MINUTES
Medical Marijuana Oversight Committee

Senator Erin Tobin, Chair
Representative Roger DeGroot, Vice Chair

First Meeting, 2023 Interim
Monday, August 21, 2023

Room 362 – State Capitol
Pierre, South Dakota

Senator Erin Tobin called the meeting to order at 9:00 a.m. in Room 362 of the State Capitol, Pierre.

A quorum was determined with the following members answering the roll call: Senators Jim Mehlhaff and Erin Tobin; Representatives Roger DeGroot and Curt Massie; Francine Arneson, Brian Doherty, Katie Kassin, Brian Mueller, Kristi Palmer, Jon Thum (remote), and Rachel Waddell.

Staff members present included L. Anita Thomas, Principal Legislative Attorney, and Michelle Deyo-Amende, Administrative Specialist.

NOTE: *For the purpose of continuity, the following minutes are not necessarily in chronological order. Also, all referenced documents distributed at the meeting are attached to the original minutes on file in the Legislative Research Council office. This meeting was webcast live. The archived webcast is available at the LRC website at sdlegislature.gov.*

Senator Mehlhaff moved, seconded by Representative DeGroot, to elect Senator Erin Tobin as Chair of the Medical Marijuana Oversight Committee. Motion prevailed on a roll call vote with 15 AYES. Voting AYE: Senators Mehlhaff and Tobin; Representatives DeGroot and Massie; Arneson, Doherty, Kassin, Mueller, Palmer, Thum, and Waddell.

Representative Massie moved, seconded by Senator Mehlhaff, to elect Representative Roger DeGroot as Vice Chair of the Medical Marijuana Oversight Committee. Motion prevailed on a roll call vote with 15 AYES. Voting AYE: Senators Mehlhaff and Tobin; Representatives DeGroot and Massie; Arneson, Doherty, Kassin, Mueller, Palmer, Thum, and Waddell.

Opening Remarks

Senator Tobin welcomed everyone to the first Medical Marijuana Oversight Committee meeting and thanked the members for their participation. Senator Tobin reviewed the duties of the oversight committee, as set forth in SDCL 34-20G-93.

Comments by Committee Members

Mr. Doherty said he was concerned about the list of qualifying conditions necessary for receipt of a written certification. He wondered if the list was extensive enough to cover everyone who might need medical marijuana. He said the public needs to have patience because it takes time to implement a new program like this.

Senator Mehlhaff said the role of this committee is to ensure that there are sufficient guardrails in place to regulate medical marijuana appropriately and not allow the program to become a recreational use program.

Ms. Palmer said she wonders why county commissioners cannot opt out of allowing dispensaries in their jurisdiction. She said she would like more information on product labeling and bona fide practitioner-patient relationships.

Senator Tobin said concerns have been raised about the safety of pop-up clinics. She said she hopes there will be a solution to these concerns. She said we need to make sure that patients' primary care providers are involved in the acquisition of medical marijuana.

Presentations by Representatives of State Agencies

Mr. Matt Oxner, Captain, District 5, South Dakota Highway Patrol. Captain Oxner said the following have been noticed by law enforcement officers:

1) An increase in medical marijuana cards issued with no evidence of any debilitating condition, as is required by statute;
2) Medical marijuana cards being issued out of hotel rooms;
3) Plastic baggies with marijuana and no labeling as to the dispensary from which the product was obtained or whether it was legally purchased;
4) Large amounts of marijuana and THC products coming into the state and destined for dispensaries, smoke shops, and other retail outlets;
5) An increase in underage possession;
6) Parolees who have medical marijuana cards;
7) A black market that is alive and well;
8) A lot of legal cannabinoids being used and abused -- e.g., Delta-8, Delta-10, THC-A, THC-O, THC-P, THC-JD, and THC-V;
9) No field test for edibles, only office-testing or state health laboratory testing, which takes days to obtain results; and
10) Individuals who are subjected to a traffic stop and have marijuana in their possession, but do not have a medical marijuana card in their possession, making it difficult to determine whether the product was legally purchased.

Senator Mehlhaff asked if officers are checking for medical marijuana cards when they find marijuana during a traffic stop. Captain Oxner said the officers are finding that most people who claim to have cards during a traffic stop do not actually have them. He said he is also aware of an instance in which an individual with a valid South Dakota medical marijuana card tried to use the card to justify possession of a larger amount than what is legal.

Ms. Palmer asked if officers can test for marijuana during a traffic stop. Captain Oxner said, currently, no.

Representative DeGroot asked what amount is permitted with a medical marijuana card. Captain Oxner said three ounces (SDCL 34-20G-1).

Senator Tobin asked if someone is pulled over with a flower or a plant, can that be tested. Captain Oxner said yes.

Senator Tobin asked about trends regarding tribal or state medical marijuana cards. Captain Oxner said, in the beginning, the officers saw more tribal cards.

Senator Mehlhaff said student use of medical marijuana during school time is covered under SDCL 34-20G-95. He said students may be administered medical marijuana in accordance with a physician's direction.

Ms. Lynne Valenti, Deputy Secretary and Division Director for Licensure and Accreditation, Department of Health (DOH), and Ms. Jennifer Seale, Medical Cannabis Program Administrator, DOH. Ms. Valenti said the medical cannabis program falls within her area. She introduced Ms. Jennifer Seale, the medical cannabis program administrator.

Ms. Seale said, after the passage of IM-26, in November 2020, the DOH hit the ground running. She said the DOH contracted with Cannabis Public Policy Consulting to implement the program.

Ms. Seale said the DOH issued various RFPs and engaged stakeholder groups, within and outside of the industry, to provide information regarding medical marijuana and implementation of rules. She said the DOH also issued an RFP for a statewide inventory tracking system. She said, in September 2021, the first administrative rules were promulgated.

Ms. Seale said, in November 2021, the first written certification was issued, prompting the first card. She said establishment certificates were issued beginning in January 2022, and lotteries were held in Rapid City, North Sioux City, and Yankton to determine establishment winners and alternates in places where the number of applicants exceeded the authorized openings.

Ms. Seale said, in May 2022, the first private testing laboratory was certified. She said that is the only private testing laboratory in the state. She said, the following month, the state health laboratory was certified. She said that was also when the first cannabis plants were harvested.

Ms. Seale said additional rules were promulgated in July 2022. She said those included the testing of medical cannabis and clarifications regarding the tracking system. She said inventory tracking began in August 2022, as did site visits to establishments for the purpose of providing technical assistance to facilitate compliance with statutes and administrative rules.

Ms. Seale said rules were also promulgated in November 2022. She said, in March 2023, the DOH provided additional training with Metrc, which is a tracking and tracing technology. She said Metrc representatives came to the state to help DOH staff in the inspection area and identify ways to streamline the inspection process.

Ms. Seale said, in May 2023, the number of medical marijuana patients reached 10,000. She said that exceeded the original projection of 6,000 by the third year.

Ms. Seale said the DOH is focused on ensuring a safe and effective medical cannabis program. She said this includes practitioner registration, patient registration, and establishment certification. She said this also includes tracking the product from seed-to- sale.

Ms. Seale said anyone who wants to receive a medical cannabis card must have an in-person appointment with a practitioner. She said this may be the person's primary care practitioner or a practitioner to whom the person was referred. She said the practitioner must complete a full assessment -- an examination and a look at the person's medical history -- and then determine if that person would benefit from medical cannabis. She said, if certified, the person then enters the DOH system.

Ms. Seale said qualification for a medical cannabis card is dependent on a person having a disabling condition -- acquired immune deficiency syndrome or HIV, amyotrophic lateral sclerosis (ALS), cancer, multiple sclerosis, Crohn's disease, epilepsy, seizures, or post-traumatic stress disorder.

Ms. Seale said a person may have a designated caregiver to assist in purchasing the product or with home cultivation. She said, when applying for a registry identification patient card, one can also apply for home cultivation. She said a person may possess up to two immature and two mature plants. She said an application for home cultivation requires submission of a diagram showing where the product is to be cultivated and photos of the cultivation location, to demonstrate that the area is secure. She said there is also a requirement to post documentation of medical cannabis certification.

Ms. Seale said DOH program staff are responsible for the initial and annual renewal applications for establishments seeking medical cannabis certification. She said, included in that is a review of operating procedures, site plans, security plans, the equipment to be used, local certifications, tracking of inventory, the actual building, plans for patient safety, public safety, etc. She said there are four types of establishments that the DOH certifies --cultivators, testing laboratories, manufacturers, and dispensaries. She said each establishment is inspected to ensure safety through compliance with statutes and rules. She said the DOH has contracts with the Department of Public Safety (DPS) to help us with some of those inspections.

Ms. Seale said there 139 establishments and annual inspections are required. She said there are a lot of things that the DOH staff does, across the state, to regulate and provide technical assistance to the industry. She said the program staff consists of herself as the program administrator, a staff attorney, a project manager who focuses mainly on helping maintain the software systems and providing technical assistance and guidance, a senior inspector located in Sioux Falls, and an establishment program specialist who reviews the applications for certification. She said there is also one patient-card practitioner-registration program specialist who validates and verifies the practitioner information and then issues the cards to the patients.

Ms. Seale said there is one certified private laboratory that tests cannabis in the state -- Cannabis ChemLab, Inc., Flandreau, SD. She said, in July 2022, the original tests that were required were for potency and microbials. She said, in July 2023, required testing was expanded to include mycotoxins, metals, pesticides, and solvents. She said the state health laboratory came on board in June 2022. She said that laboratory is geared more toward confirmatory testing, law enforcement needs, and forensic testing.

Ms. Seale said there are three software programs -- the patient card portal, the practitioner registration, and the establishment licensing program. She said Accela provides management services, as does Metrc.

Ms. Seale said the patient practitioner portal system has a section for the enrollment of practitioners. She said, once a practitioner's license is verified, the practitioner may begin certifying patients. She said there are portals for the patient application process and sections for non-residents, patients, and carryover card holders.

Ms. Seale said there is an option for low-income patients. She said anyone below 130 percent of the federal poverty level can apply for a card at a reduced rate.

Ms. Seale said each cannabis card has the patient's photograph, a randomly generated 10-character alphanumeric number, the date of issuance, the expiration date, any designated caregivers, and whether the patient is a home cultivator. She said, if they must identify dispensaries from which they will be purchasing product, which non-resident cardholders must do, that would also be on the card.

Ms. Seale said the DOH has a website where law enforcement officers and dispensaries can enter a card number and the site will indicate whether the card is valid.

Ms. Seale said the original projection was that, by year three, the state would have issued 6,000 patient cards. She said the actual number was 11,437 and as of the current time, the number is closer to 12,000. She said, there are 139 establishments in the state. She said most are dispensaries and 41 are cultivators.

Ms. Seale said the program's budget is entirely fee-based. She said the establishment fees are $5,000. She said this is paid at the time of an initial application and then, annually, at the time of renewal.

Ms. Seale said patient cards, regardless of whether the patient is a resident or a nonresident, are $75 and $20 in the case of a low-income patient.

Ms. Seale said the first caregiver assigned to a patient is free and additional caregivers are $20. She said the home cultivation fee is $20.

Ms. Seale said the DOH expends approximately $1.2 million annually on the program. She said that includes salaries and contractual services. She said FY23 revenues were $1.37 million, and expenditures were $1.16 million. She said the lean budget creates challenges to supporting a responsible and safe medical cannabis program. She said she questions when the budget will reach a saturation point with respect to patient cards. She said there will be a point at which the card revenues may not bring in the same revenue as they did in the past. She said establishment certification fees are capped at $5,000, plus inflation. She said there will be required system enhancements, as the program develops.

Ms. Seale said the DOH will promulgate more rules yet this year. She said the rules will adjust equivalency calculations for patients' allowable quantity of cannabis. She said the rules will also clarify the use of scales when weighing product, add definitions of additives and terpenes, clarify that no sales should occur anywhere but within a dispensary, require that products contain expiration and use dates, and clarify the proper use of plant tags and product tags that are part of the seed-to-sale system.

Ms. Valenti said, if a facility is out of compliance with any of the statutes or rules, the DOH would develop a plan of correction. She said, if serious violations or deficiencies are noted, the DOH has the authority to take action.

Ms. Palmer said she had a client who obtained a card and indicated that dosage information was provided at the dispensary. She said she questioned how educated or informed the client was about the product. She said she wondered about the physicians' ability to provide information to the patient. She said a prescription contains dosing instructions. She asked what does that look like with respect to medical marijuana?

Ms. Valenti said medical cannabis is not obtained by means of a prescription. She said each practitioner must determine his or her own competence level. She said, typically, it is the dispensaries that talk with patients about the product types.

Ms. Seale said she does not have a breakdown of cardholder numbers by county and would have to determine if the system could generate that information.

Ms. Seale said anybody who has a medical marijuana card number can go to the website and verify the validity of the card. She said one cannot see how much product an individual has obtained or from where the individual has obtained it. She said the website is just for verification that a card is valid. She said the seed-to-sale system allows establishments to see where a patient is with respect to their allowable limit. She said that site is not available to the general public. She said the system shows allowable limits, but not each dispensary from which a purchase was made.

Ms. Seale said the DOH is very mindful of confidential patient information. She said dispensaries do not collect patient names unless the patient has given permission for that. She said, otherwise, the only thing maintained by a dispensary is the patient card number.

Ms. Seale said the only people who have access to the DOH database are the practitioner and the state administrator for the patient-specific card portal system.

Ms. Seale said a practitioner cannot see the amount of cannabis that that patient has purchased. She said the practitioner can only see the information of the patients that the practitioner has certified.

Ms. Seale said the DOH does not distinguish between a veteran and a non-veteran with respect to the program.

Ms. Valenti said, if a practitioner, at any time, feels that a patient no longer meets the requirement of having a disabling condition, the practitioner could notify the DOH and have the certification withdrawn. She said certifications are done annually. She said there is an annual charge.

Ms. Valenti said, when the program started, the DOH did not have six staff members. She said the DOH determined that it would bring on staff as needed -- as the program matured. She said the DOH is monitoring the program's staffing needs. She said this is a resource-intensive program.

Representative DeGroot said we have heard stories about people being able to get a card without having any major medical issues. He said he wonders why we are hearing these stories. He said these will need to be addressed as we move forward.

Chief Thum asked whether the program would plateau or continue to grow. Ms. Seale said there is no good answer. She said the program is new and, at some point, there will be saturation and the program will level out.

Senator Mehlhaff said the statutes prohibit inspections or prosecutions or investigations by entities other than the DOH. He asked whether DPS was acting as an agent of the DOH when DPS conducted establishment inspections? Ms. Seale said DPS staff were utilized more in the dispensaries. She said they are under contract, as agents of the DOH.

Senator Mehlhaff asked whether there are requirements for chemical dependency or addiction screenings on patients seeking cards. Ms. Seale said that is between the patient and their provider.

Senator Mehlhaff asked if the DOH had interactions with tribal authorities or other jurisdictions to ensure that there is no doubling up or purchase of product beyond the legal amount. Ms. Seale said the DOH does not have any interaction with the tribes. She said they are sovereign nations. She said the DOH does not have any jurisdiction over the tribes.

Ms. Seale said there is no reciprocity for out-of-state residents. She said an out-of-state resident is required to obtain a South Dakota medical cannabis card. She said an out-of-state resident is held to the same conditions that a resident is. She said an out-of-state resident could use their out-of-state doctor. However, she said, the doctor would have to certify the person based on the same requirements set forth in state statute. She said, once the out-of-state resident is here, any purchase would be put into the seed-to-sale tracking system and the quantity limitations would apply.

Senator Mehlhaff asked if a person could have a medical marijuana card in another jurisdiction and still obtain a South Dakota card? Ms. Seale said an out-of-state resident could hold a card in a state other than South Dakota.

Senator Tobin asked for the number of card holders who are out-of-state residents.

Senator Tobin asked about employee training requirements. Ms. Seale said there are training opportunities that address tracking inventory, establishment approvals and certification, etc.

Ms. Valenti said the DOH belongs to a couple of national associations, including the Cannabis Regulators Association. She said they have multiple conferences each year. She said they also have listservs. She said some staff members have visited programs in other states.

Ms. Valenti said Cannabis Consulting serves several states and also provides technical support and training. She said the DOH has utilized Cannabis Consulting when complex issues have been encountered or when questions have

arisen about best practices. She said there is a lot of on-the-job training. She said the DOH has a good relationship with the industry. She said DOH staff members are constantly being educated by the industry.

Senator Tobin asked about the existence of educational standards for inspectors and standards for inspections. Ms. Valenti said there is no standard.

Senator Tobin asked about the reduced fees for low-income card seekers. Ms. Valenti said the DOH lowers the card fee. She said the fee for visiting a practitioner is not addressed.

Senator Tobin said there does not appear to be an information flow to pharmacists so they can consider interactions between medical marijuana and other prescriptions being filled.

Ms. Valenti said there are statutory limitations on the sharing of information regarding the patient and their medical cannabis. She said that information is confidential and access to it is very limited.

Ms. Seale said administrative rules address labeling of the product that is being sold in the dispensaries. She said part of that labeling includes when the product was harvested, if it is a production batch based on the type of product, when that batch was produced, the information regarding from where the product came, etc. She said, if there is a recall of any product that is tracked through our system, the dispensaries can contact people who have purchased the product or post within the dispensary that the product has been recalled.

Senator Tobin asked if informational statistics reveal the age ranges of the patients that have cards and the diagnoses. Ms. Valenti said yes. She said the DOH is looking at trends regarding the patients. She said they have looked at the top five diagnoses. She said cancer is the top, followed by chronic pain, seizures, multiple sclerosis, and things like severe muscle spasms.

Senator Tobin said that might even be something that could be listed on the DOH website so the public could better understand who the medical marijuana program is touching in our communities.

Ms. Valenti said dispensaries can sell only to stakeholders or those who have been issued a non-resident card through the state. She said tribal cards are not considered valid in our dispensaries.

Presentations by Representatives of Medical Marijuana Cultivating Facilities, Testing Facilities, Manufacturing Facilities, and Dispensaries

Mr. Jeremiah M. Murphy, Lobbyist, Cannabis Industry Association of South Dakota. Mr. Murphy said he represents the dispensary owners, cultivators, and the producers who serve the patients. He said the committee's number one job is to ensure there is timely access to high-quality medical marijuana for the patients of this state. He said the committee's number two job is to ensure that there is timely access across the state, that the pricing is right, that the safety is right, and that the testing is right. He said the committee has a responsibility to the patients who rely on the program to get products that are safe, so they can address their health issues.

Mr. Murphy said, in 2020, the voters passed IM-26. He said the message was that they wanted medical marijuana. He said, in the 2021 legislative session, there were four pieces of legislation dealing with medical marijuana. He said two of those passed. He said one of the enacted pieces set up this interim committee.

Mr. Murphy said, the following summer, the interim committee considered 42 medical marijuana bills and recommended 23 of those. He said, in the 2022 legislative session, 49 medical marijuana bills were considered and 28 were enacted.

Mr. Murphy said, during the 2023 legislative session, 13 medical marijuana bills were considered and seven of those were enacted. He said that amounts to 66 bills, which were put forward to amend what the voters agreed to, and which was substantial on its own.

Mr. Murphy said 37 of those 66 bills have become law during the last three sessions. He said a number of those bills were focused on restricting access to medical marijuana. He said they were for safety and to make sure that only patients got the product. He said security issues were put on dispensaries and security prohibitions were put on producers and growers. He said the legislature took a tight program and made it significantly tighter.

Mr. Murphy said there are substantial guardrails on this program today. He said we have 77 dispensaries, 18 manufacturers, two testing laboratories, and 43 cultivators or growers serving those 11,416 people who have a medical need for marijuana.

Mr. Murphy said the federal government estimates that there are about 82,000 marijuana users in the state currently. He said roughly 12,000 are South Dakota medical card holders. He said there are 15,000 to 20,000 tribal card holders. He said that leaves approximately 50,000 people who are driving the black market in this state. He said that's a lot of people when compared to the 11,416 who are in the medical marijuana program.

Mr. Murphy said people can buy marijuana in Colorado and in Montana. He said they can buy it in Pine Ridge and Flandreau, with an appropriate medical card issued by the tribe, and in Minnesota. He said over half our state's population lives on the I-29 corridor and they have access to illegal products. He said, if we make the program so tight and so difficult for someone to follow the rules, that person has options.

Mr. Murphy said this program needs to be secure and the product needs to be secure, but not to the point where we are creating new black-market customers.

Mr. Murphy said, technically, one does not need to have the product packaged. He said the law refers to cannabis. He said the law provides that a person with a medical card may possess up to three ounces of cannabis or its equivalent. He said, under current law, a person can grow his or her own, with permission. He said, if one has a medical card and goes through a few steps, one can grow plants in the living room or basement. He said, per statute, packaging is not required by a possessor. He said what is required is that the person have no more than three ounces or its equivalent.

Mr. Murphy said this is a new program and a complicated program. He said we are all figuring it out. He said one of the things we are discovering in the rules, now that we are producing tinctures and pre-rolled cigarettes, is that some things do not quite match up. He said assumptions that were made when the rules were written, do not quite fit. He said although the industry does not agree with the DOH on everything, they do agree on more than not. He said the DOH has started its rulemaking processes with informal hearings that involve the industry. He said the DOH's attitude is a good customer service attitude.

Mr. Murphy said a lot of the big issues have already been addressed. He said there has been a lot of talk about pop-up clinics. He said we do not want doctors making inappropriate recommendations. By the same token, he said, we should look at the data. He said we regulate medical providers. He said some of the acts that have been alleged would get the providers into trouble with their licensing boards. He said it would be helpful to hear from the boards regarding the scope of any problems and how they are addressed.

Mr. Doherty asked if the program has affected the black market by decreasing the amount of marijuana that's being sold on the street.

Mr. Murphy said there are people who have been using marijuana for a long time and they have their sources. He said, now they have cards, and they are in the system. He said others are relatively new users. He said there is a mix.

Ms. Palmer asked, from the perspective of safety, why is there a smokable option? She said we know that smoking is harmful. She said there are other, safer methods. Mr. Murphy said smoking is the cheapest, most easily accessible way to get THC into one's system. He said you can put a few drops of a tincture under your tongue. He said it goes into the bloodstream with no smoking and no vaping. He said edibles are another option.

Mr. Murphy said, if a person is going to smoke the product, we would rather that the person smoke something that has been tested and had impurities such as pesticides and heavy metals removed.

Mr. Murphy said there is a lot of concern about how much THC is in products. He said people need to be aware of potency. He said we have more potent alcoholic beverages. He said we have more potent painkillers. He said, if one has twice the potency of another, that will have twice the effect on the user. He said it is commonly understood that intoxicants have various levels of strength and one consuming them must consider that.

Senator Tobin said, as a nurse practitioner, she knows that a dose of an inhaled product can hit one's system quicker. She said, for a Parkinson's patient, that might mean better symptom control than what is achievable with a digested product. She said we wanted varying options for delivering THC to patients.

Dr. Arneson said the pharmacodynamics are very different for a product that is an edible, ingested, or inhaled. She said an inhaled dose is going to be much more predictable and have a quicker onset. She said patients who have nausea related to their chemotherapy might have very poor appetites. She said an inhaled version will have a quick onset, but it will not last as long. She said an edible is variable. She said it depends on what is eaten or ingested with it. She said it depends on the strain. She said many of her patients use a combination.

Dr. Arneson said, as for vaping, if we know that the product has been tested, it is actually safer than smoking. She said, with vaping, there is no combustion. She said that's what leads to toxic byproducts in the lungs. She said, from a medical standpoint, she considers vaping to be quite safe.

Dr. Arneson said most of her patients are facing a life-limiting cancer diagnosis. She said she balances risk and benefit. She said she has patients who are experienced recreational users, and they often prefer smoking, because that is what they are used to doing. She said they understand the risks. She said most have a prognosis that is stated in months. She said, for them, certain risks are acceptable risks.

Senator Mehlhaff asked if any of Mr. Murphy's clients are involved in sponsoring or recruiting doctors or renting rooms or arranging for interactions between patients and doctors -- i.e., involved in pop-up clinics. Mr. Murphy said his members cannot have financial arrangements with physicians. He said physicians cannot have any ownership or other financial stake in a dispensary.

Mr. Murphy said there was documented evidence of inappropriate advertising, BOGO offers, other discounts, etc. He said his members brought a bill to make those Class 1 misdemeanors. He said such activities are bad for the industry. He said there is no financial relationship between his members and the providers.

Senator Mehlhaff said, it appears that the medical cannabis industry does not get involved in arranging for pop-up clinics or bringing doctors in to issue written certifications.

Mr. Kittrick Jeffries, Dakota Cannabis Consulting. Mr. Jeffries said this program is about getting medicine to people. He said it is about patient access and ensuring that patients are getting the best quality treatment that we can provide. He said there are existing issues that need to be addressed. He said this is a complicated this industry.

Mr. Jeffries said the first priority should be a cleanup of definitions and rules, so there is no ambiguity in interpretations by the DOH and the stakeholders. He said we need an increased level of detail within those definitions and rules.

Mr. Jeffries said it would be great if there could be multiple opportunities for rules hearings each year, so that a lot of the rapid changes could be addressed as they arise.

Mr. Jeffries said, typically, stakeholders make suggestions to the DOH for their rules promulgation process. He said there was a rules promulgation process in 2021 and 2022, and another will occur in November 2023.

Mr. Jeffries said his company has drafted its own inspection checklist. He said it is basically a compliance checklist that covers all 896 points set forth in rule. He said they run through the checklist on a monthly basis to ensure that all of their facilities are meeting all inspection criteria. He said he has shared that checklist with other industry members to help them. He said the DOH has also put together several checklists to help industry members.

Senator Tobin asked if it would it be safe to say that the industry is working with the DOH to establish the standard because it does not exist nationwide? Mr. Jeffries said every state is different. He said some have law enforcement do the inspections. He said some use third-party contractors to do the inspections. He said some have their agency staff do the inspections. He said some states have their departments of revenue, health, or public safety conduct inspections.

Mr. Ned Horsted, CEO and cofounder of 605 Cannabis. Mr. Horsted said he and his team worked hard for several years on the petition process and the campaign that resulted in approval of a medical cannabis program. He said he was the initial executive director of the Cannabis Industry Association of South Dakota and is now a member of the board. He said, because of that position, he has worked with most of the business stakeholders in the state and several prior department secretaries, program administrators, and councils, to get through the rule promulgation process and program launch. He said, about a year ago, he passed the torch and began to focus more on operating his business.

Mr. Horsted said this is a new thing in South Dakota. He said he is not aware of any operator who is in violation of SDCL 34-20G-67, which prohibits sharing office space and makes it illegal to have an establishment refer patients to practitioners.

Mr. Horsted said his was the first company to market tinctures. He said tinctures are an edible product, as defined under SDCL 34-20G-1(12)(c). He said the issue being encountered is that Metrc, the state-selected seed-to-sale tracking software, qualifies tinctures as concentrates, rather than edibles. He said this comes down to the interpretation of ARSD 44:90:02:16, which addresses net weight. He said the DOH and Metrc seem to take net weight as the weight of the entire solution, versus the net weight of the THC that is in the solution.

Mr. Horsted said dosing can be made a little bit easier if it involves one full vial that has been diluted, rather than a couple of drops. He said a patient is going to get the same amount of medicine, but the dilution makes dosing much easier.

Mr. Horsted said it seems that Metrc has most of the cannabis states -- both medical and recreational, as a part of their system. He said South Dakota may not be treated as importantly, compared to a state like California. He said the DOH has been working to correct software issues so that the process works for us here in South Dakota.

Mr. Jared Nieuwenhuis, Cannabis ChemLab, Inc. Mr. Nieuwenhuis said Cannabis ChemLab, Inc., Flandreau, SD, is the only private laboratory in the state that does testing for the medical cannabis program. He said the reason that they include lipids in a lot of the edible products is to ensure that the product does not separate completely. He said it increases shelf stability. He said it keeps everything suspended equally so the product is uniform and shelf stable. In addition, he said, the cannabinoids bind well to lipids.

Ms. Deb Peters, owner, True North Dispensary and President of the Cannabis Industry Association of South Dakota. Ms. Peters said, when it comes to licensed establishments, we have a lot of good actors in this state. She said the industry is working well with the DOH. She said there are stakeholder calls.

Ms. Peters said there are a lot of glitches with the software, not necessarily in the seed-to-sale tracking, but issues more along the lines of whether something is a concentrate or an edible.

Ms. Peters said the seed-to-sale tracking works well. She said all the plants are tracked through the system. She said there are anecdotal stories, but product is not leaving the licensed dispensaries in this state. She said underage children are not coming into the stores and getting products.

Ms. Peters said it is a very regulated market. She said you need a reason to get into a store. She said you need an ID. She said you need your driver's license and your South Dakota medical card or your South Dakota non-resident medical card. She said the point-of-sale terminals do not allow a sale of product to occur without a valid medical card.

Ms. Peters said there is a clear delineation between the regulated medical cannabis establishments that are inspected by the DOH versus the gas stations and smoke shops. She said there is a difference in the testing requirements must be followed.

Ms. Peters said the seed-to-sale tracking system, and all the other rules that have been put into place, create a fine-tuned system of tracking product through to the point-of-sale. She said people need to understand that there are licensed medical cannabis establishments and then there are the gas stations and the other smoke shops. She said there are two separate products out there. She said the medical cannabis program is different than the smoke shops and the CBD stores and gas stations. She said the medical cannabis industry has very strict rules and requirements that it must follow to maintain licensure.

Ms. Peters said, if someone comes in to purchase a product, the person's medical card must be scanned. She said every dispensary is a little bit different. She said one can scan the back of the driver's license or the medical card. She said if the person has been in the store previously, it will pull them up from the system, provided the person checked the box that allows for retention of their personally identifiable information. She said the store personnel can see that the medical card matches the driver's license. She said only then is the person allowed into the store. She said if the person has not previously authorized the retention of certain personally identifiable information, the store must do a manual data entry of the medical card, etc. She said a retail sale cannot happen without that information. She said, once the sale is complete, the information is erased.

Mr. Dougherty asked about the data being uploaded to the state system. Ms. Peters said the point-of-sale software is automatically synchronized with the Metrc software. She said the system literally operates by the minute. She said the system is designed to carefully watch the 14-day limit.

Senator Mehlhaff asked how much a person can buy within the 14-day limit. Ms. Peters said three ounces, or the equivalent.

Senator Tobin said there are two separate kinds of products -- those within the regulated medical cannabis industry and that which one can get in a smoke shop. She said the latter should not have Delta-9 but would have Delta-8. She said, anecdotally, we hear about people coming off the reservations without cards yet having Delta-9 products.

Senator Tobin asked what the dosing consultation looks like in a dispensary. She said, in a pharmacy, there might be an exchange about taking a drug on an empty stomach or cautions about taking other medications. Ms. Peters said the consultation is different, depending on the level of service that the patient requires. She said budtenders are familiar with the medical diagnoses and the different levels of CBDs and THCs, etc., that work better for different issues. She said Parkinson's patients have a completely different need than cancer patients. She said a cancer patient might need more of an appetite stimulant, whereas a Parkinson's patient might just need a muscle relaxant.

Mr. Jeffries said the DOH, within its rules, has training requirements for dispensary personnel. He said a lot of the required training pertains to the state seed-to-sale tracking system. He said product knowledge and product information are generally part of an individual dispensary's training protocols. He said his facility requires staff to obtain 40 hours of in-house training before setting foot in the dispensary.

Mr. Jeffries said his facility's training requirements go above and beyond the requirements set forth in rules. He said some of his facility's training requirements also pertain to compliance.

Mr. Jeffries said budtenders are not physicians, but they do consider interactions with other pharmaceuticals. He said, if somebody asks how cannabis works with their individual pharmaceutical regimen, that person is referred to the physician who issued their card.

Mr. Jeffries said the most familiar cannabinoids are THC and CBD. He said terpenes are the flavors and aromas that surround cannabis. He said terpenes and cannabinoids working together create specific effects.

Senator Tobin asked where the budtenders get information and training. Mr. Jeffries said medical cannabis has been around in California since 1997. He said it has also been utilized around the world for thousands of years. He said we base a lot of how cannabis interacts with the body on "entourage effect." He said the "entourage effect" is cannabinoids and terpenes working synergistically and bonding to specific receptors in or on cells. He said we know THC bonds to a specific receptor that creates a desired effect within the neurosystem. He said that might be a high or a relaxation, or even a stimulation. He said the effect is dependent on the person. He said every person has a different endocannabinoid system. He said, through trial and error, we try to dial in a patient's regimen and make sure that a specific cannabis strain or edible product works with the patient. He said most of the research that we look at comes from other countries, because cannabis research in the United States has not been allowed until very recently.

Senator Tobin asked if patients are to follow up with their primary care providers, especially if there are other medications involved.

Mr. Jeffries said all their packaging and labeling has a warning on it. He said the warning states that the product is not approved by the FDA and should not be used while pregnant or breastfeeding, operating a motor vehicle, etc. He said those warnings are also posted in his dispensary, so that patients have ample opportunities to ask questions and engage on any of the topics.

Mr. Jeffries said budtenders are told they should not "pretend you know." He said, budtenders are told that if they do not know something, they must ask questions and refer patients back to their practitioner.

Ms. Palmer asked how many joints come from three ounces of marijuana. Mr. Jeffries said, typically, three ounces constitutes around 84 joints in a two-week window.

Ms. Kassin asked whether the patient education includes a discussion of risk, things to look for, and issues that require a return to a primary care provider or an emergency room.

Mr. Jeffries said they recommend that patients exercise moderation, use small doses, and see how they feel. He said they also discuss when patients need to call their practitioner.

Ms. Kassin asked whether any information regarding type or dosage is sent back to the practitioner who provided the written certification. Ms. Peters said the dispensary does not know who provided the written certification. She said the dispensary has access only to the information on the medical card.

Ms. Waddell asked if there is a national accreditation process for dispensaries, to promote consistency.

Mr. Jeffries said there are national training programs. He said national accreditation is not likely to occur until there is national legalization.

Mr. Nieuwenhuis said a lot of cannabinoids bind well to lipids. He said the main purpose for using a tincture would be to ensure a more consistent product. He said, like beverages, tinctures and anything in a liquid substrate would be more consistently dosed. He said cannabinoids bind better to lipids, and so they use oils. Typically, he said, it is made with distillate. He said they take pounds and pounds of the flower that they grow in the facilities, and then transfer it to a manufacturing facility where they then take the flower and condense it down into however potent that flower is. He said the distillate is then used to dose all the products that you see in dispensaries. He said it is more consistent that way.

Mr. Nieuwenhuis said, in most cases, Delta-8 can exist naturally in cannabis flower in very trace amounts. But, he said, when you take that and go through a production process, it can get concentrated. He said the levels go up as it is concentrated. He said it can also happen through a conversion process, while one is making distillate. He said, even with an actual marijuana plant, one can get some conversion to Delta-8. He said that can be removed and one can have more of a Delta-9 product. He said, typically, distillate is anywhere between 75 to 85 percent Delta-9.

Representative DeGroot asked about Mr. Nieuwenhuis' qualifications to operate a laboratory. Mr. Nieuwenhuis said, after graduating from SDSU, he and a couple of friends from the plant sciences department, started East Prairie Laboratories. He said they tested soil, plant tissue, manure, feeds and forages, ranges, etc. He said, nobody gets into cannabis testing having previous cannabis experience. He said his background is in environmental testing. He said most people who do cannabis testing come from a food science background.

Mr. Nieuwenhuis said he first uses a polymerase chain reaction (PCR) test to do detections, and if there is a positive, he does confirmation testing with plating. He said that is a standard protocol used to ensure that people are not being "failed" unnecessarily and to minimize false positives that can happen with PCR tests.

Mr. Nieuwenhuis said people are failed all the time for microbials. He said, recently, heavy metals were found. He said pesticides and mycotoxins that exceed permitted thresholds have been found. He said a result is either pass or fail. He said if the product exceeds the threshold for heavy metals, microbials, or pesticides, it gets failed. He said that information goes into Metrc, where everyone can see that the product has failed.

Mr. Nieuwenhuis said, if somebody wants to buy that product, they cannot. He said the product then has to go through a remediation process, after which two samples must come back to the laboratory. He said, if both samples pass, the product can be sold to a dispensary and then to patients. He said residual solvents, pesticides, and heavy metals cannot be remediated. He said products with those must be destroyed. He said microbials can be remediated using a Rad Source machine.

Mr. Nieuwenhuis said, when edibles started coming into the market, they found that the products with which the cannabis distillate is mixed are often what causes the failure. He said, if one is making a rice krispie bar, the rice krispies might contain pesticides. He said food products do not get tested to the same degree as cannabis products.

Ms. Kassin asked if persons having products that failed are placed on probation. Mr. Horsted said he does not believe there is a cap on how many times someone can fail. He said the punishment is economic. He said it costs a lot of money to grow the plant. He said, if a product cannot be remediated, you lose the entire batch. He said, if someone keeps doing it, rather than being punished by the state, they are likely to go out of business.

Senator Mehlhaff said he wondered about consistency of the product. He said, if a person obtains their 84 joints in one two-week period, will the consistency be the compared to the prior or succeeding two-week period.

Mr. Nieuwenhuis said one needs to think in terms of agricultural products. He said if a field yields 200 bushels, the production is not likely to be the same in all areas of the field. He said, similarly, there are potency differences in cannabis harvests. He said, typically, a good grower can achieve consistency within a couple of percentage points from harvest to harvest. He said, however, some growers will have products that vary from 20 to 25 percent. He said this is not like your prescription drug.

Senator Tobin said not every flower is the same. She said every batch is going to have a different potency. She said the testing is based on a randomized representative sample.

Mr. Nieuwenhuis said there is a 10-hour training course that was developed regarding how to collect representative samples. He said there are also quarterly audits that get compared to the state.

Ms. Peters said there are thousands of strains of cannabis. She said they must be maintained separately because they are tested separately. She said potency depends on the grower and on the strain. She said it depends on whether it was an internal grow or an external grow. She said it depends on the harvest date and on slight variations in the type and amount of lighting. She said, amid all those variations, there is still an attempt to get a representative sample of the harvest.

Ms. Peters said, when a potency number is determined, that number goes on the label. She said that certificate of analysis is then entered into Metrc. She said that number is what the manufacturer uses and what the dispensaries use.

Senator Mehlhaff asked how one draws an equivalency between a tincture or a gummy and the legally allowed three ounces. Ms. Peters said there is a chart for that.

Senator Tobin asked if a patient can be certain of obtaining the same dose that the patient used previously. Mr. Nieuwenhuis said you cannot think of this in pharmaceutical terms. He said the standards are not the same as those imposed on pharmaceutical manufactures. He said you are not going to see the exact amount in a product every single time.

Mr. Thum said the testimony from the industry professionals is that there is a very well-regulated process to get their product to market. He asked if the industry itself is frustrated with the gas station and smoke shop products, and some of the different rules and regulations that exist for them. Mr. Nieuwenhuis said he sees what the industry goes through to grow, manufacture, and dispense medical marijuana and then he sees a gas station selling the same thing. He said why that is allowable is confusing.

Mr. Jeffries said these are two competing industries. He said the medical cannabis program, which is the industry he represents, is regulated by the state of South Dakota. He said the Delta-8 and Delta-10 industry is regulated by the 2018 Farm Bill, which was passed at a federal level based on hemp products and hemp-derived products. He said they do not have a synonymous rulemaking process in South Dakota that governs how they are treated.

Mr. Jeffries said there is a lot of the confusion about packaging and what is being marketed to children. He said the medical marijuana industry is not allowed to do that. However, he said, the other federally regulated industry is not so constrained. He said there is a lot of confusion and ambiguity about how hemp-derived products and cannabis-derived products are treated in South Dakota.

Mr. Nieuwenhuis said he would like to invite committee members to come and see the laboratory in action.

Presentations by Other Interested Parties

Representative Fred Deutsch. Representative Deutsch said he wanted to share his experience about getting a medical marijuana card from a pop-up clinic. He said, after hearing so much from the DOH about being overwhelmed with cards to be processed, he decided that he should investigate why the DOH is getting 100 plus cards in a single day from a single practitioner.

Representative Deutsch said, under the current law, a person needs to have a qualifying medical condition, a physical examination, and a bona fide relationship with the practitioner that is not for the sole purpose of getting a written certification.

Representative Deutsch said he went online, googled Watertown South Dakota pop-up clinic, and found one at the Holiday Inn. He said he paid $170 online and made an appointment. He said the whole interaction took seven to nine minutes. He said there was no examination.

Representative Deutsch said he is working with other legislators to redefine a bona fide practitioner-patient relationship. He said his proposed bill draft would allow a physician, a physician assistant, or a nurse practitioner, who is a primary care practitioner, to provide a written certification. He said it would also allow a board-certified physician who specializes in the patient's medical issue to provide a certification. In addition, he said any of the aforementioned can refer a patient to a pop-up clinic or any other doctor. He said this would change how we look at the definition of the bona fide practitioner-patient relationship and help a lot in providing quality care, particularly relating to pop-up clinics.

Ms. Kassin said, recently, there have been some changes to the medication-assisted treatment programs regarding opioid use disorder and how to control that with certain medications. She said a need for provider training was identified. She said, right now, individuals can recommend as many medical marijuana cards as they want. She asked if having to notify the DOH, monthly, about the number of written certifications provided would cut back on some of these concerns.

Representative Deutsch said, when he went for his certification, he was in and out. He said it was a business transaction. He said there was no "relationship." He said there is a need for people to have access to medical marijuana. He said we just need to ensure that what happens between the practitioner and the patient is real.

Mr. Dougherty asked if Representative Deutsch had a referral to the pop-up clinic. Representative Deutsch said he just scheduled an appointment online, a couple of days in advance. He said he was required to submit his medical records. He said his medical records showed that he was in a car accident a year ago. He said his primary care doctor ordered physical therapy. He said he also went to a chiropractor. He said the nurse practitioner said, "I see that you've had this history. You were in pain. Are you still having pain?" He said his answer was yes and that he still had

occasional stiffness. He said the nurse practitioner did not ask about the severity of his pain. He said she did not ask if the pain was disabling.

Mr. Doherty said it takes time for a program to get up and running. He said it was his feeling that the major medical organizations discouraged interaction with the program initially. He said he thinks they are just starting to come around.

Representative Deutsch said he does not know of any other medicine, especially a Schedule I drug, that a patient can receive for 12 months, without any follow-up, and that a patient can receive from a doctor or practitioner who the patient has never met before. He said his bill draft would help to remedy the relationship issue and hopefully get a better handle on pop-up clinics.

Senator Mehlhaff asked if the pop-up clinic utilized by Representative Deutsch was an enterprise. Representative Deutsch said he thought it was called something like South Dakota Cannabis Clinic. He said he was not exactly sure.

Senator Tobin asked if Representative Deutsch reported the practitioner to the board.
Representative Deutsch said he did. He said this happened in April 2023. He said, as of a week ago, he still had not heard anything, so he emailed the board. He said the response was that the board was working on it.

Mr. Bill Van Kamp, Lobbyist, Associated Builders and Contractors. Mr. Van Kamp said Associated Builders and Contractors (ABC) is a trade organization with approximately 22,000 industrial and commercial construction firms nationwide. He said they identified a quirk in our statutes. He said Senate Bill 5, which passed two years ago, classified safety-sensitive jobs. He said somebody made a reference earlier to a person on a forklift. He said you cannot tell if the operator is chemically constrained because currently there is not a test that exists to do that.

Mr. Van Kamp said the construction industry, as a matter of course, would like to implement or have in its employee policies, drug-free environments. He said one-third of job site injuries in the construction industry come about because of alcohol or drug problems. He said Senate Bill 5 allowed for the identification of safety-sensitive jobs and provided that employers of those in safety-sensitive jobs could keep a drug-free workplace.

Mr. Van Kamp said the concern that ABC has is that it still creates, in their opinion, the ability to have an individual bring an employment discrimination suit, if the individual is not hired due to having a medical marijuana card. He said ABC would like a bill that clearly states, if one has a safety-sensitive job and if the employer wants a drug-free workplace, the employer can test the employees. He said what ABC is trying to get at in certain construction-related trades is that, as a policy, an individual may have a medical marijuana card, but if that individual intends to drive the forklift or run a skid steer, this is not the job for that individual.

Mr. Van Camp said he would like to provide this committee with a chance to review such a concept.

Mr. Jim Kinyon, Executive Director of Catholic Social Services. Mr. Kinyon said the challenges in mental health are extraordinary. He said our kids, our families, and our communities are not doing very well. He said adding an underregulated drug into the system is a tremendous concern for those of us working in this field, because we are already scrambling and scraping and putting people on waiting lists who are coming in with imminent mental health issues and trying to figure out how to address that.

Mr. Kinyon said he knows there is a responsibility to manage a medical program well. He said the voters clearly approved a medical program. However, he said, they turned down a recreational program. He said there is a clear distinction between those programs.

Mr. Kinyon said an unregulated medical program is essentially a recreational program. He said central to a medical program is the patient and practitioner relationship. He said this drug is associated with addiction, depression, anxiety, psychosis, a higher risk of suicide, and traffic fatalities. He said it is going to affect the performance of employees and students.

Mr. Kinyon said, look at the bona fide patient-practitioner interaction and make clear that the practitioner should be following up with the patient and ensuring that medical marijuana is actually treating a qualifying condition. He said he encourages the committee to consider the input of experts in the area of addiction and treatment.

Mr. Kinyon said it is the industry that's bringing the recreational bill. He said they would prefer to do away with the doctor-patient relationship. He said we need to be clearer about tracking the impacts, so we know how many fatalities are marijuana-related, and how many kids in our community are using the product. He said that is critical information to provide to the legislature, because it will determine how the legislature will manage the well-being and health of our communities and our public safety.

Mr. Kinyon said to say that we are breaking even on the current program is not to account for the increased use of the Department of Social Services, mental health services, and substance abuse services, or legal complications and other realities. He said it is the taxpayer who is on the hook for all the associated costs.

Ms. April Anderson, licensed professional counselor, self. Ms. Anderson said, when she first got into counseling, her main concern was child abuse. She said substance abuse is involved in almost every crime and all kinds of negative things. She said substance abuse is having a huge impact on the health and well-being of all of us, but especially our children. She said research shows that the more available mind-impairing drugs or mind-impacting drugs are, the more likely it is that youth will use them.

Ms. Anderson said marijuana is definitely a drug that can be abused. She said marijuana has the potential to be beneficial in certain situations. However, she said, one must be very careful because it is also a drug like fentanyl, and other mind-impairing drugs that can be very easily abused and misused.

Ms. Anderson said, someone who is addicted to a drug is not able to tell you, without a bias, whether the drug is really helping. She said that has to come from the physician. She said there is another side to this drug beside the benefit. She said you have to be aware of the risks.

Senator Tobin said we need to determine how we are going to go forward. She said we have a bill draft from Representative Deutsch and reference to one from the ABC. She said we have a number of issues that have been mentioned over and over. She said those include pop-up clinics, parolees using marijuana, opening up the Metrc software so that it could be used as a prescription drug monitoring program, and removing employer liability in safety-sensitive jobs.

Ms. Kassin said perhaps we look at an accreditation process for budtenders, so all in that role go through comparable schooling or education. She said we need a way to track medical professionals, including the number of people for whom one can provide certifications and what a follow up looks like. She said we also need to look at practitioner training, so if one is to recommend marijuana for a patient with chronic pain, how much is appropriate. She said she had absolutely zero experience with medical marijuana. She said she would not even know the terminology.

Senator Mehlhaff said, under the current statute, no entity is allowed to investigate, prosecute, or look into anything except for the DOH. He said there should be a little bit more local prerogative. He said, if there is probable cause to look into something, our local authorities should have the opportunity to investigate.

Senator Mehlhaff said we should look at who is sponsoring the pop-up clinics, and ensure that firewalls are in place, so that somebody engaged in the medical cannabis business cannot be involved in getting people their cards. He said we should focus on what constitutes a bona fide doctor-patient relationship, and we should allow a bit more local oversight over the industry.

Representative DeGroot said there seems to be a pretty good working relationship between the DOH and the industry. He said it sounds like, over the last two or three years, we have been tweaking this and working to try and make it better.

Representative Massie said we need to ensure that a bona fide patient-practitioner relationship exists. He said we may need to look at having the medical doctors diagnose and come up with the amount of the drug that a patient needs to take. He said he is also interested in ensuring that employers are appropriately protected when they choose to maintain a drug-free environment.

Ms. Palmer said we need to see about collecting risk data from law enforcement and emergency rooms.

Committee Discussion and Directives

Senator Tobin said she has thought about capping the number of certifications that can be given by a provider in a day. She said that would remove any monetary incentive and result in good medicine, where the practitioners are trying to make patients healthy. She said one could also cap the amount that is charged for a certification. She said she likes the idea of continuing education requirements as a condition for being able to issue a written certification.

Senator Tobin said she would like to give each of the legislators things to work on between now and the next meeting.

Senator Tobin said Representative DeGroot will work on the definition of a bona fide patient-practitioner relationship within the pop-up clinic setting. She said Mr. Doherty will assist.

Senator Tobin said Representative DeGroot will also work on veterans' access to medical marijuana cards. She said Mr. Dougherty and Ms. Palmer will assist.

Senator Tobin said Senator Mehlhaff will work on the impact of medical marijuana on employer liability in safety sensitive jobs.

Senator Tobin said Representative Massie will work on medical marijuana use by parolees and those on probation. She said Sheriff Mueller and Chief Thum will assist.

Senator Tobin said she will work on the number of written certifications that can be issued by practitioners in a day. She said Ms. Kassin and Ms. Waddell will assist. She said she will also work on accreditation. She said Ms. Kassin and Dr. Arneson will assist.

Mr. Doherty moved, seconded by Mr. Mueller, that the meeting be adjourned. The motion prevailed on a voice vote.

The meeting of the Medical Marijuana Oversight Committee adjourned at 2:41 p.m.