



From: NORML of Michigan

Re: HBs5300, 5301, 5302 of 2021

To Whom It May Concern:

NORML of Michigan is the state's largest and oldest cannabis consumer group. Our members, supporters and friends have expressed grave concern over the consequences these bills would bring about. Rarely is the cannabis community so in alignment with each other over a single issue.

NORML of Michigan strenuously encourages all House Representatives on Committee to vote NO when the opportunity arises. We raise the following issues with the language of HBs5300-5302;

TITLE

This is called the Cannabis Safety Act, but makes no changes to the safety of cannabis. This bill proposes to create safety by eliminating 80% of plants under caregiver cultivation- **there is no association between this change and the health and wellness of Michigan citizens.**

All recognized Michigan organizations representing patients, caregivers and adult-use consumers oppose these bills. This includes veterans organizations and those representing sick children.

THE NUMBERS

Michigan has approx. **250,000 patients registered through the MRA.** Of those about **25% use caregivers** to supply all or some of their cannabis needs.

There are 30,000 caregivers registered through the MRA in Michigan. 72,000 patients are served by those caregivers. If HBs5300-5302 pass, only 30,000 patients will be legally allowed to use caregivers.

72,000 caregiver-using patients will immediately become only 30,000 caregiver-using patients. **This plan ORPHANS 42,000 registered patients.**

The Orphans, the 42,000 patients who will be severed from their caregivers against their will, **cannot grow their own cannabis**. Patients who use caregivers instead of cultivating their own cannabis do so because they cannot grow for themselves. This is most often because they are elderly or disabled in some way, they may live in rental homes, apartments, federally-assisted living arrangements, with young children or elderly parents. They may live in city environments where growing outdoors is not legal or is not acceptable to neighbors. It may not be financially feasible for the Orphans to grow their own.

All pediatric patients registered to use cannabis in Michigan are required to use a caregiver. Any regulation which affects caregivers and patients disproportionately affects sick children- Michigan has nearly 300 sick kids registered to use non-smoked cannabis medicines.

The provisions of **HBs5300-5302 disproportionately affects persons of color (POC)**. Home ownership among POC is lower than for whites, making it less likely that a POC can cultivate where they live due to rental agreements. Detroit, Michigan's largest city and home to an overwhelming majority POC population, is a medical marijuana-only city; there are no adult-use businesses in Detroit, so anything which negatively affects the patient-caregiver system disproportionately affects the citizens of Detroit.

The language of HBs 5300-5302 requires caregivers to orphan their patients in March of 2022. It takes 4 months to grow a plant from seed to harvest. The Orphans who may be capable of growing their own cannabis will not have enough time to prepare their own gardens because **the start date for this program is too aggressive.**

Currently patients can leave their caregiver and try out another one as often as they choose by simply filling out a form with the MRA. If a caregiver is not producing the right medicine, patients can move on. If HBs5300-5302 pass, there will be no caregivers for any patient to move on to- all caregivers in Michigan will be unable to take on new patients. **Medical marijuana patients may be forced to stay with an unsatisfactory caregiver relationship simply because HBs5300-5302 left them with no other caregivers to choose from.**

HBs5300-5302 forces caregivers into **an inhumane choice**: which of the five sick people they grow on behalf of will they keep, and which four people are dropped into the Orphan group? For a parent who is

the registered caregiver for two sick children, they would face a terrible choice.

Elected officials, government employees and prominent members of the community use caregivers at a much higher rate than medical patients with traditional employment. These are people who perceive themselves as being at risk of consequence if they are seen using retail stores. They could experience loss of job, political consequences, difficulty in their place of worship or being socially stigmatized for being seen in a cannabis retail shop. These are the people who **need a discreet way to acquire their medically-necessary cannabis.**

CANNABIS SAFETY

All patients in Michigan currently have access to tested cannabis through the state's regulated marketplace. Anderson Economic Group just issued a public relations release claiming most Michigan residents live within a 25 minute drive of a regulated cannabis retailer. Access to tested cannabis is established.

Patients usually use a caregiver and the retail stores in tandem. Caregivers harvest every four months, and in between harvests, some patients use the regulated market to maintain their supply. If patients were having ill reactions to caregiver cannabis, they can always drop the caregiver and find another one. Having choices is paramount to helping a sick person find palliative relief with cannabis medicines.

There is no history of caregivers crafting bad medicine in Michigan. A simple Google or Bing search will reveal no stories of caregiver medicine making people sick. Caregivers have existed in Michigan since 2009 and have produced hundreds of thousands of pounds of cannabis for consumption by their patients. If that volume has been created, and there are no stories of illness, **there is no proof that caregiver cannabis is unsafe.** Those claims are false.

Sometimes caregivers sell to patients to whom they are not connected through the MRA. This is not allowed by the Medical Marihuana Act of 2008; laws exist to punish those people, and have since 2009 when the program began. Local ordinances exist which curtail a caregiver's ability to cultivate outside. Ordinances prevent odor from becoming a problem. **There are tools already in place to address caregivers who act outside of the regulatory framework;** literally hundreds of people have been jailed

and charged for these offenses since 2009.

OTHER CONSEQUENCES

Written into the 2008 MMMA is a privacy clause wherein the addresses of caregivers are not shared with media, police, school boards or any public official. It's obvious why caregivers want this to remain a secret. Currently it is a criminal penalty to disclose this information, that provision in law has withstood multiple legal challenges. One of the provisions in HBs5300-5302 would require the MRA to provide a list upon demand to local law enforcement of all registered caregivers in their community. This is often referred to as a **Treasure Map**. Caregivers in full compliance with the law could nevertheless be drawn into a police encounter without ever having done anything to justify that contact.

Patients rely upon specialized cannabis medicines crafted by caregivers or themselves in order to alleviate their suffering. These medicines are often taken in concentrated form; **all pediatric patients use concentrated types of cannabis**. The language of **HBs5300-5302 would ban the production of these lifesaving medicines** by banning a production ingredient referred to as a solvent. There is no alternative means of crafting medicinal concentrates. HBs5300-5302 would still allow commercial facilities to use the solvent, effectively forcing all patients which rely on concentrates to purchase them from a cannabis retail store. This prohibition would affect all 250,000 registered patients and 30,000 registered caregivers.

Lack of variety: cannabis medicines are medicinal because of the individual species of cannabis plant used. There are more than 10,000 cannabis plant types. Commercial facilities grow plants which yield the most flower per square foot, not the cannabis with the most medicinal properties, which tend to be smaller plants with smaller yields. Consequently **the cannabis in retail shops is a poor substitute for the medicinal strains grown by caregivers**.

CANNABIS SPECIALTY GROWER

HBs5300-5302 proposes a new license type: a Cannabis Specialty Grower (CSG). **As of October 2021, there is not one municipality in Michigan where this license type could be approved**. Each city will have to craft an ordinance authorizing these new license types, a process which typically takes more than a year to achieve. Remember HBs5300-5302 require a March 2022 start time for the creation of 42,000 Orphans, but caregivers seeking this new opportunity will be waiting years to gain the permissions.

Of the 1,700+ municipalities in Michigan, only 110 have approved cannabis businesses to operate. This bill package is being offered as a reasonable alternative to the current model, but **the vast majority of caregivers live in places where the cannabis specialty grower model will never be authorized.**

Caregivers who stick to their five patients are not getting rich by any means. Caregiver who operate outside of the regulatory framework are believed to be making money by selling extra cannabis to people. The cannabis specialty grower license requires an expensive location, with expensive equipment and extensive inspections. **The CSG license is more easily achieved by the people who are 'cheating' the system, not the people who provide for just their five patients.**