

# Executive Board Application for Service on the Medical Marijuana Oversight Committee



Initiated Measure 26 which legalized marijuana for medical use becomes effective July 1, 2021. The measure also created an Oversight Committee, made up of the following membership:

***SDCL 34-20G-92. [Effective July 1, 2021] Oversight committee membership.***

*The Executive Board of the Legislative Research Council shall appoint an oversight committee comprised of: one member of the House of Representatives, one member of the Senate, one Department of Criminal Investigation agent, one staff member from the Office of the Attorney General, two representatives of law enforcement, one representative from the department, one practitioner with experience in medical cannabis issues, one nurse, one board member or principal officer of a cannabis testing facility, one person with experience in policy development or implementation in the field of medical cannabis, and three qualifying patients.*

The oversight committee must meet at least twice a year. Members are charged with evaluating and making recommendations on issues including providing timely access to high-quality medical cannabis to qualifying patients across South Dakota; the effectiveness of dispensaries and cultivation facilities in serving the needs of qualifying patients; the effectiveness of cannabis testing facilities; the sufficiency of regulatory and security safeguards; and research studies regarding the health effects of medical cannabis for patients. (SDCL 34-20G-93)

The Executive Board will be considering appointments to this committee at its June 2, 2021 meeting.

I am interested in serving on the Oversight Committee and meet the following appointment criteria:

- Practitioner with experience in medical cannabis issues
- Board member or principal officer of a cannabis testing facility
- Qualifying patient (person who has been diagnosed by a practitioner as having a debilitating medical condition)
- Other: \_\_\_\_\_

***Please print clearly:***

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street/Box  
\_\_\_\_\_  
City State Zip

E-Mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Office Cell

South Dakota Citizen: Yes \_\_\_ No \_\_\_

