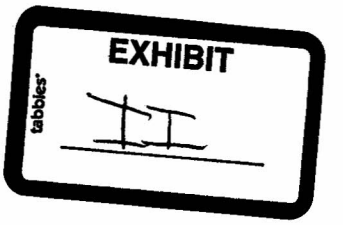

-----Original Message-----
From: billy [mailto:kgmasterbic@gmail.com]
Sent: Friday, April 26, 2013 11:30 AM
To: DCP.MedicalMarijuana
Subject: PROPOSED DRAFT SUGGESTED CHANGES

DRAFT REGULATION CHANGES THAT MUST OCCUR FOR THIS PROGRAM TO BE A SUCCESS

· UNIVERSAL PROTECTIONS FOR ALL MEDICAL MARIJUANA PATIENTS IN THE UNITED STATES OF AMERICA THAT HAVE VERIFIABLE DOCUMENTATION OF THEIR CURRENT PATIENT STATUS AND THEY SHALL BE PROTECTED AS A PATIENT OF CONNECTICUT WHILE RESIDING IN THE STATE. (Rhode Island, Michigan, and others have implemented such provisions)

· Allow Patients and/or their caregivers an afforded right to grow their own medical marijuana and extra medicine should only be able for donation to dispensaries or other patients. The limit of plant shall not exceed 10 mature plants(vegetative state) and 10 immature plants(non-flowering) per patient. Each plant produces roughly a few grams to 1/2 Oz depending on the genetics of the plant and the amount of UV exposure and a persons "green thumb". Outdoor Growing should be restricted to 4 plants mature and 4 plant immature per patient. Many patients cannot afford 650 per month plus tax for their medicine (@250 an OZ). THIS IS A BASIC RIGHT GIVEN IN NEARLY ALL MEDICAL MARIJUANA STATES. Compassion is the objective, state profits are secondary. Any amount that would make the patient exceed legal limits should be given a sufficient amount of time to make a donation in exchange for credits/coupons for use at state regulated and licensed facilities for when the patient does not have the resources to acquire the medicine in the future as longer as his recommendation is current and active.

· Marijuana strains have a distinct way to provide the appropriate care based on each qualifying condition. There are over 25000+ strains each catering to an individual ailment(s). This is due to the amount of cannabinoids that are indeed present in the genetic traits of each strain. For example a basic 100% Cannabis SATIVA plant is referred to the "daytime strain". This is usually the case because it doesn't make the patient tired in most cases. Cannabis INDICA has an entirely different effect and is known as the "nighttime strain" mainly because it is sedative much like Xanax or other tranquilizing narcotics. Cannabis Indica and Cannabis Sativa can and have been hybridized over the years thus resulting in strains that differ from 37.8% THC (delta-9 tetrahydrocannabinol) .05% CBD(CBD is non-psychotropic (cannabinol)) (per gram) levels and this can fluctuate to .333% THC and as much as 20% CBD. If the strains are hybridized lab analysis will uncover whether that specific medical strain is Indica dominant or sativa dominant or 50/50 and also will conclude pesticide usage etc. CBD (cannabinol) is known as one of the cannabinoids that provides the most relief without getting high. There are now strains in medical marijuana states and abroad that contain little to no THC and does not get you "high" but does resolve medical issues such as post trauma anxiety, muscle spasms, and much more. Every cannabinoid holds different medical applications to the human body. THC, and CBD are only two of the 16 known (to date) cannabinoids that provide medical relief for SEVERAL different ailments. There must be a separation and a distinction of medical strains so the patient is acquiring the medicine best suited for his or her medical condition(s).

· Request the amount of dried flower per month be raised to 1 ounce of usable marijuana per week unless a doctor specifies less. Medical marijuana is currently being raised from 2.5 OZ a month to 5 OZ in RI for example because some patients have a higher tolerance to the medicine and or they use it more frequently. Drug Tolerance is a known reason to up dosage on conventional pharmaceutical medicine. This is obvious if you study the trends of prescription medicine and doctor dosage administration.

· Offer the ability for a private registry, WE THE PEOPLE DESERVE PRIVACY ESPECIALLY WHEN IT COMES TO OUR HEALTH.

· People authorized to work at MMJ facilities should not only be trained in Pharmacy but should have experience working with the medical marijuana industry such as attending a Cannabis Specific Educational Briefing or higher learning such as Clover Leaf University or Oaksterdam University (tendered to CT LAW). This allows the pharmacy tech to

understand all aspects of this field including strain recommendation per ailment and the many aspects of this industry as a whole. I speak to you as an Oaksterdam Graduate (2009) as well as a Clover Leaf University student (first accredited cannabis college in the nation) and I must stress that 99.8% of pharmacist or pharmacist technicians DO NOT KNOW ANYTHING ABOUT CANNABIS NOR ARE THEY KNOWLEDGABLE OF THE ENDOCANNABINIOD SYSTEM IN WHICH THE CANNABINOIDS (such as thcv, thca, thc, cbn, cbd, cbv.....ETC) PRESENT IN CANNABIS, INHIBIT RELIEF AND ENABLE REHABILITATION. THEY MUST BE KNOWLEDGEABLE IN THIS ASPECT. THIS PROGRAM WILL NOT WORK FUCTIONALLY OTHERWISE.QUESTIONS PRESENTED COULD BE: What is a Tricome? Where are the catalysts? Why are they significant?? IS this indoor or Outdoor?? What is the ratio of THC's and CBD's and what do you recommend for my specific medical condition?? Which strains will not get me high and effectively mediate my symptoms??(<SOME EXSAMPLE QUESTIONS FROM PATIENTS) The tech will then need to be able and fully knowledgeable as to a recommended strain or method of administration based on the patients conditions.

· Also an average "edible marijuana" dose weighs more than 2.5 ounces and may only contain half a gram worth of cannabinoids/cannabis extracts. This needs to be addressed and changed. For example go drop a chocolate cookie or a brownie on a weighing scale.....It may weigh as much as a pound or perhaps more depending on if you added some extra chocolate chips to the batch or perhaps some sprinkles to make it decretive etc. This specific problem needs to be addressed because that would mean that the monthly allowance of cannabis has been exceeded and that patient is no longer in compliance with state law. State law also forbids patients from cooking their own "medibles" THIS PROBLEM NEEDS TO BE ADDRESSED AND ADJUSTED...no brainer there.

· Lastly, to add to the list of qualifying conditions: "A person who has been diagnosed with a chronic condition resulting in being prescribed a controlled substance III,II for longer than a period of 6 months who seeks alternative methods of treatment to avoid further problems such as drug dependence/addiction that may threaten the persons overall future wellbeing"

Sincerely,

KB J