responsible for encouraging marijuana use and for the steady increase in use and addiction. You will be responsible for every family brought to its knees by this drug and by the drugs that follow once the high from marijuana is no longer high enough. You will be responsible for every injury and fatality due to driving under the influence of marijuana.

You will be responsible for telling your children and grandchildren and your constituents and their children that you didn’t perform due diligence, that you didn’t listen to scientists or mental health professionals or police chiefs or emergency room workers or the parents of dead kids, or the parents of kids in recovery, or kids in recovery. That you
didn’t bother to take the time because you were so blinded by the shiny pennies that the lobbyists poured into your campaign coffers.

You will be no better than the legislators who let the opioid epidemic happen.

REP. D'AGOSTINO (91ST): Questions from committee members? Thank you, ma'am.

MS. DAVIDSON: Thank you.

REP. D'AGOSTINO (91ST): Amy Parmenter.

MS. PARMENTER: Hi. Good afternoon. My name is Amy Parmenter. I am with the AAA Allied Group, here in Connecticut, manager of Public and Government Affairs. But my testimony today is on behalf of both AAA Clubs in Connecticut, AAA Allied and AAA Northeast. Together we represent more than a million members in Connecticut. But my testimony is really on behalf of everyone who uses Connecticut roadways. I should note that AAA also is a longstanding member of the statewide Impaired Driving Task Force. So --

REP. D'AGOSTINO (91ST): I do want to just stop you right there. I'm just curious as to why AAA is testifying. So, this committee and this bill has nothing to do with impaired driving.

MS. PARMENTER: Well, so --

REP. D'AGOSTINO (91ST): So, if you do have anything on that issue, I would encourage you to go to the Judiciary Committee.

MS. PARMENTER: Okay. So, we are supporting the bill that's over in Judiciary, but we are opposing this bill because it has to do with the legalization
of recreational marijuana and although there's already drug driving problem, so we appreciate that Judiciary is kind of trying to tackle that from a law enforcement type perspective. We also have concerns about the legalization of recreational marijuana and its impact on our roadways.

REP. D'AGOSTINO (91ST): Okay.

MS. PARMENTER: And it's not just a problem that can be solved by -- as an example, in Judiciary, they have proposed setting money aside for additional training of drug recognition experts. But, for instance, there's a big problem right now with the recruitment of law enforcement officers. So, there aren't even enough law enforcement officers in the pool.

REP. D'AGOSTINO (91ST): Yeah, this is the kind of -- this is really not for this committee, the whole issue of impaired driving. We'd appreciate it if that testimony was submitted in Judiciary. I think if the position of AAA is we shouldn't legalize, for those issues, we'll note that for the record. But I'd encourage you to get that testimony to Judiciary.

MS. PARMENTER: Okay. Okay. We will do that. It definitely it is our testimony that we are in opposition because of the risks that it would bring to our roadways. Thank you.

REP. D'AGOSTINO (91ST): Thank you. Cody Roberts.

MR. ROBERTS: For the record, I will be cancelling my AAA and I do support legalization. Hello everybody. Members of the General Law Committee, my name is Cody Roberts. I am here today to testify in strong opposition to House Bill 7371.
Being one of 30,000-plus registered medical cannabis patients in the state of Connecticut, I am noticing numerous amounts of complaints from nine out of ten patients I speak to, mentioning the frustration behind not being able to purchase the same variety due to the shortage from the growers. The four growers cannot simply keep up with the demand of our patients, and now this bill wants to allow them to grow for the recreational market, while supplying the current dispensaries we have with an additional nine more coming. Again, let me remind you they already cannot keep up with the demand despite the lies the four growers and the lobbyists they pay tell you.

Can you imagine suffering from epilepsy, finally finding a variety that works for you and stops your seizures, and the next week you can't get it, so now you have to go with having seizures again? Ridiculous. The one medicine that finally stopped your seizure, so now patients with epilepsy have to suffer and it's wrong. The solution for grow rights for people 21 years of age or older. It's that simple.

Besides the fact the government owns patent number 6630507, which states cannabis has medicinal value, and yet still scheduling it as a schedule 1 drug, meaning no medicinal value, is completely hypocritical. It is our human right to grow our own medicine and heal ourselves with it. To regulate or not allow such, you automatically turn our rights into privileges. Is that what we're really looking to do here in Connecticut? We can not allow this to happen. We as a state have an opportunity to do legalization better than any other state due to the feet dragging Connecticut has already done.
We can look at other states and come up with bills that is not only built with compassion, equity, and morals, but also built with a drive to help CT get out of its deficit and make Connecticut healthy again. I urge you to look at Jason Ortiz's bill with CURE CT. There is a 21 percent decrease in opiate-related deaths and overdoses in the states that have legalized. May 13th -- this past May 13th was ten years clean off all pharmaceutical drugs and I owe my life to cannabis. Without cannabis, I would not be here today, clean. I would not be alive.

With all the talk of legalization comes a talk of a cannabis control commission to help with the regulations, applications, and what have yous. The cannabis control commission board members must include experts that have worked in the cannabis industry or, at the bare minimum, have been a cannabis activist in the State of Connecticut. What good is filling a board, the cannabis control commission board, filled with a bunch of people that know absolutely nothing about cannabis?

We want progression. Not more wasted time and money spent trying to figure out things people already have answers to. There are many red flags in this bill I would be more than happy to continue talking to you guys with. That being said, I want to make sure I leave you with this. I will not support any legalization bill that does not include grow rights, equity programs, and expungement of cannabis convictions. Thank you for allowing me to speak. Please feel free to contact me via email. Peace and love, guys.
REP. D'AGOSTINO (91ST): Questions from committee members? Look, I'm gonna sort of pick on you because you're the last normal person.

MR. ROBERTS: Please do.

REP. D'AGOSTINO (91ST): But I just want to say this for the record. I hope you communicate it to all your fellow advocates in the community. It's not helpful to accuse members of this committee of being in the pocket of corporate interests. None of us take what we do --

MR. ROBERTS: I said the lobbyists. I said the lobbyists.

REP. D'AGOSTINO (91ST): I know. I'm just saying that none of that rhetoric is helpful, whether it's on social media or here. We are keenly concerned, if you heard our questioning at the beginning, about impacting and making sure the medical industry remains very robust. And if you recall, we did not -- we focused our questions on the commissioner, who is a neutral body, who oversees this, to make sure that she's not seen and their folks are not seeing a shortage. And if they are, we've asked them to direct us to that. So, we are very concerned about that.

MR. ROBERTS: Thank you.

REP. D'AGOSTINO (91ST): And with respect to home grow, I know people feel very strongly about home grow. But I said this last week and I want to say it again to make sure it's communicated out there. We need 95 votes for this to pass. I don't know if the support is there if it includes home grow. I appreciate taking a black and white position, but I would urge the advocate community to think really
about that, because if you don't do it now, it's years and years away. And if the position is it's gotta have this or we won't support it, that's fine, but then you may not get a bill, and then we're just stuck in the current situation that you've got.

So, I really -- we want all these advocates to the table, we want your positions, but try to be -- think about what we've got to go through here in order to marshal the votes for it. And you can have a commitment from everybody on this committee that regardless of what happens with adult use, we are firmly committed to making sure that the medical program thrives.

And I think, at the end of the day, if home grow is gonna happen, it's probably gonna happen via that avenue first, is through the medical patients, because we recognize their challenges. And I think all of us are committed to reducing the fees as well and eliminating them, regardless of what happens with adult use. Because we've heard about, really, the burden on the patient community, unable to get insurance coverage for this, etcetera. So, we're keenly interested in that. I know people feel passionately about that and I'm sort of using you as a vehicle to speak to your current other advocates. That I know they feel [inaudible - 06:02:30], but they're pounding the table and saying this or nothing. The answer may be nothing if that's how we --

MR. ROBERTS: That's perfectly fine with me. If it's nothing, it's nothing. If this doesn't have equal rights or equity or expungement, there's no -- there's -- that's not legalization in my eyes. That's just a little crumb that means nothing.
REP. D'AGOSTINO (91ST): Well, that's a little bit of what you said. I mean, grow rights or nothing. I'm telling you, and I've said this before, grow rights is a tough issue.

MR. ROBERTS: And if they do put it -- allow just medical patients alone, bare minimum, we could use that as the study that you guys talked about, saying that we may need it for grow rights. I will be okay with that.

REP. D'AGOSTINO (91ST): That's an interesting thought, using that as sort of a test case.

MR. ROBERTS: Yes, why not? We have 30,000-plus medical patients. I know at least 2,000 of them that are down to grow already. So, it's very simple. I --

REP. D'AGOSTINO (91ST): Or maybe already, actually.

MR. ROBERTS: Yeah, and they already do grow. Yes, correct.

REP. D'AGOSTINO (91ST): Other questions from committee members? Thank you for your indulgence. Thank you.

MR. ROBERTS: Thank you guys. Peace and love. Take care, all right?

REP. D'AGOSTINO (91ST): Aliyah Henry.

MS. HENRY: Good afternoon, Representative D'Agostino, Senator Fonfara, and other members of the General Law Committee. My name is Aliyah Henry and I am a UConn School of Social Work student, chair of Students Against Mass Incarceration, and lifelong resident of East Hartford. I am here to testify before you on behalf of House Bill 7371, and
I support the legalization of marijuana, but I oppose this bill for the following reasons.

Laws criminalizing marijuana have left devastating impacts on my community as well as others throughout the state of Connecticut. Families have been torn apart and people have been struggling to find opportunities upon release due to these charges. Most of these communities share a common denominator, they are black and brown. The criminalization of marijuana is an intentional attack on communities of color. If we want to ensure that this does not continue, we must incorporate equity into marijuana policy.

It is only right that we repair the damage that was done once marijuana is legalized. Revenue generated by marijuana should be used first and foremost for expungements and community reinvestment. After being released from incarceration, people should be provided with job opportunities, housing and reparations. Black and brown communities should be the first ones who are offered opportunities to engage in retail sale of marijuana and benefit from marijuana taxation. Communities with the highest rates of incarceration based on marijuana charges should be given funds to build their schools, local businesses and other establishments.

No one should be given any amount of jail time for illegal distribution of marijuana. This can be solved with a fine or a restorative justice method. If our goal is to decriminalize marijuana, then mandatory minimums should not be a part of this policy nor should over policing. In conclusion, this bill does not fully encompass these characteristics and must be modified to reflect
this. This is a crucial step for our communities here in the state of Connecticut and we should prioritize change that is going to help. Thank you.

REP. D'AGOSTINO (91ST): Thank you. Any questions from committee members? Thank you, Aliyah. Thank you. Brittany Ignace.

MS. IGNACE: Good afternoon, members of the General Law Committee. My name is Brittany Ignace. I'm a resident of Seymour and here today as a law student intern on behalf of the Civil Justice Clinic at Quinnipiac University School of Law, and I'm here with my professor, Sarah Russell. We are testifying today regarding House Bill 7371. Legislation legalizing marijuana in Connecticut must ensure that the communities most harmed by criminalization of marijuana receive the benefits of legalization.

Although House Bill 7371 contains equity provisions that are a step in the right direction, we recommend a few improvements. In Connecticut, people of color and residents of some communities have been disproportionately impacted by enforcement of drug laws. Connecticut must create opportunities for people in communities most impacted by criminalization to obtain an equitable stake in a legal marijuana market.

Some jurisdictions that have made adult use of cannabis legal have started to establish equity programs for cannabis business licensing. And programs established in Oakland, California, can serve as a model. Equity licensing programs create preferences for applicants who meet certain criteria such as a prior cannabis-related conviction or residing in disproportionately affected neighborhoods.
The bill creates an equity application status for people meeting certain criteria, but does not do enough to ensure that equity applicants will actually obtain licenses and succeed in the market. We have some specific recommendations regarding the equity in licensing, the first being that the current definition of an equity applicant is too broad and would allow people from other states to get status under the experience requirement.

The second, although the bill would create equity applicant licenses three months before other applicants, this period of time should be extended and the language should be revised to be clear that existing medical dispensaries cannot get licensees at the same time as equity applicants.

Third, in addition, the bill should provide that individuals will not be prohibited from participation based on criminal record. The bill currently provides only the individuals with an infraction or misdemeanor drug charge cannot be barred from participating in the industry. The bill should also provide that the cannabis control commission give equity applicants access to financial and technical assistance.

Finally, there should not be a cap on the number of licensees to ensure more opportunities for equity applicants. Regarding the regulating agency, the bill should provide that at least one person appointed to the cannabis control commission be a person from a disproportionately impacted community rather than simply someone with a social justice or civil rights background. The commission should be required to collect and report data and information regarding its equity efforts.
We are also concerned about the cannabis control commission's emergency powers under section 17 and believe that it should be eliminated or ensure that equity requirements still apply. In addition to using tax revenue to fund the equity program, Connecticut should use its revenue to reinvest in communities that have been disproportionately impacted. Connecticut should create a community reinvestment agency that should -- that is independent from the cannabis control commission. That agency should oversee the use of tax revenue, which should include thoughtful and targeted funding to improve the quality of schools in impacted areas as well as funding to help individuals with criminal convictions successfully reintegrate into communities.

Localities should also receive tax revenue only if they comply with those equity programs. Thank you.


MR. ESSENDER: I had to look at my watch, but good afternoon, still. I hope you guys aren't too tired to hear what I have to say, but. My name is Brian Essenter. I'd like to thank Representative D'Agostino, Senator Fonfara, Senator Witkos, Representative Cheeseman, and the rest of the ladies and gentlemen of the General Law Committee for taking the time to hear us today.

I'm a pharmacist. I'm a resident of Monroe. I'm a former dispensary manager in Connecticut and I will be dispensary manager of the new dispensary in New Haven, opening here in the next couple of months.
I've read through this bill a couple of times. The bill I'm referencing right now is 7371, AN ACT CONCERNING THE RETAIL SALE OF CANNABIS. And after reading through it quite a few times, I have quite a few concerns that I would like to raise today with quite a bit of the language that's in there.

We're start with section number 17. This section just needs to be removed completely. The language that's in there gives entirely too much executive power to the commissioner of Consumer Protection with regards to the entire program. There is no timetable for how long an emergency regulation will stay on the books and there is no checks and balances to this entire committee as well, which is just a rather scary proposition for any of us in the industry and could have a significant affect on the equity, which is what I will speak of now.

Number one, the equity portion, we need a much better definition of the equity applicant, and I would absolutely refer you to CURE Connecticut and their definition for that. We should also include veterans who demonstrate a less than honorable discharge in this equity as well. There are a lot of veterans who, as many of us know, maybe not all of us, their laws are a little bit different than they are out in the civilian world, we'll say, and a less than honorable discharge is no different than having been convicted of a crime as well and can really limit their ability to participate in many things, just the same as the rest of our people who have been harmed by the war on drugs.

And also, we need -- defining equity, we need to ensure that anyone who has had any prior convictions erased, that this does not disqualify them from
participating in the equity program, as this is something I have heard of happening in California. That there were people who went through the process of getting records expunged and then when they went to apply as an equity applicant, they no longer qualified as an equity applicant. So, this is something that we need to be very careful of as well.

One of the big questions is, you know, in helping these equity applicants, is where is the funding gonna come from? Well, the application fees for the medical marijuana program is $100 dollars a person, which is a huge barrier that we can discuss in just a minute, and that I do like that this bill eliminates as well. But with the 32,000-plus current patients that we have, there's about $3 million dollars that has come in within the last year, that this money gets directed to the general fund every year that this was originally supposed to be noted for the program itself.

A couple other quick things. Naming is not mentioned whatsoever in this bill. There is currently a system that requires every name of the medical marijuana program to be completely made up by the growers, which leaves people not knowing what the actual genetics are or having to search through multiple places in order to find some information on that. And we really need to make sure that we have a very uniform system. It wouldn't be fair to the producers or to the people trying to dispense the products if they have to use multiple different names for the same products. And what else? Micro-businesses and home grow. We have a study for this. There's really not a need. It's a waste of
resources. We have plenty of other states that have had that.

And if you don't mind, really quickly, two quick points that that I'd like to make. I'd also like to testify in favor of House Bill 7287, adding opiate use disorder to the list of condition. I think this is an absolute must. There is a lot of information that was presented to both the Board of Physicians and to the Public Health Committee in regards to this. I am happy to submit to you hours and hours of studies and information that could help to back that up as well. And I'd like to take any questions if you have any at this time.

SENATOR FONFARA (1ST): Questions from the members? Thank you very much, Brian.

MR. ESSENTER: Thank you.

SENATOR FONFARA (1ST): Joseph Raymond. Taylor Nicholas. Michael Magson. Kevin Schmidt. And it looks like, Paul Whelin. Anyone else signed up that wishes to testify?

REP. D'AGOSTINO (91ST): Going once, going twice... We are adjourned. Thank you very much.