



Maryland Taps ASA to Train Cannabis Compliance Inspectors

MD Maryland officials tasked with watching over the state's emerging medical cannabis program will be trained by the Patient Focused Certification (PFC) program, a project of Americans for Safe Access Foundation. The announcement of the decision by Maryland's Natalie M. LaPrade Medical Cannabis Commission came shortly after they finalized state regulations in late August at the end of an 18-month process. The PFC-trained auditors will ensure medical cannabis businesses operating in Maryland comply with those regulations.

Maryland will issue 15 licenses to cultivate cannabis, permit two dispensaries for each of the 47 state senate districts and allow an unlimited number of licenses for processors. Applications for permits to cultivate, process and dispense medical cannabis will be available online by Sept. 15. Officials say their state's program should be operational by 2016 with medicine available to patients in 2017.

Product Association's Recommendations to Regulators in the areas of: cultivation, distribution and manufacturing. The PFC program is based on both AHPA standards and those published by the American Herbal Pharmacopeia. PFC has trained thousands of employees of the medical cannabis industry and is currently under contract with the District of Columbia to train all medical cannabis staff on compliance.

Maryland has adopted seed-to-consumption quality control measures for medical cannabis products, including the American Herbal

"We are focused on implementing industry best practices to ensure Maryland's medical cannabis compliance inspectors are the best trained in the nation," said Hannah Byron, Executive Director of the Natalie M. LaPrade Maryland Medical Cannabis Commission. "The rigorous regulatory and clinical oversight *continues, page 2*

Clock Ticking on Regulation Bill in California

CA As the legislative session enters its final days, California lawmakers may be poised to take the regulatory action on medical cannabis that voters directed them to nearly 20 years ago. The session has seen numerous medical cannabis measures introduced, modified and merged, but the big move came at the end of August. Assembly Bill 266, the product of long wrangling, was amended by the Senate Appropriates Committee to simply a dozen words: "It is the intention of the state legislature to regulate medical marijuana." It was passed 5:1.



Gov. Brown

negotiations and the tight time frame for taking action, with only a few days left for the legislature to act, makes it difficult for citizen lobbyists and advocacy groups to have a voice in what emerges. But lawmakers say they are motivated to establish the type of comprehensive regulation the U.S. Department of Justice has said states must adopt in order to avoid federal interference.

Those who have seen draft language say all production and distribution will be classified as regulated commercial activity, except for the basic rights created by Prop 215. Some type of product testing and labeling is likely to be required, and commercial cultivation will likely be limited by square footage rather than plant counts. Separation between cultivation and retail operations has been proposed, with separate licenses for transporting medical cannabis products commercially.

QUALITY CONTROL TESTING EVOLVING IN STATES

Product safety testing required by the state of Nevada has resulted in a shortage of medical cannabis. Many pounds of medicine have been destroyed after pesticides, mycotoxins and heavy metals were detected in the products. Those problems have postponed the opening off at least one dispensary. Nevada now allows dispensary operations, but only a few are open.

Nevada is not alone. An expose in Oregon that found products laden with pesticides were making it on to dispensary shelves. Oregon's medical marijuana rules do not prohibit many of the pesticides detected in independent analysis, but of the 14 found, six have been identified by federal health officials as posing potential cancer risks.

The reason for the sudden restart was apparently Gov. Jerry Brown's intervention. His aides have reportedly been "heavily involved" in crafting a more streamlined regulatory system for commercial production and distribution.

Friday, September 11 is the last day the legislature can pass a bill this session. The last-minute

DOJ Contradicts itself about Enforcement

Last month, it was revealed that the Department of Justice told Congress that the effect of limiting their budget on medical cannabis enforcement would be just the opposite of what they now claim. When Congress was considering passing the Rohrabacher-Farr Amendment, the DOJ sent out talking points saying that it would effectively "limit or possibly eliminate the Department's ability to enforce federal law in recreational marijuana cases as well." The DOJ now says that the amendment limits them not at all in enforcing federal prohibition by prosecuting or pursuing civil asset forfeiture against individuals -- whether patients, caregivers, or recreational users -- regardless of state laws.

"They were providing either deliberately misleading statements or, at the very least, contradictory and confusing messages in their talking points in opposition to the Rohrabacher-Farr amendment that was offered to protect citizen access and participation in state-level medical cannabis programs," said Mike Liszewski, iASA Government Affairs Director. "The language of the amendment and numerous statements clarifying the intent of the bill's sponsors make it clear that DOJ is barred from interfering with conduct that is legal under a given state's medical marijuana law."

A spokesman for the DOJ defended the origi- *continues, page 2*

A study in Colorado found many medical cannabis products were mislabeled as to their potency and content, and the city of Denver six months ago began a crackdown on the presence of pesticides in products. A follow up study just published this week by the Denver Post found that banned pesticides are still present in some products, though most were in conformance with regulation.

"Patients should be able to trust the medical products distributed under state oversight," said ASA Executive Director Steph Sherer. "That's why regulations based on the best-practice standards developed by the American Herbal Products Association and the American Herbal Pharmacopeia are so important."

Activist Profile: Larry Harvey

Larry Harvey, a retired long-haul trucker and commercial fisherman from Washington State who inspired a change in federal medical cannabis policy, passed away August 20 after a battle with pancreatic cancer. He was 71.



Larry with Steph and Reps. Farr & Rohrabacher in front of the Capitol.

Larry rejected plea deals and travelled twice to Washington D.C. to lobby on behalf of the Rohrabacher-Farr Amendment, which cut off funds for interference with state programs. His trips to the Capitol paid off, and the amendment passed last year.

Larry became the face of continued federal interference with state medical cannabis programs after he and members of his family were targeted in a case that came to be known as the Kettle Falls Five. Federal charges followed a raid that found several dozen cannabis plants growing on Larry's rural property. Larry faced charges that carried a mandatory minimum of 10 years in federal prison, if convicted.

His fearless activism earned Larry ASA's Patient Lobbyist of the Year award at the national Unity conference last year. Sadly, he was too sick to travel to accept it, but the government dismissed charges against him shortly after. His wife and the other two remaining defendants were acquitted of all but one lesser charge and await sentencing. We at ASA join his family in mourning the passing of a courageous man.

Michigan and Colorado Reject New Conditions

MI Last month, a state official in Michigan rejected a medical panel's recommendation that autism be added to the list of qualifying conditions. That comes a month after **CO** Colorado officials rejected an attempt to add post traumatic stress disorder (PTSD) to its list.

was concerned that cannabis would be used with children who are only mildly autistic.

In Michigan, three years of lobbying by parents and advocates to add autism resulted at the end of July in a 4-2 vote in favor by the review panel of the Michigan Department of Licensing and Regulatory Affairs (LARA). That recommendation was overruled in September by LARA Director Mike Zimmer, who said he

In Colorado, by a vote of 6-2, the state Board of Health for the third time rejected an attempt to add PTSD to the state's qualifying conditions, despite the recommendation of the state's chief medical officer. Last month a group of five patients, four of whom are veterans, filed suit in response. Many veterans report cannabis alleviates PTSD symptoms, and a federally approved research study on treating veterans with cannabis has received a multi-million dollar grant from the state of Colorado. Legislation to make the change was introduced last year but failed.

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called for in the ASA PFC program will ensure the safety, security and quality of the medicine being grown, processed, inspected and delivered in our state."



Maryland has also adopted laboratory requirements based on the American Herbal Pharmacopoeia's (AHP) cannabis monograph as well as the AHPA guidelines. AHP monographs are commonly used as guidance for regulating botanical medicines by the Food and Drug Administration, U.S. Department of Agriculture and the European Union.

Elements of the AHP cannabis monograph and the AHPA cannabis guidelines have been included in regulations in 12 states: Alaska, Colorado, Florida, Hawaii, Illinois, Maryland, Massachusetts, Minnesota, Nevada, New York, Oregon and Washington State. Pennsylvania and California have pending legislation that includes components of these guidance documents.

"The Maryland Commission has created a shining example of how to regulate the medical cannabis industry to ensure patient access and public safety," said Steph Sherer, executive director of Americans for Safe Access. "We are honored that our Patient Focused Certification program can help give patients' confidence in the safety and quality of medical cannabis products in Maryland."

The PFC program was developed following a long-term collaboration between ASA, AHPA and the AHP to address product safety and quality control standards for the medical cannabis industry.

DEA CAUGHT, continued from page 1

nal talking points when questioned by the Huffington Post, claiming the talking points were merely "informal guidance," not a legal opinion. He said the DOJ's current position is that their ability to prosecute private citizens or business entities was unaffected by the amendment, despite the floor debate, the strenuous protests of the bill's authors, and the DOJ's own talking points.

"If actual fulfillment of the state medical marijuana laws is not achieved due to federal investigations, raids, arrests, prosecution and incarceration, then by definition state implementation of these laws is being interfered with," said ASA's Liszewski. "It is not possible to accomplish the purpose of the state medical marijuana laws if patients, caregivers, physicians, cultivators, providers, landlords, etc. are being thwarted from engaging in this conduct due to federal interference, which is why it is prohibited by the Rohrabacher-Farr Amendment."

ACTION ALERT: Register for Unity 2016 Today

Register now for the 2016 National Medical Cannabis Unity Conference at the Lowes Madison Hotel in Washington, DC, March 18-22, 2016. Early Bird prices are in effect.

The Unity conference is your place to learn best practices, exchange ideas and learn how to navigate this new political landscape. This conference will provide professional development and leadership training in all areas of advocacy, including federal, state and local government relations, public affairs, community relations, public policy, legislation, Congressional relations, community activism, political engagement and campaigns. Register today at nationalmedicalcannabisunityconference.org.

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