



www.CoalitionForPatientRights.com EMAIL: CPRCoalitionLV@gmail.com

February 15, 2019

GOVERNOR STEVE SISOLAK

101 NORTH CARSON STREET CARSON CITY,
NEVADA 89701

RE: Nevada Medical Marijuana Program (NV-MMP)

Dear Governor Sisolak,

Thank you for forming The Nevada Cannabis Compliance Board! As Medical Marijuana Patient Advocate this was great news and very long over due.

We would be honored if you would consider having a Cannabis Patient Advocate included on this vital panel from our coalition?

Could assist in setting up a 24 hour/7 days a week 1(800) Hotline number for patients and recreational consumers to use to report issues with marijuana based products, establishment compliance and public concerns.

Now for Patient Rights and Protections with the NV-MMP!

NV-Medical Marijuana Patients (NV-MMPs) are at risk as there are FEW protections for Medical Marijuana Patients in Nevada at this time. The Coalition for Patient Rights (CPR) is working with NORML, Cannabis Nurses Magazine and Media, Cannabis Nurses Network, and Southern Nevada Women Veterans Coalition in addition to other Advocate groups to acquire protections for Cannabis Patients in the state of Nevada.

These issues are life changing for a Cannabis Patient, fearing unreasonable persecution due to antiquated laws stemming from "Reefer Madness" for using Cannabis is hard emotionally on disabled and sick people. We, as registered patients and advocates, must insist on safe access and protection of our rights as legal medical marijuana patients of Nevada.

As you review this list below you will become aware that the requested changes would need to be made through multiple committees at the Legislative level. We are hoping you, instead, hear our desperate plea to do the following:

WOULD YOU PLEASE WRITE AN EXECUTIVE ORDER TO CREATE PROTECTIONS FOR MEDICAL CANNABIS PATIENTS?

We have created a points list of our concerns for much needed changes regarding Nevada's Medical Marijuana Program.

Coalition for Patient Rights (CPR) Goals:

1. **Right to Medical Care and Treatment:** i.e. organ transplants and pain management
2. **Patient Grow Rights Expanded; Remove purchase and possession limits; Remove purchase tracking system in real-time; Allow patients to make concentrates from whole-plant**
3. **Make Affordable:** State Tax Exemption / Remove Annual Card Fees (prevent black market sales)
4. **Allow Samples/Donations Tax Exempt for Dispensaries/Free to Patients (assist VA/SSDI/low income)**
5. **CPS/Foster/Adopt/Caregiver – Patient/Parent Protections (avoid incrimination/family separation)**
6. **Changes to DUID Laws- increase 2 ng/dL to 1500 ng/dL; Document Impairment on video**
7. **Right to Consume: Patients Exempt from Ticketing/Equal Rights of NV State Standard Tobacco Policy**
8. **Right for Patient to use Treatment Option of their Choice and ability to consume on state or county Property**

9. **Add Qualifying Conditions: Autism, Opioid Dependency, Anxiety, Lyme disease**

Overview:

1. **Right to Medical Care/Treatment:** For the purposes of medical care, and specifically ORGAN AND TISSUE TRANSPLANTS and PAIN MANAGEMENT. A qualified patient's authorized use of cannabis shall be considered the equivalent of the authorized use of any other medication used at the direction of a physician, and shall not constitute the use of an illicit substance.

Transplants: being denied to anyone with cannabis (THC) in their system. Must test negative for cannabis for 3-6 months. (UMC Transplant Center- told her (Maritza Bermudez) she needs to test negative for cannabis for 6 months). Not put on the list "until they are clean". This can take months to achieve and there is no research proving that cannabis harms transplant recipients.

Pain Management: Providers denying pharmaceutical drugs to patients if THC is in their system. Making patients choose Pharmaceuticals vs. Cannabis (all or none). Cannabis works synergistically with pain medications and both should be offered to patient for best outcome. Providers are stopping all narcotics/barbiturates 'cold turkey' without titration (slowly removing them off medications safely) creating unsafe practices to patients who are at risk for severe symptoms such as but not limited to heart attack and death.

2. **Patient Grow Rights Expanded; Remove purchase and possession limits; Remove purchase tracking system in real-time; Allow patients to make concentrates from whole-plant (provides affordability to low-income patients; avoids incriminating patients who need large doses relating to their condition(s).**

Dosing for Cancer: 1-3g/day x 90 days = 270g FECO Oil Full Extract Cannabis Oil + maintenance doses

12 plants per patient up to 3 patients per HOUSEHOLD in perpetuity for all Nevada Medical Marijuana Patients. Removed definition of plant.

➤••Currently only 'Grandfathered' patients prior to July 1, 2015 can grow within a 25 mile halo of a dispensary. Many patients discriminated from being allowed to produce their own medicine.

➤••Colorado Standards: 24 plants/household yet patients find still too low to keep genetics/clones without breaking the law

. (Bring cultivator in to testify % success rates on at-home-grows for patients. Only 10% of all home growers succeed from seed to flower- home grows are not a threat to profits of establishment licensees and patients who grow at home

also supplement with dispensary products due to failure in successful crops. Patients not a threat as they will still supplement via dispensary

NRS 453A.200 Holder of valid registry identification card or medical marijuana establishment registration certificate exempt from state prosecution for certain acts involving marijuana and paraphernalia; no crime for mere presence in vicinity of medical use of marijuana; limitation on exemption from state prosecution; affirmative defense; holder of card prohibited from cultivating, growing or producing marijuana if dispensary opens in county of residence; exceptions.

1. Except as otherwise provided in this section and [NRS 453A.300](#), a person who holds a valid registry identification card issued to the person pursuant to [NRS 453A.220](#) or [453A.250](#) is exempt from state prosecution for:

- (a) Possession, delivery or production of marijuana;
- (b) Possession or delivery of paraphernalia;
- (c) Aiding and abetting another in the possession, delivery or production of marijuana;
- (d) Aiding and abetting another in the possession or delivery of paraphernalia;
- (e) Any combination of the acts described in paragraphs (a) to (d), inclusive; and

(f) Any other criminal offense in which the possession, delivery or production of marijuana or the possession or delivery of paraphernalia is an element.

2. In addition to the provisions of subsections 1 and 5, no person may be subject to state prosecution for constructive possession, conspiracy or any other criminal offense solely for being in the presence or vicinity of the medical use of marijuana in accordance with the provisions of this chapter.

3. The exemption from state prosecution set forth in subsection 1 applies only to the extent that a person who holds a registry identification card issued to the person pursuant to paragraph (a) of subsection 1 of [NRS 453A.220](#) and the designated primary caregiver, if any, of such a person:

(a) Engage in or assist in, as applicable, the medical use of marijuana in accordance with the provisions of this chapter as justified to mitigate the symptoms or effects of a person's chronic or debilitating medical condition; and

(b) Do not, at any one time, collectively possess with another who is authorized to possess, deliver or produce more than:

(1) Two and one-half ounces of usable marijuana in any one 14-day period;

(2) Twelve marijuana plants, irrespective of whether the marijuana plants are mature or immature; and

(3) A maximum allowable quantity of edible marijuana products and marijuana-infused products as established by regulation of the Division.

Ê The persons described in this subsection must ensure that the usable marijuana and marijuana plants described in this subsection are safeguarded in an enclosed, secure location.

4. If the persons described in subsection 3 possess, deliver or produce marijuana in an amount which exceeds the amount described in paragraph (b) of that subsection, those persons:

(a) Are not exempt from state prosecution for possession, delivery or production of marijuana.

(b) May establish an affirmative defense to charges of possession, delivery or production of marijuana, or any combination of those acts, in the manner set forth in [NRS 453A.310](#).

5. A person who holds a valid medical marijuana establishment registration certificate issued to the person pursuant to [NRS 453A.322](#) or a valid medical marijuana establishment agent registration card issued to the person pursuant to [NRS 453A.332](#), and who confines his or her activities to those authorized by [NRS 453A.320](#) to [453A.370](#), inclusive, and the regulations adopted by the Department pursuant thereto, is exempt from state prosecution for:

(a) Possession, delivery or production of marijuana;

(b) Possession or delivery of paraphernalia;

(c) Aiding and abetting another in the possession, delivery or production of marijuana;

(d) Aiding and abetting another in the possession or delivery of paraphernalia;

(e) Any combination of the acts described in paragraphs (a) to (d), inclusive; and

(f) Any other criminal offense in which the possession, delivery or production of marijuana or the possession or delivery of paraphernalia is an element.

6. Notwithstanding any other provision of law and except as otherwise provided in this subsection, after a medical marijuana dispensary opens in the county of residence of a person who holds a registry identification card, including, without limitation, a designated primary caregiver, such a person is not authorized to cultivate, grow or produce marijuana. The provisions of this subsection do not apply if:

(a) The person who holds the registry identification card was cultivating, growing or producing marijuana in accordance with this chapter on or before July 1, 2013;

(b) All the medical marijuana dispensaries in the county of residence of the person who holds the registry identification card close or are unable to supply the quantity or strain of marijuana necessary for the medical use of the person to treat his or her specific medical condition;

(c) Because of illness or lack of transportation, the person who holds the registry identification card is unable reasonably to travel to a medical marijuana dispensary; or

(d) No medical marijuana dispensary was operating within 25 miles of the residence of the person who holds the registry identification card at the time the person first applied for his or her registry identification card.

7. As used in this section, "marijuana" includes, without limitation, edible marijuana products and marijuana-infused products. (Added to NRS by [2001, 3055](#); A [2013, 3716, 3718](#); [2015, 3092, 3111](#); [2017, 3681, 3726, 3744](#))

• **Remove Patient Purchase and Possession Limits:** Can stock pile my Percocet, beer, wine

Remove the consumption restrictions and limitations for medical patient's use. Patients are being denied access to high ratio doses needed for cancers, severe diseases/illnesses and pain. Patients at a dispensary are being told to put back items *due to low state purchasing limits* denying patient's rights to receive relief and/or treatment of their diagnosis or symptoms. (Prevent black market sales \geq dispensary profits)

➤ The monies to run the medical program are so minuscule that it won't affect the costs to run (Medical Spending vs. Recreational Spending proving it's NOT AN EXPENSE TO THE STATE

➤ **Let the Doctor/Patient decide what's best for them**

Current State Purchase Limits:

Recreational: 1oz. q 14 day (flower)

Medical: 2.5 oz./14 days (flower)/ 10g/14 days (concentrates)

8500mg THC Concentrate in 14 days

Increase Medical to: Unlimited (Leave it up to the doctor/patient)

• **Remove purchase tracking system in real-time** STRIKE FROM RECORD

NRS 453A.370

(a) The manner of protecting against diversion and theft without imposing an undue burden on medical marijuana establishments or compromising the confidentiality of the holders of registry identification cards and letters of approval.

(b) Minimum requirements for the oversight of medical marijuana establishments.

(c) Minimum requirements for the keeping of records by medical marijuana establishments.

Right to privacy HIPPA Compliance

(a) The manner of protecting against diversion and theft without imposing an undue burden on medical marijuana establishments or compromising the confidentiality of the holders of registry identification cards and letters of approval.

(b) Minimum requirements for the oversight of medical marijuana establishments.

(c) Minimum requirements for the keeping of records by medical marijuana establishments.

• **Allow patients to make concentrates from whole-plant**- chronically ill patients need large dosing amounts (1-3g/day concentrated oil) daily. VA/SSDI/Low Income patients unable to afford dispensary pricing and pushing patients back into the black market creating patient safety concerns.

NRS 453A.370: #4 Set forth the amount of usable marijuana that a medical marijuana dispensary may dispense to a person who holds a valid registry identification card, including, without limitation, a designated primary caregiver, in any one 14-day period. Such an amount must not exceed the limits set forth in [NRS 453A.200](#).

3. Make Affordable: State Tax Exemption / Remove Annual Card Fees (Prevent black market sales)

Patients are returning to the black market due to high costs of products/taxes in dispensaries.

• **State Tax Exemption break should also be given to Dispensaries/Cultivations/ Production** who supply medical cannabis to NV-MMPs (Giving Est. licensee holder's incentives in lowering taxes= increasing profits).

➤ \$380million/\$36million in Recreational use tax monies from Recreational to pay for Medical Cannabis program costs. **The monies to run the medical program are so minuscule that it won't affect the costs to run state program.**

➤ Medical Spending vs. Recreational Spending proving it's NOT AN EXPENSE TO THE STATE.

➤ No other Pharmaceutical medications are taxed in the state of Nevada or Country.

➤ Senator Tic promised in 2013 legislation that once Recreational gets up and running (taxes for recreational being brought in) we would revisit this and have NV-MMPs TAX EXEMPT.

➤ Governor Steve Sisolak in agreement with Patient Tax Exemption (Town hall meeting 11/2018)

• **Remove Annual/Bi-Annual Card Fees for disabled veterans/SSD/SSI Beneficiaries:**

Current: State Fee \$50/yr. —or- \$100/2yrs. Put new **Patient Exempt Box** on back of NV-MMP Card where they have the right to grow verbiage on back (You can screen applicants by putting a box on NV-MMP Application-

Doctors Form). Remove the fee for NV Residents to become card holders and/or Remove program costs for our low income medical patients (State guidelines for low income family- Veterans/SSDI/SSI/Low Income). Funding for administrative costs should be covered by Recreational Taxes as discussed by original legislators in 2013 once tax monies become available. The Recreational taxes are available and monies need to be funding the entire NV-Medical Cannabis Program. Costs to run program will not affect the state. Plenty of funds. See: Dept. of Taxation

453A.370#3. Establish circumstances and procedures pursuant to which the maximum fees set forth in NRS 453A.344 may be reduced over time to ensure that the fees imposed pursuant to NRS 453A.344 are, insofar as may be practicable, revenue neutral. (Dispensaries will benefit with more licensed patients given discounts \geq profits)

4. **Allow Samples/Donations Tax Exempt for Dispensaries/Free to Patients (assist VA/SSDI/low income)** Allow dispensaries to *give soon-to-be expired medical products scheduled to be destroyed to patients*. Patients should be able to receive AND dispensaries should not have to pay taxes on it. Assists in Sustainability and Environmentally friendly-Nevada Going Green(er). (Assists dispensaries in moving products- avoids waste-sustainability project)

5. **CPS/Foster/Adopt/Caregiver/Family Court Protections:** To avoid incrimination/family separation Protect parents from Child Protective Services' rules in relation to the conflict of parental rights. Having a medical marijuana registry card protects medical patients from being classified as having "habitual or continual illegal use of controlled substances" when testing positive for cannabis use or otherwise having exercised their rights under NRS453A, or when acting as an employee or agent of a medical cannabis establishment.

- The medicinal status should not be a disqualifier to become a foster/adoptive parent through the state or private adoptions.

- Our qualifying medical marijuana children need to be able to consume as patients without the threat of the parent having their children at-risk of being taken away to foster care due to the laws not catching up to the science of the plant. Keep families together. It's a non-invasive simple plant that needs to be descheduled at a federal level. Until then, provide state protections to families.

Strike from the Record: The parent cannot be a caregiver to their child if the parent is a NV-MMP.

NRS 453A.250 Registry identification cards and letters of approval: General requirements concerning designation of primary caregiver; only one designated primary caregiver allowed; timing of issuance of card or letter to caregiver if caregiver designated after initial issuance of card or letter to patient; parent or guardian who is also patient may be designated caregiver for child. **NRS 453A.250: strike from the record**

Correct on the Record: Caregiver can only be a caregiver to one person. Need ability to have more than one person to be a caregiver (i.e. you can be a caregiver for up to six (6) people) as some families have grandparents, parents, children, and grandchildren all living in single-family homes.

NRS 453A.250 Registry identification cards and letters of approval: General requirements concerning designation of primary caregiver; only one designated primary caregiver allowed; timing of issuance of card or letter to caregiver if caregiver designated after initial issuance of card or letter to patient; parent or guardian who is also patient may be designated caregiver for child.

1. If a person who applies to the Division for a registry identification card or letter of approval or to whom the Division or its designee has issued a registry identification card or letter of approval pursuant to paragraph (a) of subsection 1 of [NRS 453A.220](#) desires or is required to designate a primary caregiver, the person must:

(a) To designate a primary caregiver at the time of application, submit to the Division, on a form prescribed by the Division, the information required pursuant to paragraph (e) of subsection 2 of [NRS 453A.210](#); or

(b) To designate a primary caregiver after the Division or its designee has issued a registry identification card or letter of approval to the person, submit to the Division, on a form prescribed by the Division, the information required pursuant to subparagraph (2) of paragraph (b) of subsection 1 of [NRS 453A.230](#).

2. A person may have only one designated primary caregiver at any one time.

3. If a person designates a primary caregiver after the time that the person initially applies for a registry identification card or letter of approval, the Division or its designee shall, except as otherwise provided in subsection 5 of [NRS 453A.210](#), issue a registry identification card to the designated primary caregiver as soon as practicable after receiving the information submitted pursuant to paragraph (b) of subsection 1.

4. A person who is the parent or legal guardian of one or more children who are listed in the medical marijuana registry may be the designated primary caregiver for each such child regardless of whether the person is also listed in the medical marijuana registry as a patient.

(Added to NRS by [2001, 3060](#); A [2003, 1433](#); [2009, 623](#); [2015, 3100](#); [2017, 3688](#))

NRS 453A.250: strike from the record

5. **CPS/Foster/Adopt/Caregiver – Patient/Parent Protections (avoid incrimination/family separation)**

6. **Changes to DUID Laws-** increase 2 ng/dL to 1500 ng/dL; Document Impairment on video and/or minimal two (2) officers on scene documenting impairment and/or Provide NV-MMP Exemption. Put on back of ID card (next to right to grow).

7. **Right to Consume:** Patients Exempt from Ticketing/Equal Rights of NV State Standard Tobacco Policy. Provide NV-MMP Patient Exemption. Put on back of ID card (next to right to grow).

8. **Right for Patient to use Treatment Option of their Choice and ability to consume on state or county Property-** a patient shall not be denied from utilizing their treatment option of choice and the state or

county property will respect a patient's right to consume and will NOT deny them this right. Providers will document properly within their chart and not be bias in their documentation.

9. **Add Qualifying Conditions: Autism, Opioid Dependency, Anxiety, Lyme disease**

You, as a Nevada legislator, hold the ability to create positive change within our state. Now is the time to protect the inalienable rights of our Nevada Medical Marijuana Patients. Let's properly change the cannabis laws to assure discrimination does not prevail. Thank you in advance for your consideration in these very important matters. We would like to schedule a meeting at your earliest convenience.

SINCERELY,
VICKI HIGGINS: CO FOUNDING MEMBER OF COALITION FOR PATIENT RIGHTS

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