LECUA Patient's Coalition Of New Mexico
Jason Barker - Organizer & Medical Cannabis Patient
LECUAPatientsCoalitionNM@gmail.com
dukecitywellness.com

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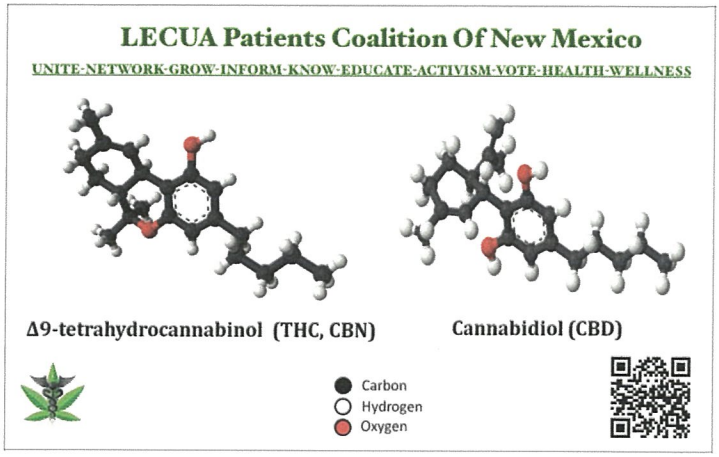
State of New Mexico
Legislative Health &
Human Services Committee Members
490 Old Santa Fe Trail
Santa Fe, NM 87501



Good Afternoon Committee Chair and Committee Members,

Today over 300 million Americans live in states with medical cannabis laws, and over 2 million individuals are legally using medical cannabis under these state programs, like ours. A 2016 study on ProCon.org, shows the patient ratio per 1000 residents of medical cannabis states; Arizona 15.1 per 1000, California 20.4 per 1000, Colorado 20.8 per 1000, New Mexico 12.5 per 1000*, Oregon 20.2 per 1000, Nevada 7.0 per 1000 and Washington 19.2 per 1000 state residents. For New Mexico, our program patient ratio should also be on par with states like; Colorado, California, Arizona, Oregon & Washington (*June 2016 NM DoH MCP Report)

During her 2010 gubernatorial campaign, Gov. Susana Martinez (R) vowed to repeal New Mexico's medical cannabis law.

Under Governor Susana Martinez, since 2011, the New Mexico Department of Health is now on their third Cabinet Secretary. New Mexico's program is the only program in the U.S. that places sole responsibility for regulation on the state's Department of Health. Doctors must comply with state requirements for patients to be considered for applying to the medical cannabis program. And Gov. Susana Martinez has been steadfast in her opposition to the medical cannabis program, she even opposed medical cannabis program prior to becoming governor, though her administration hasn't interfered with the growth of this industry around the state. Nor has The Governor been proactive in doing anything to assist, for the now 30,000 patients with debilitating health conditions in the medical cannabis program.

In the Lynn and Erin Compassionate Use Act, the law states; The secretary of health shall establish an advisory board consisting of eight practitioners representing the fields of neurology, pain management, medical oncology, psychiatry, infectious disease, family medicine and gynecology. The practitioners shall be nationally board-certified in their area of specialty and knowledgeable about the medical use of cannabis. The members shall be chosen for appointment by the secretary from a list proposed by the New Mexico medical society. A quorum of the advisory board shall consist of three members. The advisory board shall:

A. review and recommend to the department for approval additional debilitating medical conditions that would benefit from the medical use of cannabis;

B. accept and review petitions to add medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the medical use of cannabis;

C. convene at least twice per year to conduct public hearings and to evaluate petitions, which shall be maintained as confidential personal health information, to add medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the medical use of cannabis;

D. issue recommendations concerning rules to be promulgated for the issuance of the registry identification cards; and

E. recommend quantities of cannabis that are necessary to constitute an adequate supply for qualified patients and primary caregivers.

First, do no harm. As an important step in becoming a doctor, medical students must take the Hippocratic Oath. And one of the promises within that oath is "first, do no harm".

We have a sound law in the Lynn and Erin Compassionate Use, it's how the Department of Health has strayed from the true spirit and integrity of the law that has put the program in the shape it is in today along with the political posturing by Governor Martinez has fostered this. And it is the patient's, producers, and medical cannabis community members that are now paying the price in regards to health and financial costs.

The Medical Cannabis Advisory Board's own Program Manager, in Aug 2014, declined to answer question from the MCAB on why they rejected their recommendations. How is it that the Secretary and the Program Management are able to pretend to be doctors and overrule the authority of eight practitioners who are nationally board-certified in their area of specialty and knowledgeable about

the medical use of cannabis? For claiming to not be a medical provider, the Department of Health has shown time and time again how they have inserted themselves into the patient and doctor relationship and to second guess the merits of it's own MCAB and not even provide the MCAB answers to why program management does this. The medical cannabis program's management has continued to show such lack of proactivity and lack of protective oversight for patients in the program and this is of great concern.

Medical Cannabis Program meetings that were held in 2014 to correct program challenges in 2013 -has largely resulted in many of the current program challenges today.

<u>New Rules and Regulations from that meeting in 2014 include:</u>

1) Change to the patient Personal Production License rule

2) Change to the Maximum Concentration of THC in Concentrates

<u>Other Duties and Requirements neglected by the Department of Health for the Medical Cannabis Program in 2015:</u>

3) Not adding more approved health conditions to the program

4) Proper administering of program protections Section 4.

(EXEMPTION FROM CRIMINAL AND CIVIL PENALTIES FOR THE MEDICAL USE OF CANNABIS.)

5) Mishandling of applications during expansion for Licensed Non-Profit Producers in 2015

<u>Now in 2016 :</u>

6) The administrative delays with new patient applications and renewal applications that had gone on for over 9 months

Each one of these six items are and have been disrupting safe access and adequate supply to medical cannabis and are hindering the program for almost three years now. Dr. William Johnson chair of the New Mexico Medical Cannabis Advisory Board in 2014, which is made up of doctors. Told KUNM public radio that many of the changes proposed by the Department of Health would hurt patient access to medical cannabis.

After the Rules and Regulations changes from the medical cannabis meetings in 2014 went into effect in February of 2015, the results for patients and caregivers in the program has been clearly harmful to patient well being and overall program health. .

If you don't own your property then you must have written permission from the property owner to get your Personal Production License to grow your own medicine. I believe this to be a HIPPA

violation as it forces the patient or caregiver to reveal private information about their own health to the property owner. And then this further opens up the great potential for bias toward the patient from the a property owner and discrimination of their health condition. And the State Department of Health is opening itself up to even more future lawsuits in doing this.

This rule change personal cost me $10,000, as that is what I spent on medical cannabis in 2015 in the program. A large number of patients or caregivers in the program do have their Personal Production License, mainly to secure the right of having it, as about a ⅓ of these PPL's are being used. The start up cost for the proper equipment to cultivate medical cannabis is between $1000-$1300. The addition of allowing Patient Collectives and Cooperatives for PPL's and further protections to property owners renting to patients would allow for more adequate supply of medical cannabis and empower the patient community.

Whereas Rules and Regulations for Personal Production License should additionally include:

The Department shall issue a individual cultivation registration to a qualifying patient or their personal caregiver. No more than 10 qualified patients may collectively cultivate, and each participating patient must obtain a collective cultivation registration. The Department may deny a registration based on the provision of false information by the applicant. Such registration shall allow the qualifying patient or their personal caregiver to cultivate an area of limited square footage of plant canopy, sufficient to maintain a 90-day supply of cannabis, and shall require cultivation and storage only in a restricted access area.

A qualifying patient or personal caregiver shall not be considered to be in possession of more than a 90-day supply at the location of a restricted access area used collectively by more than one patient, so long as the total amount of cannabis within the restricted access area is not more than a 90-supply for all the participating qualifying patients. A copy of each qualifying patient's written recommendation shall be retained at the shared cultivation facility

Qualified patients shall provide the following in order to be considered for a personal production license to produce medical cannabis:

(1) a description of the single indoor or outdoor location that shall be used in the production of cannabis;

(2) a written plan that ensures that the cannabis production shall not be visible from the street or other public areas;

(3) a written acknowledgement that the applicant will ensure that all cannabis, cannabis-derived products and paraphernalia is accessible only by the applicant, collective members and/or their primary caregiver (if any), and kept secure and out of reach of children;

(4) a description of any device or series of devices that shall be used to provide security and proof of the secure grounds; and

(5) a written acknowledgement of the limitations of the right to use and possess cannabis for medical purposes in New Mexico.

"**Cultivation facility" means a business that:**

1.Is registered with the **Department of Agriculture**; and ***(we should be having Dept. of Ag involved)***

2. Acquires, possesses, cultivates, harvests, dries, cures, trims, and packages cannabis and other related supplies for the purpose of delivery, transfer, transport, supply, or sales to:

(a) dispensing facilities;

(b) processing facilities;
(c) manufacturing facilities;
(d) other cultivation facilities;
(e) research facilities.
(f) independent testing laboratories.

The current Rules and Regulations are :

7.34.4.18 QUALIFIED PERSONAL PRODUCTION APPLICATION AND LICENSURE REQUIREMENTS:
A. A qualified patient may apply for a personal production license to produce medical cannabis solely for the qualified patient's own use.
B. A qualified patient may obtain no more than one personal production license, which license may be issued for production to occur either indoors or outdoors in no more than one single location, which shall be either the patient's primary residence or other property owned by the patient.
C. No more than two personal production licenses may be issued for a given location, with proof that a second registered patient currently resides at the location. Multiple personal production licenses may not be issued for non-residential locations.
D. Qualified patients shall provide the following in order to be considered for a personal production license to produce medical cannabis:
(1) applicable non-refundable fee;
(2) a description of the single indoor or outdoor location that shall be used in the production of cannabis;
(3) if the location is on property that is not owned by the applicant: a written statement from the property owner or landlord that grants to the applicant permission to grow cannabis on the premises;
(4) a written plan that ensures that the cannabis production shall not be visible from the street or other public areas;
(5) a written acknowledgement that the applicant will ensure that all cannabis, cannabis-derived products and paraphernalia is accessible only by the applicant and their primary caregiver (if any), and kept secure and out of reach of children;
(6) a description of any device or series of devices that shall be used to provide security and proof of the secure grounds; and
(7) a written acknowledgement of the limitations of the right to use and possess cannabis for medical purposes in New Mexico. [7.34.4.18 NMAC - Rp, 7.34.4.9 NMAC, 2/27/2015]

Another Department of Health Medical Cannabis Program regulation that went into effect on February 27, 2015 was the Maximum Concentration of THC in Concentrates- a limit set to 70%. A "Concentrated cannabis-derived product ("concentrate")" means a cannabis-derived product that is manufactured by a mechanical or chemical process that separates any cannabinoid from the cannabis plant, and that contains (or that is intended to contain at the time of sale or distribution) no less than thirty-percent (30%) THC by weight.) Being set to 70% potency limit means that a patient must either to purchase more medicine from a dispensary and those patients or caregivers making

their own medicine will now have less medicine available to make. And the same for the Producers, who now need to use more cannabis-derived products to produce more quantity of a less potent medical product. (see attached ***appendix B*** for pseudoscience used to create this rule along with the "special favor" asked to be proved for doing the fake science)
"The 70% THC limit: The new rules impose a cap of 70% on the THC content of any extract or concentrate. High-quality/purity BHO, waxes and similar products that have potencies above 70% THC can no longer be sold to patients by producers. It also means that a patient who possesses a higher-potency concentrate obtained from another source risks state law criminal prosecution. Patients who use concentrates may considering applying for a medical exception and/or look for reformulated products at their producer that comply with the new rule." (from Kurple Magazine 3/15 - comments by Jason Marks -Esquire)

This regulation is blatantly contradictory to the Act. Concentrates are condensed cannabis medicine with very little plant matter, making them a safe and healthy alternative method of consuming medicine. Cannabis concentrates can have anywhere from 60-90% THC content. Concentrates can be vaporized, baked into edibles, infused into topicals or smoked. Since concentrates are significantly more potent, they are much more effective for use as medicine for patients with serious issues. Many users wish to minimize smoking medical cannabis. The use of BHO, Rick Simpson oil and similar products can allow users to minimize smoking. Higher quality products also contain fewer contaminants (contaminants here is defined as anything that has not been shown to cure or alleviate patients' conditions). That the department would seek to ensure quality by testing, then reduce quality by requiring inferior products to be produced/ possessed seems contradictory. Cannabis concentrates, when used properly, are making revolutionary contributions to the field of cannabis-based medicine. Limiting the amount of THC to the absolute lowest level typically in concentrates will be almost impossible for producers to comply with and restricts the medicinal value. This rule is arbitrary, capricious and completely unreasonable. (from Jason Marks comments of the Cannabis Producers of New Mexico, Inc to NM DOH)

"Best RSO is 95-98% THC and extremely potent and sedative (with 70% cure rate)." -Rick Simpson

"IF, what we want is for the cannabis industry to maintain BEST PRACTICES, then the careful cleaning up of concentrates, removing the majority of impurities, is the closest thing we have to proper pharmaceutical technique. IF the state forces you to less appropriate techniques, that

produce a less cleaned-up product, then the state is taking on the legal liability of forcing the industry into bad techniques. This means that if the industry is pushed by the state, then when patients get sick for these poorer quality medicines, the state becomes a co-defendant in these cases… more over, the cannabis company getting sued can also sue the state." - Rev. Dr. Kymron: Chief Scientific Research Officer -Steep Hill Labs

The Legislature did not authorize the Department of Health to insert itself into the doctor-patient relationship and second-guess the merits of a particular prescription. My medical provider, Anita Briscoe, has expressed great concern about this because that the explicit and sole purpose of the Lynn and Erin Compassionate Use Act "is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments." Yes, we can petition to get concentrates above 70% but no one is making them for us to be able to do that because of the Rule.
Once more the Department of Health has opened themselves up for even more potential lawsuits for not being compliant with the Lynn And Erin Compassionate Use Act in doing this.

The Department of Health Medical Cannabis Advisory Board has been set up to fail in its duties and role as nationally board-certified practitioners with knowledge of medical cannabis as medicine; as the role the have been put in is futile if the advice from these experts fall on deaf ears. The Secretary and Program Management continue to not add more medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the medical use of cannabis in the program.

7.34.2.2 STATUTORY AUTHORITY: The requirements set forth herein are promulgated by the secretary of the department of health pursuant to the authority granted under Section 9-7-6 (E) NMSA 1978, and the Lynn and Erin Compassionate Use Act, 26-2B-1 et seq. NMSA 1978.
[7.34.2.2 NMAC - Rp, 7.34.2.2 NMAC, 2/27/2015]

7.34.2.11 ADVISORY BOARD RECOMMENDATION TO THE DEPARTMENT:

A. Advisory board recommendation: Upon final determination the advisory board shall provide to the secretary a written report of finding, which recommends either the approval or denial of the petitioner's request. The written report of findings shall include a medical justification for the recommendation based upon the individual or collective expertise of the advisory board membership. The medical justification shall delineate between the findings of fact made by the advisory board and scientific conclusions of credible medical evidence.

B. Department final determination: The department shall notify the petitioner within 10 days of the secretary's determination. A denial by the secretary regarding the inclusion of a medical conditions, medical treatments or diseases to the existing list of debilitating medical

conditions contained under the act shall not represent a permanent denial by the department. Any individual or association of individuals may upon good cause re-petition the advisory board. All requests shall present new supporting findings of fact, or scientific conclusions of credible medical evidence not previously examined by the advisory board.

Qualifying conditions to become a medical cannabis patient in Illinois include:
Acquired Immunodeficiency Syndrome (AIDS), Alzheimer's disease, Lou Gehrig's disease (ALS) , Arnold-Chiari malformation and syringomyelia, Cachexia/wasting syndrome, Cancer, Causalgia, Chronic inflammatory demyelinating polyneuropathy, Crohn's disease, CRPS (Complex Regional Pain Syndrome Type I), CRPS (Complex Regional Pain Syndrome Type II), Dystonia, Fibromyalgia (severe), Fibrous dysplasia, Glaucoma, Hepatitis C, Hospice, Human Immunodeficiency Virus (HIV), Hydrocephalus, Interstitial cystitis, Lupus, Migraine, Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Myoclonus, Nail-patella syndrome, Neurofibromatosis, Parkinson's disease, Post-concussion syndrome, PTSD, Residual limb pain, Rheumatoid arthritis (RA), Seizures Sjogren's syndrome, Spinal cord disease (including but not limited to arachnoiditis, Tarlov cysts, hydromyelia & syringomelia), Spinal cord injury, Spinocerebellar ataxia (SCA), Tourette syndrome, and Traumatic brain injury (TBI) *(42 in total)*

In 1978, after public hearings the legislature in New Mexico enacted H.B. 329, the nation's first law recognizing the medical value of cannabis. Later renamed The Lynn Pierson Marijuana & Research Act. Our program in New Mexico should be the leader, we should have a just as many qualifying conditions as Illinios…

Whereas "Qualifying medical condition" should mean any condition for which treatment with medical cannabis would be beneficial, as determined by a patient's qualified medical professional, including but not limited to cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, post-traumatic stress disorder, arthritis, chronic pain, neuropathic and other intractable chronic pain, and multiple sclerosis.

As the Governor, the Department of Health, nor the Secretary or Medical Cannabis Program Managers are the patient's qualified medical professional - yet they make medical decisions of a person's health. And reject medical decisions from eight nationally board-certified practitioners within the program.

Section 4 of the Law: Exemptions from Criminal and Civil Penalties for the Medical Use of Cannabis. This aspect has been greatly neglected for the Parents as Patients in the program, who have children. And the many concerns and fears they have that have not been addressed by the Department of Health.

Whereas "Discrimination Prohibited" should follow:

Driving Protections

A qualifying patient shall not be considered to be under the influence of cannabis solely because of the detectable presence of cannabis components or metabolites.

A person's status as a qualified patient is not a sufficient basis for conducting roadside sobriety tests or the suspension of a driver's license. The officer must have an independent, factual basis giving reasonable suspicion that the person is driving under the influence of cannabis to conduct standardized field sobriety tests.

In Addition To:

(A) Unless a failure to do so would cause the employer to lose a monetary or licensing-related benefit under federal law or federal regulations, an employer may not discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person, based upon either of the following:

1. The person's status as a qualifying patient, caregiver, or cardholder; or
2. A qualifying patient, caregiver, or cardholder tests positive for cannabis components or metabolites, unless the individual was impaired by cannabis on the premises of the place of employment or during the hours of employment.

(B) Unless required by federal law or required to obtain federal funding, no landlord may refuse to rent a dwelling unit to a person or take action against a tenant solely on the basis of an individual's status of a qualifying patient or cardholder under this act.

(C) For the purposes of medical care, including organ transplants, a qualifying patient's medical use of cannabis does not constitute the use of an illicit substance or otherwise disqualify a qualifying patient from medical care.

(D) Neither the presence of cannabinoid components or metabolites in a person's bodily fluids, nor conduct related to the medical use of cannabis by a custodial or noncustodial parent, grandparent, pregnant woman, legal guardian, or other person charged with the well-being of a child, shall form the sole or primary basis for any action or proceeding by a child welfare agency

or a family or juvenile court. This subsection shall apply only to conduct in compliance with the LECUA.

The addition of these would provide those much needed protections from bais.

The current Rules and Regulations are :

7.34.3.17 EXEMPTION FROM STATE CRIMINAL AND CIVIL PENALTIES FOR THE MEDICAL USE OF CANNABIS:

A. Possession of, or application for, a registry identification card shall not constitute probable cause or give rise to reasonable suspicion for any governmental agency to search the person or property of the person possessing or applying for the card.

B. A qualified patient shall not be subject to arrest, prosecution, or penalty in any manner by the state of New Mexico or a political subdivision thereof for the possession of or the use of medical cannabis if the quantity of cannabis, concentrates, or cannabis-derived products does not exceed an adequate supply as defined by rule.

C. A primary caregiver shall not be subject to arrest, prosecution, or penalty in any manner for the possession of cannabis by the state of New Mexico, or a political subdivision thereof, for the medical use by the qualified patient if the quantity of cannabis, concentrates, or cannabis-derived products does not exceed an adequate supply as defined by rule.

D. A qualified patient or a primary caregiver shall be granted the full legal protections provided under the Lynn and Erin Compassionate Use Act, Section 26-2B-1 et seq., NMSA 1978, by the state of New Mexico if the qualified patient or primary caregiver is in possession of a valid registry identification card. If the qualified patient or primary caregiver is not in possession of a valid registry identification card, the qualified patient or primary caregiver shall be given an opportunity to produce the registry identification card before any arrest, or criminal charges, or other penalties are initiated.

E. A practitioner shall not be subject to arrest or prosecution, penalized in any manner, or denied any right or privilege by the state of New Mexico, or political subdivision thereof, for recommending the medical use of cannabis, or providing written certification for the medical use of cannabis pursuant to this rule and the act.

F. Any property interest that is possessed, owned, or used in connection with the medical use of cannabis, or acts incidental to such use, shall not be harmed, neglected, injured, or destroyed while in the possession of New Mexico state or local law enforcement officials. Any such property interest shall not be forfeited under any New Mexico state or local law providing for the forfeiture of property except as provided in the Forfeiture Act. Cannabis, cannabis-derived products, paraphernalia, or other property seized from a qualified patient or primary caregiver in connection with the claimed medical use of cannabis shall be returned immediately upon the determination by a court or prosecutor that the qualified patient or primary caregiver is entitled to the protections of the provisions of this rule and the act, as may be evidenced by a failure to actively investigate the case, a decision not to prosecute, the dismissal of charges, or acquittal.

G. A person shall not be subject to arrest or prosecution by the state of New Mexico, or political subdivision thereof, for a cannabis-related offense for being in the presence of the medical use of cannabis as permitted under the provisions of this rule and the act.

[7.34.3.17 NMAC - Rp, 7.34.3.15 NMAC, 2/27/2015]

During the last expansion round the Department of Health did for new producers in 2015, a few of the applicants had parts of their application lost by the official receiving them for the Department of Health Medical Cannabis Program. A Santa Fe Reporter investigation revealed that one of the winning nonprofits had ties to Michal Hayes, an attorney who worked for the Department of Health

at the time.
Public records show that even though Hayes was on the board of directors of Keyway Inc. when the Santa Fe nonprofit applied to the department in May, she didn't move to another state job until more than a month after the nonprofit learned in October of 2015 that it had made the final cut. (http://www.sfreporter.com/santafe/article-11657-inside-track.html)

Also concerning is how Andrea Sundberg, in the medical cannabis office, received and checked in the applications for producers expansion process and was a judge on them as well. And a few of the applications had parts of applications lost once turned into Andrea -in Department of Health possession. The producers applicants who had this happen, do have pictures of their application before turning them in.
So here we have not only patient applications that have dealt with unreasonable administrative delays and application errors - the same has gone on with new producer applications and the Department of Health just tries to keep sweep things like this under the carpet. I would like to believe that application for those wanting to produce medicine would be handled in the most fair and secure manner as possible and that clearly did not occur. They covered up the fact an attorney who worked for the Department of Health was getting a new producer license. This is another area of the of the Medical Cannabis Program that I hope the State Auditor, Mr. Keller, is able to look into for insuring a fair process for such a legally sensitive and important medical role that producers play in the program.

Also very concerning has been the many newspaper articles, like this one (http://www.sfreporter.com/santafe/article-12273-cannabis-supply-in-checkmate.html), Mr. Rodriguez clearly lays out a plan that completely goes agains the purpose of the medical cannabis program; as he currently runs 5 dispensaries and wants to open 13 additional dispensaries. A monopoly is a situation in which a single company or group owns all or nearly all of the market for a given type of product or service. By definition, monopoly is characterized by an absence of competition, which often results in high prices and inferior products. Ultra Health has also been pushing for a unlimited plant count on growing cannabis in the medical program; this was done in Arizona and did not provide what they claimed it would it was only done to take cultivation rights away from patients to increase profits.

With in this same article Mr. Rodriguez also promotes and speaks of legalizing cannabis for

recreational use by the end of this current year to fix medicaid in the state. Now how is this ? Ultra Health has clearly come into a Compassionate Use medical program to stage their business here in New Mexico for recreational use cannabis within the Medical Program. How could the DoH MCP have allowed this? They are getting away with being in a gray area as a turnkey management company. And its clear with under reporting by the Department of Health on sales of medical cannabis and sales & reports from Ultra Health that his proposed expansion isn't even possible. He doesn't produce enough medicine for adequate supply (by his own doing) therefore they must be trying to break the system that is the program to force legalization of recreational cannabis. And Ultra Health did not go thru the application process either to be doing as they are now. (http://www.sfreporter.com/santafe/article-12152-health-department-under-reports-medical-cannabis-sales.html)

In a letter to Department of Health Secretary-designate Lynn Gallagher sent June 20th 2016. State Auditor Tim Keller wrote that his office will audit the department's compliance with the legally-required 30-day waiting period for processing applications of new and returning medical cannabis patients. And then on June 21st 2016, the LECUA Patient's Coalition Of New Mexico, sent a letter and email to the Secretary's Office asking: "Secretary Gallagher, I implore you to consider this potential solution for the all those in our medical cannabis community and patients who are going thru the renewal process currently (and have a previous ID card from the most recent year); You are in a unique position to provide relief and allow Safe Access for these patients and it is very feasible for the Department of Health Medical Cannabis Program to please immediately issue a retroactive 90 day extension to all expiration dates / expired medical cannabis patients ID Cards into the remainder of the 2016"
And then August 19th 2016, we finally get word of this extension being provided. And this is most certainly greatly appreciated by the medical cannabis patients community but is concerning it took so long to be seen as the right thing to do. If you're a parent and do not provide your child medical attention when needed you could go to jail. I guess the law is different for certain state officials who do this to people with serious debilitating medical conditions.

Patients, like myself, are all required to renew their cards every year despite all of patients in the program having serious medical conditions that will never go away. Nor do we need a yearly reminder of our health problems...***once a patient is accepted into the program the registry and identification cards should be set at a 3 or 5 yr renewal basis. The Department can then do***

yearly address verification by mail all while maintaining safe access to medical cannabis. The qualifying health conditions for the program are all ones that modern pharmaceutical pills failed to cure or provide relief. That is, why we are in the medical cannabis program as this form of medicine provides us the best option for improving our health.

A "further failure to comply" with the time period from the department could result in special audits, risk advisory designations and even referral to law enforcement, State Auditor Keller warned. The New Mexico Department of Health must be held accountable for not following state law for over nine months.

I think it is clear the Department of Health needs to be directed by lawmakers to update the Medical Cannabis Advisory Board, to consist of 12 members to be appointed by the Director and reviewed by this Committee. A quorum of the advisory board shall consist 6 members.

Whereas: New members of the MCAB are to be: at least one person who possesses a qualifying patient's registry identification card, at least one person who is a designated primary caregiver of one or more qualifying patients, at least one person who is an officer, board member, or other responsible party for a licensed medical cannabis dispensing facility, and at least one qualifying patient who is either a Armed Forces Veteran or prior Law Enforcement/Fire/EMT Veteran status.

As this will strongly complement the eight nationally board-certified practitioners in their area of specialty and knowledgeable about the medical use of cannabis current on the Board. Updating the MCAB membership would then also be a reflection of the New Mexicans that the program was created to serve.

Whereas: The MCAB shall meet at least four times per year, at times and places specified by the Director to be feasible for the patient community and public to attend.

Whereas: The Department shall provide staff support to the committee.

Whereas: All agencies of state government are directed to assist the Committee in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish information and advice that the members of the committee consider necessary to perform their duties.

The Governor's Office should be answering some serious questions as well with the lack of transparency between the Secretary of the Department of Health and the Governor. Not to mention the Governor's Office highlights four priorities; two of the four priorities are of Ensuring Transparency and Ethics in Government, and Keeping New Mexicans Safe. We are now over 30,000 voting medical cannabis patients in the State.

Thank you for allowing me this time to speak and Thank you Committee Chair and Committee Members for being here to listen and providing the medical cannabis community your hard work and dedication in the state legislature.

Appendix A :

WHEREAS cannabis (marijuana) has been used as a medicine for at least 5,000 years and can be effective for serious medical conditions for which conventional medications fail to provide relief;

WHEREAS modern medical research has shown that cannabis can slow the progression of such serious diseases as Alzheimer's and Parkinson's and stop HIV and cancer cells from spreading; has both anti-inflammatory and pain-relieving properties; can alleviate the symptoms of epilepsy, PTSD and multiple sclerosis; is useful in the treatment of depression, anxiety and other mental disorders; and can help reverse neurological damage from brain injuries and stroke;

WHEREAS the World Health Organization has acknowledged the therapeutic effects of cannabinoids, the primary active compounds found in cannabis, including as an anti-depressant, appetite stimulant, anticonvulsant and anti-spasmodic, and identified cannabinoids as beneficial in the treatment of asthma, glaucoma, and nausea and vomiting related to illnesses such as cancer and AIDS;

WHEREAS the American Medical Association has called for the review of the classification of cannabis as a Schedule I controlled substance to allow for clinical research and the development of cannabinoid-based medicines;

WHEREAS the National Cancer Institute has concluded that cannabis has antiemetic effects and is beneficial for appetite stimulation, pain relief, and improved sleep among cancer patients;

WHEREAS the American Herbal Pharmacopoeia and the American Herbal Products Association have developed qualitative standards for the use of cannabis as a botanical medicine;

WHEREAS the U.S. Supreme Court has long noted that states may operate as "laboratories of democracy" in the development of innovative public policies;

WHEREAS twenty-three states and the District of Columbia have enacted laws that allow for the medical use of cannabis;

WHEREAS seventeen additional states have enacted laws authorizing the medical use of therapeutic compounds extracted from the cannabis plant;

WHEREAS more than 17 years of state-level experimentation provides a guide for state and federal law and policy related to the medical use of cannabis;

WHEREAS accredited educational curricula concerning the medical use of cannabis have been established that meets Continuing Medical Education requirements for practicing physicians;

WHEREAS Congress has prohibited the federal Department of Justice from using funds to interfere with and prosecute those acting in compliance with their state medical cannabis laws, and the Department of Justice has issued guidance to U.S. Attorneys indicating that enforcement of the Controlled Substances Act is not a priority when individual patients and their care providers are in compliance with state law, and that federal prosecutors should defer to state and local enforcement so long as a viable state regulatory scheme is in place.

Appendix A Cont. :

Recognition of nonresident cards

(A) The (STATE) and the medical cannabis dispensing facilities in this State which hold valid medical cannabis establishment registration certificates will recognize a medical cannabis registry identification card issued by another state or the District of Columbia only under the following circumstances:

1. The state or jurisdiction from which the holder or bearer obtained the nonresident card grants an exemption from criminal prosecution for the medical use of cannabis;
2. The nonresident card has an expiration date and has not yet expired;
3. The holder or bearer of the nonresident card signs an affidavit in a form prescribed by the Department which sets forth that the holder or bearer is entitled to engage in the medical use of cannabis in his or her state or jurisdiction of residence; and
4. The holder or bearer of the nonresident card is in possession of no more than a 90-day supply of cannabis.

(B) For the purposes of the reciprocity described in this section:

1. The amount of medical cannabis that the holder or bearer of a nonresident card is entitled to possess in his or her state or jurisdiction of residence is not relevant; and
2. Under no circumstances, while in this State, may the holder or bearer of a nonresident card possess cannabis for medical purposes in excess of a 90-day supply of cannabis.

Appendix B (Appendix B also includes Concentrate Cap email to Ken Groggel)

New Mexico Medical Cannabis Program: Cannabis Concentrate Facts

What Is In Question: (nmhealth.org/resource/view/222)

TITLE 7 HEALTH-CH 34 MEDICAL USE OF CANNABIS-PART 4 LICENSING REQUIREMENTS FOR PRODUCERS, COURIERS, MANUFACTURERS AND LABORATORIES

7.34.4.8 PRODUCER LICENSING; GENERAL PROVISIONS:

L. Maximum concentration of THC in concentrates: A licensed non-profit producer shall not sell or otherwise distribute a concentrated cannabis derived product to a qualified patient or primary caregiver that contains greater than seventy percent (70%) THC by weight, unless the qualified patient or primary caregiver presents proof of a valid medical exemption granted by the department. (new Department of Health Medical Cannabis regulation that went into effect on February 27, 2015)

What This Means To All Patients:

70% THC limit: The new rules impose a cap of 70% on the THC content of any extract or concentrate. High-quality/purity BHO, waxes and similar products that have potencies above 70% THC can no longer be sold to patients by producers. It also means that a patient who possesses a higher-potency concentrate obtained from another source risks state law criminal prosecution. Patients who use concentrates may considering applying for a medical exception and/or look for reformulated products at their producer that comply with the new rule.(from Kurple Magazine 3/15 - comments by Jason Marks -Esquire)

Why This Regulation Is A Violation of ALL Patients RIGHTS:

This proposed regulation is blatantly contradictory to the Act. Concentrates are condensed cannabis medicine with very little plant matter, making them a safe and healthy alternative method of consuming medicine. Cannabis concentrates can have anywhere from 60-90% THC content. Concentrates can be vaporized, baked into edibles, infused into topicals or smoked. Since concentrates are significantly more potent, they are much more effective for use as medicine for patients with serious issues. Many users wish to minimize smoking medical cannabis. The use of BHO, Rick Simpson oil and similar products can allow users to minimize smoking. Higher quality products also contain fewer contaminants (contaminants here is defined as anything that has not been shown to cure or alleviate patients' conditions). That the department would seek to ensure quality by testing, then reduce quality by requiring inferior products to be produced/ possessed seems contradictory. Cannabis concentrates, when used properly, are making revolutionary contributions to the field of cannabis-based medicine. Limiting the amount of THC to the absolute lowest level typically in concentrates will be almost impossible for producers to comply with and restricts the medicinal value. This rule is arbitrary, capricious and completely unreasonable. (from Jason Marks comments of the Cannabis Producers of New Mexico, Inc to NM DOH)

Medical Cannabis Facts in The United States:

- 37 Medical Cannabis State Programs
- 15 States in the Mountain / Pacific Time Zones: 10 States with Medical Cannabis Programs & 7 States have pending Medical Cannabis Program legislation
- *New Mexico & Utah* are the ONLY two states who impose the 70% Concentrate Cap in the Medical Programs and Ohio is currently adding our cap

"Best RSO is 95-98% THC and extremely potent and sedative (with 70% cure rate)." -Rick Simpson

> "IF, what we want is for the cannabis industry to maintain BEST PRACTICES, then the careful cleaning up of concentrates, removing the majority of impurities, is the closest thing we have to proper pharmaceutical technique. IF the state forces you to less appropriate techniques, that produce a less cleaned-up product, then the state is taking on the legal liability of forcing the industry into bad techniques. This means that if the industry is pushed by the state, then when patients get sick for these poorer quality medicines, the state becomes a co-defendant in these cases… more over, the cannabis company getting sued can also sue the state." - Dr. Kymron (Steep Hill Labs)

Decision based on:

Groggel, Ken, DOH

From: Jeremy@medplantsolutions.com
Sent: Monday, March 17, 2014 9:51 PM
To: Groggel, Ken, DOH
Subject: Recommendation
Attachments: Concentrate Recommendation.doc

Hi Ken,

I have attached the recommendations you asked. I think the most important part of this is not categorizing or defining individual products as we discussed but rather how the term concentrate is defined. I took a stab at it and think I was able to word it so it covers every product on the market considered high potency.

I also suggest that the threshold for high potency be set at 60%. The rational is that,the low grade extracts such as bubble hash, keif, and poorly performed alcohol extracts will average in the 30-40% range with the odd ball hitting up in the 50-60% range. Most expertly done alcohol and butane extracts go anywhere from 60% up into the 80% range depending on the quality of the starting material. Setting the threshold at 60% gives the average patient an opportunity to get some high potency stuff here and there but they will not likely have constant access. The possibility exists that manufacturing processes may evolve to provide near 60% product consistently but it would likely take some time.

Hope this helps and I hope I get a little credit for this at some point ;-)

Jeremy Applen
Page Analytical
505-404-8678 Office
505-232-0599 Cell

NOT A Doctor

Definition:

Concentrate - Any product derived from either a mechanical or chemical process intended to separate any cannabinoid from the cannabis plant so that it might be sold as a high cannabinoid content product.

Recommended Rule Language:

Patients requiring the use of concentrates which contain a quantity of THC greater than or equal to 60% weight by weight must obtain and include specific instructions from their referring physician.

All patients may purchase concentrates which contain THC in amounts up to and including 59% weight by weight.

All patients are limited to a concentrate purchase quantity of 10g per month or 30g for a three month supply unless there is express written recommendation is made by the referring physician.

All applications submitted after XXXX (date) must have documentation to support the need for access to 60% w/w THC or higher concentrates and/or the need for a supply of more than 10g per month.

Consideration:

Consider putting an icon on the cards to represent if a patient can buy the high potency concentrates and the number of grams they can buy per month or week.

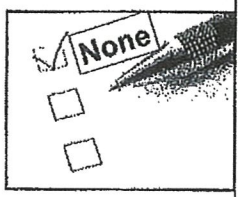
Addiction: The Dark Side of Cannabinoids

Jenny L. Wiley, Ph.D.
Senior Fellow
RTI International
Research Triangle Park, NC

www.rti.org

Disclosures

Conflict of Interest?



Financial Statement

Dr. Wiley's research on cannabinoids is supported by grants from the National Institute on Drug Abuse. Travel support to attend this meeting was provided by Patients Out of Time. Thank you!

The dose makes the poison.

Paracelsus (Father of Toxicology)

Cartoon by Larry Ivanaker at http://www.cancer-clinical-trials.com/pic/cancer-trials-in-cartoons.html

Factors that may contribute to side effects

- Pharmacological / toxicological properties of drug
- Dose of drug
- Genetics
- Environment (current and past)
- Disorder / illness for which medication is being taken

Terminology

- Substance Abuse
- Substance Dependence

- Substance-Related and Addictive Disorders (substance use disorders and substance-induced disorders)
- Focuses on specific substances, including cannabis
- Adds severity coding (determined by number of met criteria)

What is addiction?

- Substance has psychoactive effects
- Preoccupation with substance (cognitive component)
- Continued use despite harmful effects or negative consequences (behavioral component)
- Highly controlled or compulsive use
- Craving for substance (motivational component)
- Tolerance may occur with repeated use
- Withdrawal effects (physiological component)

Neural Circuits in Drug Addiction

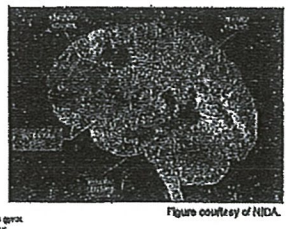


Figure courtesy of NIDA.

Abbreviations:
PFC = prefrontal cortex
ACG = anterior cingulate gyrus
OFC = orbitofrontal cortex
DCG = dorsolateral cingulate
NAc = nucleus accumbens
VP = ventral pallidum
Amyg = amygdala
Hipp = hippocampus

Pot-related poison control calls up in Washington, Colorado

Published January 23, 2015 | Associated Press

Marijuana-related calls to poison control centers in Washington and Colorado have spiked since the states began allowing legal sales last year, with an especially troubling increase in calls concerning young children.

But it's not clear how much of the increase might be related to more people using marijuana, as opposed to people feeling more comfortable to report their problems now that the drug is legal for adults over 21.

New year-end data being presented to Colorado's Legislature next week show that the Rocky Mountain Poison and Drug Center received 151 calls for marijuana exposure last year, the first year of retail recreational pot sales. That was up from 88 calls in 2013 and 61 in 2012, the year voters legalized pot.

Calls to the Washington Poison Center for marijuana exposures jumped by more than half, from 158 in 2013 to 246 last year.

Public health experts say they are especially concerned about children accidentally eating marijuana edibles. Calls involving children nearly doubled in both states, to 48 in Washington involving children 12 or under, and to 45 in Colorado involving children 8 or under.

"There's a bit of a relaxed attitude that this is safe because it's a natural plant, or derived from a natural plant," Dr. Alex Garrard, clinical managing director of the Washington Poison Center. "But this is still a drug. You wouldn't leave Oxycontin lying around on a countertop with kids around, or at least you shouldn't."

Around half of Washington's calls last year resulted in hospital visits, with most of the patients being evaluated and released from an emergency room, Garrard said. Ten people were admitted to intensive care units — half of them under 20 years old.

Children who wind up going to the hospital for marijuana exposure can find themselves subject to blood tests or spinal taps, Garrard said, because if they seem lethargic and parents don't realize they got into marijuana, doctors might first check for meningitis or other serious conditions.

Pot-related calls to Washington's poison center began rising steadily several years ago as medical marijuana dispensaries started proliferating in the state. In 2008, there were just 47 calls. That rose to 150 in 2010 and 162 before actually dropping by a few calls in 2013, a year in which adults could use marijuana but before legal recreational sales had started.

Calls about exposure to marijuana combined with other drugs spiked in Colorado, too. There were 70 such calls last year, up from 39 calls in 2013 and 49 calls in 2012.

Both states saw increases in calls across all age groups. Colorado's biggest increase was among adults over 25 — from 40 in 2013 to 102 calls last year. Washington had a big jump in calls concerning teens, from 40 in 2013 to 61 last year.

Many of the products involved in Washington's exposure cases are found at the state's unregulated medical marijuana dispensaries, but not licensed recreational shops, which are barred from selling marijuana gummy bears or other items that might appeal to children, Garrard said.

The Washington Legislature is working now on proposals for reining in the medical marijuana industry — and limiting what they can sell. Both states have taken steps to try to keep marijuana products away from children, such as requiring child-resistant packaging in licensed stores.

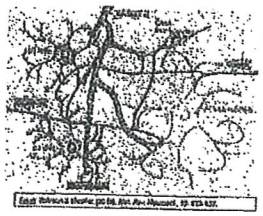
In Denver, authorities charged a couple with child abuse last month, saying their 3-year-old daughter tested positive for marijuana. The couple brought the girl to a hospital after she became sick.

Ben Reagan, a medical marijuana advocate with The Center for Palliative Care in Seattle, said at a recent conference that he had long dealt with parents whose children accidentally got into marijuana. It used to be less likely that they would call an official entity for help, he said.

"Those things have been occurring this whole time," Reagan said. "What you now have is an atmosphere where people are much more comfortable going to the emergency room."

"Before, you'd just look at your buddy and say, 'Sorry, dude. You're going to have to deal with it all night,'" he added. "We're not calling nobody."

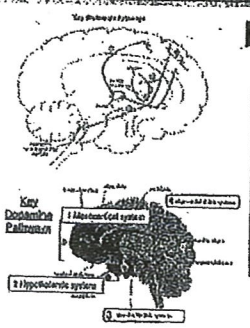
Neurotransmitter Interactions in Addiction

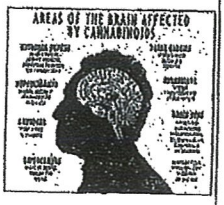


- Dopamine
- Glutamate
- Endocannabinoids

RTI

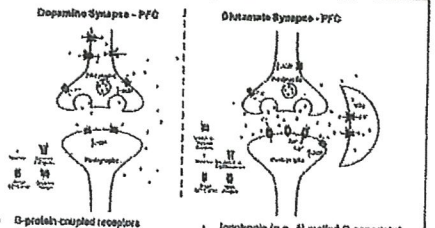
Key Pathways





RTI

Dopamine and Glutamate Receptors



- G-protein-coupled receptors
- Reward and pleasure
- Especially important in initiation of drug taking
- Ionotropic (e.g., N-methyl-D-aspartate) and metabotropic receptor types
- Synaptic plasticity

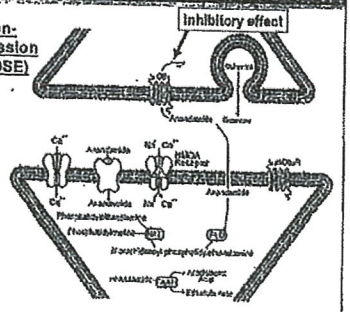
RTI

Modulation of Addictive Processes by Endocannabinoids

- Endocannabinoids (e.g., anadamide and 2-arachidonoyl glycerol) generated "on demand" (i.e., not stored in vesicles)
- Endocannabinoids modulate the actions of other neurotransmitters that are involved in addiction, including glutamate, gamma-amino-butyric-acid (GABA), and catecholamines (e.g., dopamine, serotonin, and norepinephrine).
- Regulation is activity-dependent and occurs through retrograde neurotransmission.

RTI

Depolarization-induced suppression of excitation (DSE)



Release of glutamate (excitatory amino acid neurotransmitter) activates metabotropic glutamate receptor (mGluR).

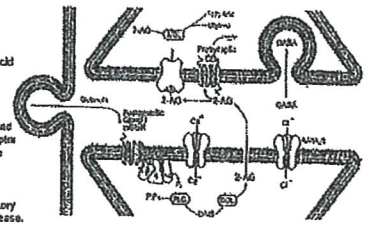
Anadamide is released and activates CB_1 receptor on the pre-synaptic neuron.

Activation of CB_1 receptor has inhibitory effect on glutamate release.

From: Hohmann AG, Suplita RL (2006). AAPS J. 8: E693-E708.

RTI

Depolarization-induced suppression of inhibition (DSI)



Release of GABA (inhibitory amino acid neurotransmitter) activates GABA-A receptor.

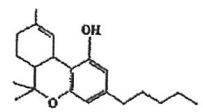
2-AG is released and activates CB_1 receptors on the pre-synaptic neuron.

Activation of CB_1 receptor has inhibitory effect on GABA release.

From: Hohmann AG, Suplita RL (2006). AAPS J. 8: E693-E708.

RTI

Cannabis sativa / indica



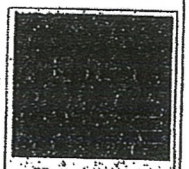
= Δ^9-tetrahydrocannabinol
(primary psychoactive substituent)

+

many other cannabinoids

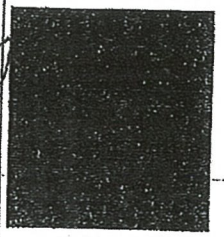
Cannabis Addiction

- Addictive potential of cannabis is related to its concentration Δ^9-THC.
- Δ^9-THC's psychoactive effects are mediated by its activation of CB_1 receptors. (It also activates CB_2 receptors, but role of these receptors in addiction (if any) is unknown.)
- Epidemiology*:
  - ~ 9% of users become addicted / dependent
  - ~ 17% of users who start as adolescents become addicted / dependent
  - ~ 25-50% of users who use daily become addicted/ dependent



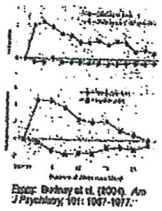
CB_1 receptor is a G-protein-coupled receptor.

Cannabis Tolerance



- After repeated use, more Δ^9-THC must be used to produce the same effect.
- Tolerance results from an attempt by the body/brain to return to its 'normal' state (i.e., homeostasis).
- May not occur with all effects.
- Research with animals has shown that tolerance to Δ^9-THC is associated with decreased numbers of CB_1 receptors and desensitization of these receptors.

Cannabis Dependence

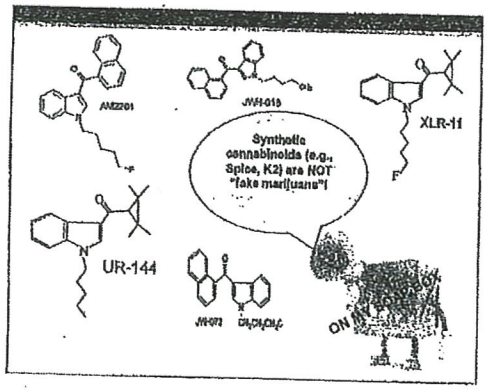


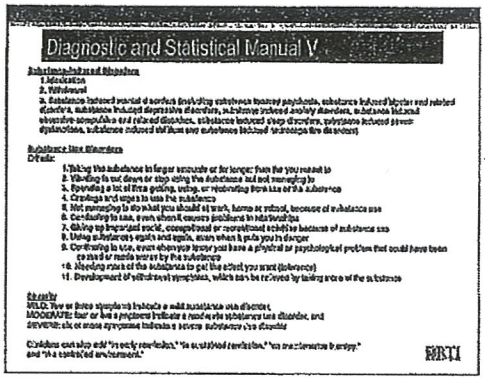
From: Bidney et al. (2006). Am J Psychiatry, 101: 1087-1072.

- Characterized by physical signs of withdrawal when drug use is terminated or when drug is not taken on its regular schedule.
- Cannabis withdrawal is characterized by at least three of these symptoms:
  - Irritability, anger or aggression
  - Nervousness or anxiety
  - Sleep difficulties (insomnia)
  - Decreased appetite or weight loss
  - Restlessness
  - Depressed mood
  - Physical symptoms such as stomach pain, shakiness or tremors, sweating, fever, chills, and headache.

Possible Implications for Patients

- Tolerance and dependence are pharmacological effects of Δ^9-THC and do not necessarily imply addiction.
- Role of cannabis is patient's life is important to determination of addiction.
- Repeated use may lead to tolerance, requiring more frequent use.
- Potential for withdrawal symptoms with decreased use in dependent patients.





www.medscape.com

Cannabis-Related ED Visits Rise in States With Legalized Use

Deborah Brauser ¦ December 16, 2014

AVENTURA, Florida — Cannabis use and abuse have increased significantly during the past few years, especially in states where use of the substance is now legal, new research suggests.

Dr Abhishek Rai

A retrospective study examining data from the US Healthcare Cost and Utilization Project (HCUP) showed that emergency department (ED) visits with *International Classification of Diseases, 9th Edition* (ICD-9) coding for cannabis use grew 50.4% between 2007 and 2012 in Colorado — one of the first two states to legalize both medical and recreational use of marijuana.

A sampling of random states where marijuana is only legal for medical use also showed high increases in cannabis-related ED visits during the same period. The largest increase was found in Hawaii (by 55%), with New Jersey and Arizona having increases of 49.1% and 32%, respectively.

Interestingly, when examining states where any type of marijuana use is illegal, the investigators found that Texas also had a big increase in this type of ED visits (by 43.2%). However, Oklahoma saw only a 7.21% increase, and South Carolina only increased by 0.75%.

"Everyone's talking about Colorado, but why aren't they also talking about the states with medical use of marijuana? There appears to be a flaw in the system," lead author Abhishek Rai, MD, from the Department of Psychiatry at St. Mary Mercy Hospital in Livonia, Michigan, told *Medscape Medical News*.

"People with access to marijuana are using it and then coming to the ED," added Dr Rai.

The study was presented here at the American Academy of Addiction Psychiatry (AAAP) 25th Annual Meeting.

Universal Urine Testing?

Wanting to evaluate the trend of cannabis use in the United States, investigators examined data from the HCUP for a sampling of states that have legalized medical marijuana use in adults, states that have not legalized the substance in any way, and Colorado — where both medical and recreational use are legal. Washington State was not included in this analysis.

ICD-9 diagnostic code 304.3, signifying cannabis use, was used to track visits to EDs, number of hospital admissions, and patient demographics. The data examined all individuals with the coding, including those with and without medical marijuana prescriptions.

Results showed that "in general, abuse of cannabis has increased over the 6-year period of 2007 to 2012, with the most significant increase...in states where cannabis use is legal," write the investigators.

When comparing the state where both types of use are legal with states where only medical use is legal, the increase in patients presenting to EDs with ICD-9 coding 304.3 was nearly the same.

Dr Rai noted that the study included patients who came into the ED for any mental health–related reason but presented with cannabis use. "This included those who came in with psychosis, secondary to cannabis. It could be for anxiety, but cannabis had to be in the universe."

He added that clinicians should "screen everyone" with a urine test. "And if it is positive for marijuana, then you need to evaluate if it is affecting mental health."

Public Health Impact

A second poster he presented at the AAAP meeting examined "impact on the healthcare system" and showed that 10,532,658 ED visits due to any type of substance abuse occurred between 2007 and 2011 in the United States.

During that period, cannabis-related ED visits increased 67.8%, and alcohol-related visits increased by 49%. Also increasing were visits related to opioids (by 42%), hallucinogens (40.4%), sedatives (40%), and amphetamines (20.6%).

Interestingly, the percentage of visits related to cocaine use decreased by 67.9%.

Cannabis-related hospital admissions increased by 13.3%, and mean hospital charge due to cannabis increased by 39%. Increases for alcohol abuse for each measure were 8.6% and 29.5%, respectively.

"In terms of burden to the healthcare system, cannabis...stands out in both number of hospital admissions and mean hospital charge," write the investigators.

"It should raise alarm that we need to be very vigilant and careful when it comes to the use and prescription of cannabis," they add, noting that more strict rules and policies are needed.

Dr Rai added that whether a patient is using marijuana for medical or recreational purposes does not matter, given the data. "Pay attention to any use," he said.

Not Your Father's Marijuana

Ryan Caldeiro, MD, chief of chemical dependency services and consultative psychiatry for Group Health in Seattle, Washington, told *Medscape Medical News* that he would have liked to have seen data included for his state.

"I would suspect that it is fairly similar to Colorado. I know that previous published work that looked at Washington when it was medical only showed that it was similar to other medical-use states," said Dr Caldeiro, who was not involved with this research.

Dr Ryan Caldeiro

He added that there is now an incredible number of forms of cannabis out there, and a great variability in toxicity and application.

"There's a lot available in medical-only states and in recreational states that are really not available at all in states that don't have venues to produce, package, and sell those products," said Dr Caldeiro, adding that a whole subindustry focusing on oils and liquids has been created.

"Washington state has seen a rash of oil explosions, where people are creating very high–potency THC oil. And they're doing it in home labs. We've seen injuries due to explosions — basically, houses are blowing up because of the highly volatile gases that they're using."

He added that even in medical marijuana–only states, visits to a product dispensary or website will show a wide array of products.

"So it's much easier for people to get accidently overintoxicated to the point where they might present to an emergency department," said Dr Caldeiro.

"I think another thing that's going on is that physicians are much more sensitive in these states. They are likely to be more cognizant of marijuana use being a risk factor, asking about it, and then identifying it," he added.

"This poster is definitely starting to bring out some of the real concerns that I have as a healthcare provider — that you are exposing more people to higher potency and riskier forms of the substance. This is not the shake weed that somebody smoked in the '70s. This is four times more potent. It's a much riskier proposition than a lot of people think."

The study authors and Dr Caldeiro have reported no relevant financial disclosures.

American Academy of Addiction Psychiatry (AAAP) 25th Annual Meeting: Abstracts 20 and 52, presented December 5, 2014.

Send comments and news tips to news@medscape.net.

Cite this article: Cannabis-Related ED Visits Rise in States With Legalized Use, *Medscape*. Dec 16, 2014.

Appendix C :

LECUA Patient's Coalition Of New Mexico
Jason Barker - Organizer & Medical Cannabis Patient
8708 Palomar Ave. NE
Albuquerque, NM 87109

LECUAPatientsCoalitionNM@gmail.com

Tuesday, June 21st 2016

Ms. Lynn Gallagher
Cabinet Secretary
New Mexico State Department of Health 1190 St. Francis Dr, S3400
Santa Fe, NM 87505

Dear Secretary Gallagher,

As highlighted by the Governor's Office; two of the four priorities of Ensuring Transparency and Ethics in Government, and Keeping New Mexicans Safe are currently being disrupted by the New Mexico State Department of Health. The Medical Cannabis Program administrative delays continue to disrupt Safe Access to medicine and this is hurting hundreds of people with serious health conditions.

Secretary Gallagher, I implore you to consider this potential solution for the all those in our medical cannabis community and patients who are going thru the renewal process currently (and have a previous ID card from the most recent year); You are in a unique position to provide relief and allow Safe Access for these patients and it is very feasible for the Department of Health Medical Cannabis Program to please immediately issue a retroactive 90 day extension to all expiration dates / expired medical cannabis patients ID Cards into the remainder of the 2016 until there are no more administrative delays with BioTrackTHC. And this change could even reflect in the computer operating POS systems amongst all LNPP's .

The Medical Cannabis Program (MCP) was created under the Lynn and Erin Compassionate Use Act. The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments. State law (Title 7 Ch 34 Part 3 -7.34.3.11) requires patients be registered within 30 days by the Medical Cannabis Program Office after applying or renewing, but the department is taking between 60 and 90 days to complete this process. People within our medical cannabis community with debilitating medical conditions like; Cancer, Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis, Parkinson's disease, Post-Traumatic Stress Disorder and the many other qualifying conditions have had their Safe Access to medical cannabis complete disrupted and left without medicine for alleviating symptoms caused by debilitating medical conditions and their medical treatments.

The faces of these medical cannabis patients are mothers, aunts, grandparents, armed forces veterans, former first responders, and survivors - no different than those in our community you'd see in a Walgreens. In pursuit of its mission, the New Mexico Medical Cannabis Program issued an extensive RFP on July 22, 2014 for a software solution to maintain regulatory compliance. After extensive proposal evaluations and live software demonstrations, BioTrackTHC achieved a cannabis industry first: back-to-back government contract wins. Now with well over a year for the New Mexico Medical Cannabis Program officials to prepare for this new software solution, it is the people in our medical cannabis community that are left suffering from the current delays.

Respectfully,
Jason Barker

Appendix D:

LECUA Patient's Coalition Of New Mexico
Jason Barker - Organizer & Medical Cannabis Patient
8708 Palomar Ave. NE
Albuquerque, NM 87109

LECUAPatientsCoalitionNM@gmail.com

Wednesday, June 15th 2016

Office of the Governor
The Honorable Susana Martinez
Governor of New Mexico
490 Old Santa Fe Trail
Room 400
Santa Fe, NM 87501

Dear Governor Susana Martinez

The Medical Cannabis Community and the LECUA Patient's Coalition Of New Mexico would like to introduce our Coalition to you. I would also like to commend you and your office for priorities taken on such as: Educating Our Children, Balancing the Budget, Ensuring Transparency and Ethics in Government, and Keeping New Mexicans Safe.

We are all looking forward to new and healthy initiatives to come forth from the Governor's Office and our Legislators in 2016 & the upcoming session in 2017 to further benefit the health & wellness of people in our State's medical cannabis community. The LECUA Patients Coalition Of New Mexico, as a grassroots organization, will be the leader in New Mexico amongst medical cannabis patients groups.

As highlighted by the Governor's Office; *two of the four priorities of Ensuring Transparency and Ethics in Government, and Keeping New Mexicans Safe are currently being disrupted by the New Mexico State Department of Health*. The Medical Cannabis Program administrative delays continue to disrupt Safe Access to medicine and this is hurting hundreds of people with serious health conditions.

The Medical Cannabis Program (MCP) was created under the Lynn and Erin Compassionate Use Act. The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments. State law (Title 7 Ch 34 Part 3 -7.34.3.11) requires patients be registered within 30 days by the Medical Cannabis Program Office after applying or renewing, but the department is taking between 60 and 90 days to complete this process. People within our medical cannabis community with debilitating medical conditions like; Cancer, Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis,

Parkinson's disease, Post-Traumatic Stress Disorder and the many other qualifying conditions have had their Safe Access to medical cannabis complete disrupted and left without medicine for alleviating symptoms caused by debilitating medical conditions and their medical treatments.

The faces of these medical cannabis patients are mothers, aunts, grandparents, armed forces veterans, former first responders, and survivors - no different than those in our community you'd see in a Walgreens. In pursuit of its mission, the New Mexico Medical Cannabis Program issued an extensive RFP on *July 22, 2014* for a software solution to maintain regulatory compliance. After extensive proposal evaluations and live software demonstrations, BioTrackTHC achieved a cannabis industry first: back-to-back government contract wins. Now with well over a year for the New Mexico Medical Cannabis Program officials to prepare for this new software solution, it is the people in our medical cannabis community that are left suffering from the current delays.

It was clear in late January of 2016 that New Mexico Medical Cannabis Program was going to be dealing with long delays in the processing of renewal and new medical cannabis applications. No warning was provided to medical cannabis patients, doctors, or licensed non profit producers- of even a possibility of delays with the new software solution, the Department of Health has had almost two years to prepare for. Nor did one official from the New Mexico Medical Cannabis Program Office or the Medical Cannabis Advisory Board even consider to think of providing a contingency plan to protect all of these medical cannabis patients and upholding the legal scope and spirit of the Lynn and Erin Compassionate Use Act; nor have they even attempted to resolve this Safe Access issue by providing a contingency plan now. The New Mexico Department of Health New Mexico Medical Cannabis Program needs to be held accountable for not following their own Rules & Regulations and needs to provide these suffering people in our medical cannabis community with immediate safe access to medicine.

The best grassroots movements combine the art of conversation with skilled activism. They are considered by elected officials to be a principled voice and smart resource for community leaders who are interested in addressing the question of medical cannabis. The primary focus is on Medical Cannabis, LECUA Patients Coalition Of New Mexico is solely focused on expanding safe access to medical cannabis in New Mexico.

This means that LECUA Patients Coalition Of New Mexico position does support legalization of cannabis for non-medical purposes or on related issues, such as incarceration or sentencing standards for recreational drug use; this support will be to provide policy writing that first & foremost protects the Medical Cannabis Program in said legislation.

While many different issues bring people to the issue of medical cannabis, the following are the beliefs and values that guide our work at LECUA Patients Coalition of New Mexico

· Cannabis is medicine and the truth is becoming more widely known and recognized
· Government should guide policy on compassion, care and scientific research
· The current federal policy on medical cannabis is hypocritical, immoral and a violation of basic human rights

· Government must be accountable to the people
· Everyone should have the right to produce, acquire
and use their own medicine

The LECUA Patient's Coalition Of New Mexico is being organized to provide the latest scientific and medical based research for medical cannabis for the: patients, prospective patients, community education & information, physicians / medical professionals, and for local & state organizations. We look forward to working together to find common ground with the State Department of Health's Medical Cannabis Advisory Board to ensure the scope of the Lynn & Erin Compassionate Use Act, 2007, is in the best interest and application for the patients. And promoting the LECUA *Compassionate* Medical Cannabis Program in the State of New Mexico through educational initiatives and through Local, State & Regional Lobbying.

New Mexico has been providing Medical Cannabis to patients in the State since 1978; It's our goal for New Mexico to return as the leader of safe and accessible medical cannabis for all patients in the State and be a leader for this in the Southwest, amongst the Top 3 Programs Nationally, and then be a Top 10 Medical Program World Wide.

Thank You for taking time to review our letter and our members look forward to meeting and working with you in the future to better the lives of many many New Mexicans!

Respectfully Yours,

LECUA Patient's Coalition Of New Mexico
Jason Barker

UNITE-NETWORK-GROW-INFORM-KNOW-EDUCATE-ACTIVISM-VOTE-HEALTH-WELLNESS

Appendix E :

LECUA Patient's Coalition Of New Mexico
Jason Barker - Organizer & Medical Cannabis Patient
8708 Palomar Ave. NE
Albuquerque, NM 87109
LECUAPatientsCoalitionNM@gmail.com

Wednesday, June 15th 2016

State of New Mexico
Office of the Attorney General
The Honorable Hector Balderas
Attorney General of New Mexico
P.O. Drawer 1508
Santa Fe, NM 87504-1508

Dear Attorney General Balderas,

The Medical Cannabis Community and the LECUA Patient's Coalition Of New Mexico would like to introduce our Coalition to you. I would also like to commend you and your office for having a Mission of protecting New Mexicans in order to make our communities safer and more prosperous. And this also greatly compliments the Governor's priorities taken on such as: Educating Our Children, Balancing the Budget, Ensuring Transparency and Ethics in Government, and Keeping New Mexicans Safe.

We are all looking forward to new and healthy initiatives to come forth from the Governor's Office and our Legislators in 2016 & the upcoming session in 2017 to further benefit the health & wellness of people in our State's medical cannabis community. The LECUA Patients Coalition Of New Mexico, as a grassroots organization, will be the leader in New Mexico amongst medical cannabis patients groups.

As highlighted by The Attorney General's Office, of protecting New Mexicans in order to make our communities safer, and the Governor's Office; *two of the four priorities of Ensuring Transparency and Ethics in Government, and Keeping New Mexicans Safe are currently being disrupted by the New Mexico State Department of Health*. The Medical Cannabis Program administrative delays continue to disrupt Safe Access to medicine and this is hurting hundreds of people with serious health conditions.

The Medical Cannabis Program (MCP) was created under the Lynn and Erin Compassionate Use Act. The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments. State law (Title 7 Ch 34 Part 3 -7.34.3.11) requires patients be registered within 30 days by the Medical Cannabis Program Office after applying or renewing, but the department is taking between 60 and 90 days to complete this process. People within our medical cannabis community with

debilitating medical conditions like; Cancer, Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis, Parkinson's disease, Post-Traumatic Stress Disorder and the many other qualifying conditions have had their Safe Access to medical cannabis complete disrupted and left without medicine for alleviating symptoms caused by debilitating medical conditions and their medical treatments.

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Thank You for taking time to review our letter and our members look forward to meeting and working with you in the future to better the lives of many many New Mexicans!

Respectfully Yours,

LECUA Patient's Coalition Of New Mexico
Jason Barker

Appendix F :

Jason Barker <lecuapatientscoalitionnm@gmail.com>
Jul 27

to Justine.Freeman, Emily.Oster,
Good Morning,
I am reaching out to State Auditor's office with great concern of many area's in the medical cannabis program and how the Department of Health has mismanaged many aspect which is greatly hurting people with serious health conditions.

And I do commend Mr. Keller and all of you in the office for what has been done so far in the last 45 days. Now we have come to near the end of July and officials managing the Medical Cannabis Program office has shown little progress on improving the administrative delays in processing medical cannabis applications. They are still 30 -45 days beyond what is allowed by law jeopardizing the health and well being of many New Mexicans.

To further fester their own problem, in the last 45 days the applications required for patients to download from the DoH MCP website have been incorrect; at one point the application had the wrong mailing address on them after the MCP office moved (should have been corrected once they knew the address), then they changed the applications where it states what the law requires for 30 day processing was changed to "45 days" (How can that be allowed to just change that law?), and nor have the officials running the program been transparent on how they are improving this huge problem or shown proactive measure to correct it. (I do have photos of this)

Back on June 30th, Mr. Keller was on KUNM radio and I asked the following questions (via email); "Mr Keller, with the administrative delays on patient applications and the other problems pointed out about leadership problems in the program , How can we be sure the last round of producer expansion applications were handled fairly ? For Example one of NMDOH's own lawyers at the time was an officer of one of the applicant nonprofits and never disclosed that until after her group was named a finalist. And another applicant had parts of the application lost by the DoH."

The process for the last expansion round by the DoH for the LNPP's and current activity by one that is operating as a turnkey cannabis management company from Arizona, Ultra Health - is very concerning. The mishandling of just one application, as happened, by the DoH MCP officials shows how all the ones that were approved should be put under the microscope. Choosing the new producers and insuring the current ones follow financial rules and laws in the program should be a priority, if the leaders of the program can not process the patient applications properly how can anyone have faith in the producers they chose and how they reviewed these applications?
Several qualified applications were provided to the DoH that was going to have in state non-profit businesses willing to provide safe access to several rural areas, like Grants, that has been neglected by the DoH. Some of these applications had parts to them mysteriously lost once in DoH possession. Now out of the blue Ultra Health has a plan for these area$... Those applications all need a audit as

well as the DoH MCP Office. (And myself personally have zero financial stake - I am just a patient and advocate)

The last 9 months and the aggressive business moves by Ultra Health, LLC and Duke Rodriguez with in the Medical Cannabis Program is another item that needs prompt attention. Mr. Rodriguez and his turnkey business, Ultra Health, have been allowed to bypass the application process to gain control of NM Top Organics. How was a out of state operator, who at one point in Gilbert (AZ) provided a fake permit to that City for a medical cannabis dispensary, be allowed into the program here in New Mexico in this manner ?

"Section 2. PURPOSE OF ACT.--The purpose of the Lynn and Erin Compassionate Use Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments."

In this newspaper article this week (http://www.sfreporter.com/santafe/article-12273-cannabis-supply-in-checkmate.html), Mr. Rodriguez clearly lays out a plan that completely goes agains the purpose of the medical cannabis program; as he currently runs 5 dispensaries and wants to open 13 additional dispensaries. A monopoly is a situation in which a single company or group owns all or nearly all of the market for a given type of product or service. By definition, monopoly is characterized by an absence of competition, which often results in high prices and inferior products. Ultra Health has also been pushing for a unlimited plant count on growing cannabis in the medical program; this was done in Arizona lead by Ultra Health there and did not provide what they claimed it would it was only done to take grow rights away from patients to increase profits.

With in this same article Mr. Rodriguez also promotes and speaks of legalizing cannabis for recreational use by the end of this current year to fix medicaid in the state. Now how is this ? Ultra Health has clearly come into a Compassionate Use medical program, from Arizona where they have several lawsuits pending, to stage their business here in New Mexico for recreational use cannabis within the Medical Program. How could the DoH MCP have allowed this?
Remember the last time Mr. Rodriguez tried to fix medicaid in the New Mexico as Health and Human Services Director and a program called "PROGRESS" - he about destroyed the program in the late 1990's and was run out of the state by the State Supreme Court.

In recent months and weeks we have seen a lot of Ultra Health in the news, they attempted to get a Balloon in Balloon Fiesta with there logo on it, they are now a financial sponsor of the Gathering of Nations event, they sadly even produced a commercial on YouTube showing Native American children dancing in ceremonial costume, and have even planted a employee in as President of a exclusive medical cannabis patient group (New Mexico Medical Cannabis Patients Alliance and Ultra Health's financial donations here and this group as a non-profit need a audit as well). Along with two other newspaper articles in the ABQ Journal with Duke Rodriguez promoting legalization of recreational use cannabis as a medical cannabis dispensary. If Ultra Health was truly concerned for the patients in the state and of medical cannabis they would not be concerned with legalization for

Appendix G :

Jason Barker <dukecitywellness@gmail.com>
NM Dept. of Health
2 messages
Jason Barker <dukecitywellness@gmail.com> To: pstewart@nmag.gov
Tue, Apr 12, 2016 at 7:18 AM
Good Morning Mr. Stewart,
Could you please sir, help me with this and the huge liability situation the NM Dept. of Health has created in the Medical Cannabis Office with the deals in processing medical cannabis card applications, renewals and PPL's. These long delays are forcing people like me and many many other people with serious health conditions to go long periods without our life saving medicine. I do not understand why we are being treated this way and why people are being deprived of their medicine which is directly affecting peoples health and I see it everyday with mine and many others where I volunteer at.
Here's is my attempt at seeking help from the DoH which has not happened...
Jason M. Barker
Medical Cannabis Patient
ID Code: 0190414 (exp 3/23/16)
8708 Palomar Ave NE Albuquerque, NM 87109 PH: 5054497460 dukecitywellness@gmail.com
Medical Cannabis Program New Mexico Dept. of Health 1190 St. Francis Dr, S3400 Santa Fe, NM 87505
Good Morning Ms. Soliz,
My name is Jason Barker, I am a patient in the Medical Cannabis Program and one who is waiting for their card renewal to be completed. My qualifying condition is PTSD, in actuality its Complex Post Traumatic Stress Disorder; I also live with Asperger's Syndrome, Poland's Syndrome; in addition to having a melanoma spot to be removed from my scalp on my head in 9 days. My renewal application for my card renewal and ppl paperwork was turned by me in person on Feb. 22nd 2016 at 9am to the MCP Office, my Card expired March 23rd; as of yesterday when I called the MCP office, mine is on day 45. Making it now 13 days to not have access to medicine, I'm one of these patients stuck in " medical cannabis purgatory" and not only does this raise great concern of my own situation in dealing with this matter but all the other patients too. What gave me my PTSD (leading to the CPTSD) was being molested as little boy growing by two neighbors, later in life I worked as an EMT doing Beach Patrol work in Hilton Head Island, SC) (I assure what people can do to themselves is extremely sad). I have also been mugged and sexually assaulted again in later in my life. Before I was a patient in the program, Doctor's were just happy to keep pushing an array of pills on me, and use of some have left me predisposed for early onset dementia. The first Doctor I saw through Presbyterian, was Dr. Charlie Jimmy who I had removed by the State Medical Board for overmedicating his patients with Xanax and Valium.
TITLE 7 CHAPTER 34 PART 3 7.34.3.11
E.
I have done all that is stated above for that process.
I also realize the Medical Cannabis Office is now using BioTrack, I had a nice conversation with Mr.

Sparks from Biotrack yesterday, and that can affect things. I have also seen the medical cannabis office has had hiring ads up for expanding their staff and its also clear that they need to expand the size of their office to enable them to have room for new staff and

HEALTH

MEDICAL USE OF CANNABIS

REGISTRY IDENTIFICATION CARDS REGISTRY IDENTIFICATION CARDS:

Registry identification card renewal application: Each registry identification card issued by the department is valid for one year from the date of issuance. A qualified patient or primary caregiver shall apply for a registry identification card renewal no less than 30 calendar days prior to the expiration date of the existing registry identification card in order to prevent interruption of possession of a valid (unexpired) registry identification card. Certifications from certifying providers must be obtained within 90 calendar days prior to the expiration of the patient's registry identification card.

equipment. I also know there is more than enough funding coming in from the medical cannabis program for those things to happen. Why has this not happened, what or who is the hold up and do they realizes they are jeopardizing people's lives by with these delays? Does the Department care about these patients and me? I'm a Catholic and Republican; lucky enough in college to work for Presidential Candidate John Kasich does our Governor here in New Mexico have any idea the pain we go thru?

For me right now not having any medicine, I've lost almost 12 lbs (I'm 40 years old, 5'5" and 108 lbs). My federal income last year $0.00! I barely get enough money to eat on through SNAP and the State provides me a little over $200 a month for my disabilities.

I'm lucky to be able to sleep three or four hours before the nightmares I get that; I wake up feeling like I'm having a heart attack only to be awake and go into a flashback of seeing a woman I was on fire rescue to save in Hilton Head but we failed and could not save her because she filed a bathtub with gasoline and set herself on fire because of her abusive husband. And more and more of the symptoms from my debilitating condition rear their ugly head as my anxiety and panic attacks are so bad without my medical cannabis I pass out and pee my pants. Do you have any idea what it's like to experience that in PUBLIC how shameful and embarrassing it is...I have tremors, I'm scared, and constantly feeling cold. My self confidence is gone.

I'm stuck now in a emotional numbness; and back being extremely agoraphobic with avoidance of places, people, and activities that are reminders of the nightmare that is my life! I now have persistent fear, horror, anger, guilt, feelings shame haunting me once more since they delay and not being able to get the medicine my Doctor's have put me on so I can try to have somewhat of a life. And this disruption in my medicine, forced off it "cold turkey"; it will take me weeks to get back to a healthy state where I can begin to function again, and it will take even more time to gain the weight back I have lost.

The Medical Cannabis Advisory Board also has meeting set for Friday, April 29th 2016 at 10am. I have be planning on submitting a Petition at this meeting for over 6 months now and because of my card renewal and the current delays this right of mine has been stolen away from me. As I can not meet the Petition requirements because I do not have my new medical card ID Code.

This seems extremely unfair to me as a patient, as it is not my fault that I can not meet these requirements but yet I am them one punished.

With the new Biotrack System, knowing this is a new program and new to the staff in the MCP office why was there not further training provided ? How come the Department of Health has not granted a 30 or 45 day window of extents ion to all medical cannabis patients on there Card expiration due to these delays?
What can I do to help the Department of Health with this ? What can other patients do to help? (My website and Facebook Pages below have the latest Scientific Research listed)
I look forward to a prompt reply. Thank you.
Best
Jason Barker
https://www.facebook.com/DukeCityFitness/ http://www.dukecitywellness.com/
www.facebook.com/PTSDRidersontheStorm