

NEW YORK

MEDICAL CANNABIS INDUSTRY ASSOCIATION

2023 Executive Committee:



Chair: Bryan Murray,
Acreage Holdings



Vice Chair: Jeremy Unruh,
Pharmacann



Vice Chair: Ngiste Abebe,
Columbia Care



Vice Chair: Don Williams,
Curaleaf

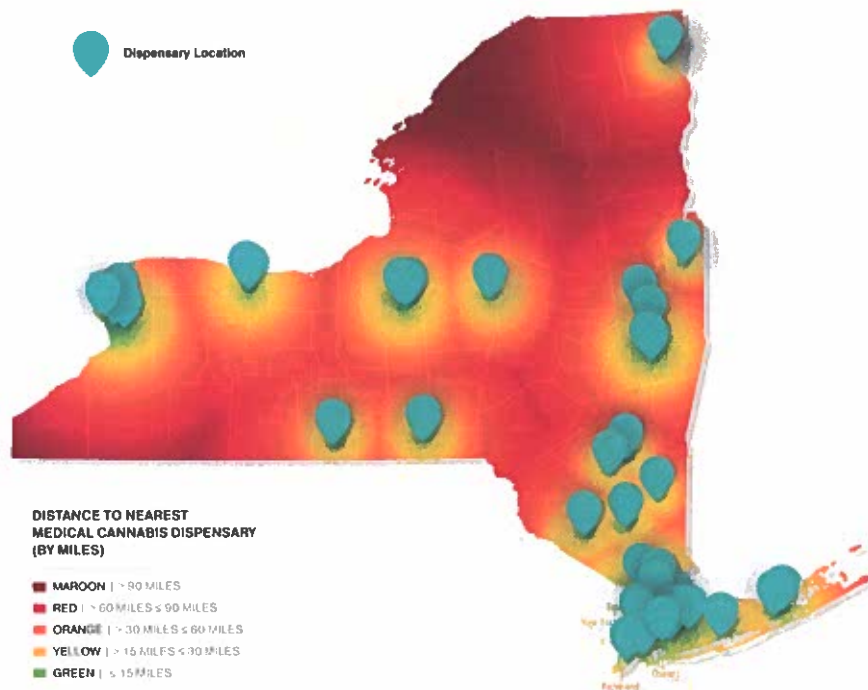


Secretary: Rebecca Brown,
GTI



Treasurer: Brandon Nemeč,
Pharmacann

Medical Cannabis Dispensary Heatmap:



NYMCI Member Companies: Acreage Holdings, Cresco, Columbia Care, Curaleaf, Etain, GTI, iAnthus, Pharmacann, Vireo

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MEDICAL CANNABIS INDUSTRY ASSOCIATION

2023 LEGISLATIVE AND REGULATORY PRIORITIES

SUPPORT: Allow For Out-Of-State Reciprocity

(s. 1023, Cooney)

Recognizing access to out-of-state medical patients that find themselves in NY will only increase the accessibility of the medical program for those who need it. States like Nevada, Michigan, Ohio, and Missouri already allow reciprocity with other states' medical cannabis programs. As NY is one of the most visited states in the country and has many commuting for work each week, this bill could significantly improve the accessibility of the medical cannabis program.

SUPPORT: Authorize Insurance Coverage of Medical Cannabis

(s.2568, Cooney; a.4713, Peoples-Stokes)

For thousands of patients, medical cannabis is safer and more effective than other drugs, especially opioids, but cost remains the primary barrier to patient access in the medical cannabis program. Access to medical cannabis should not be limited to those who can pay out of pocket. This bill adds medical cannabis to four publicly funded health programs.

SUPPORT: Eliminate The 7% Excise Tax on Medical Cannabis

(s. 5365, Cooney; a.7014, Peoples-Stokes)

Medical cannabis in NY is some of the most expensive and inaccessible in the country. With the fast growing, untaxed unregulated/illicit market and the adult-use market rolling, it's more important than ever to finally bring down the price of this medical alternative to addictive opioids and unregulated illicit cannabis.

SUPPORT: Pharmacist-Certified Patient Permission

(s. 6909, Skoufis)

Allow pharmacists who are employed by a Registered Organization to issue written certificates for cannabis products to patients. This will streamline the process to become a certified medical cannabis patient by allowing walk-ins to medical dispensaries to consult with the pharmacist on site to receive a recommendation the same day.

SUPPORT: Financial-Services Protections for Cannabis Employees

This bill would protect the growing cannabis workforce in New York from discrimination from financial services institutions under the Department of Financial Services' jurisdiction solely due to their involvement in cannabis. It will also require the DFS to set up a hotline for employees to report such discrimination.

2 Years After MRTA, Here's How New York Trails Other States In Standing Up For Medical Patients



MASSACHUSETTS

The **bill** legalizing adult-use cannabis in Massachusetts was signed into law on July 28, 2017.

- 16 months after adult-use cannabis sales were legalized, **two adult-use dispensaries** opened their doors on November 20, 2018, and totaled **\$9.3 million** in adult-use cannabis sales during their first four weeks of operation.
- After six months of adult-use retail operations, **aggregate adult-use sales totaled \$138.9 million**.
- Over the **first year of adult-use sales**, from November 2018 to November 2019, 33 adult-use cannabis retailers generated **\$393.7 million in gross sales**.



COLORADO

Voters **approved an amendment** legalizing adult-use cannabis in Colorado on November 6, 2012, that was enacted in the **state constitution**.

- 14 months after voters approved the amendment, Colorado's **first cannabis dispensaries** opened their doors on January 1, 2014.
- In 2014 — the first full year of adult-use retail operations — **cannabis dispensary total sales totaled over \$683.5 million, with over \$303.3 million** coming from adult-use retail sales. Total **state tax revenue from cannabis sales for 2014 totaled nearly \$67.6 million**.
- By the end of 2014, **there were 147 adult-use dispensaries and 313 medical dispensaries** in Colorado.

THE STATE OF NEW YORK'S MEDICAL CANNABIS PROGRAM

New York's medical cannabis program continues to struggle – leaving patients with limited access to lifesaving medication. Here's why:

- **A Bad Grade:** In its annual [report card](#), Americans for Safe Access (ASA) gave New York's medical program "C Minus." In the "access to medicine" and "health and social equity" categories, the state fared even worse, with New York receiving a 0 out of 10 on the "access in underserved areas" category.
- **Lack of Access:** There are still just under **40** medical dispensaries statewide – or 3,163 patients for every medical retail location. Tens of thousands of New Yorkers live in a medical cannabis deserts.
- **Declining Enrollment:** In March 2021, New York's medical program had 148,514 patients enrolled. By May 2022, patient enrollment had dropped to 122,161 patients. This is directly attributable to the flourishing illicit market and overarching lack of communication and support from regulators to New Yorkers.
- **Stagnated Growth in Comparison to Other Programs:** In 2022, New York had \$116M in medical cannabis sales. By contrast, Maryland had \$520M, and Ohio had \$480M in the same year. Pennsylvania had \$1.14B in 2022 medical cannabis sales — ten times that of New York —and Pennsylvania's program is two years younger than New York's.

WHERE NEW YORK WENT WRONG

The MRTA designed a pathway for an economically viable, well-regulated, and safe adult-use program. But due to its regulators' steadfast refusal to implement the law as written, New York's adult-use market is failing for a myriad of reasons:

- **A Failure to Learn from Other States:** The MRTA's commitment to social equity demonstrated that state officials wanted to redefine what cannabis programs can be regarding investment in individuals and communities disproportionately impacted by the War on Drugs. Instead, New York officials ignored the lessons offered by other states, which led to a flourishing illicit market.
- **The Pervasive Pop-Up Illicit Market:** New York's illicit market is outpacing the legal market. New enforcement measures aimed at shutting down illicit shops are encouraging, but the state must be serious about exercising its expanded authority. It is critical to protecting consumers from untested, [potentially contaminated](#) products and the key to an affordable, accessible, and competitive adult-use cannabis market.
- **A Neglected Medical Program:** A lack of state educational efforts, coupled with chronic underinvestment and widespread inaccessibility, has caused medical patients to drop out of the medical program, with some seeking a more readily available, affordable, and potentially dangerous product – after cannabis was decriminalized. **The state has also steadfastly refused to implement the expansion of the medical program required by the MRTA.**

WHO PAYS THE PRICE

- **CAURD Applicants and Justice-Involved Individuals:** The goal of the MRTA was to establish a socially equitable and economically inclusive adult-use market. But equity licensees has been forced to compete with the booming illicit market, where retailers can offer lower-priced (though unregulated) products because they don't pay taxes.
- **Medical Cannabis Patients:** The erosion of New York's medical program has forced patients to either return to traditional medications or rely on the illicit market for cannabis products, which are potentially contaminated and pose a particular danger for those with compromised immune systems or underlying conditions.
- **Communities Disproportionately Impacted by the War on Drugs:** With **40%** of the adult-use cannabis tax revenue dedicated to the State Community Reinvestment Grant Fund, the underperforming market is harming communities that are supposed to benefit from revitalization investment. [New York's tax collections](#) for legal adult-use cannabis sales were \$7,000 in February – down from \$20,000 the previous month.