

11-13-2025 Medical Cannabis Production Establishment Board Meeting Minutes

Commissioner Kelly Pehrson Calls Meeting To Order - Utah Department of Agriculture and Food

Members in Attendance:

Commissioner Kelly Pehrson

Chief Jason Williams

Dr. Edward Walker

Miles Maynes

Drew Gubler

Susan Spiers

Desiree Hennessy

Commissioner Kelly Pehrson Reads Public Comment Guidelines: “All participants will be muted until asked to speak by the board. If you are a company representative please click Raise Hand when it is your time to speak and one of our admin will unmute you. During the public comment period please type in the chat box or click Raise Hand to be called on by the board, at which point you will be unmuted. Thank you to everyone for working with the department to ensure a professional and efficient meeting.”

2025 Establishment Licencing Board Dates

December 4th | Documentation Deadline: November 6th

Medical Cannabis Rural Pharmacy License Applications

Commissioner Kelly Pehrson States: “The department will summarize how the scoring worked out in order to bring the five applicants here to this meeting. After that, time will be turned over to the board to interview the applicants. We have scheduled each applicant to get 10 minutes to answer questions from the board. If necessary, we will allow a second round of questions and time for the board to make the best decision possible.”

Cody James States: “Just to echo Commissioner Pehrson's words from a minute ago, the amount of work that has been put in here by the board, by the Medical Cannabis staff as well as the department heads here at the department to work on this has just been amazingly, I wouldn't say easy, but it has been a really good working group and I think we've been able to get through things even with some bumps in the road as well as trying to do our best to make sure that we are following every single aspect of what the legislature wanted us to do during this time. So again, as commissioner mentioned, just a few items to go over as far as the steps that have been taken here to review applications. Obviously once the application period had closed a couple of months ago, the department ourselves gathered those applications and reviewed those for completeness. We wanted to make sure that all required information was submitted and all of the questions were answered as well as the necessary payments were made. The applications were then sent to the board after the department's review and then that's when the scoring started to take place. Once completed, the department took those scores and took the top five scores and invited you all to today's meeting. So welcome and congratulations and we wish you the best of luck today. To go a little bit further, there is some information to one of the applications that needs to be said publicly. That would go to application number seven. As most of you are aware or should be aware that there are requirements in statute about locating a medical cannabis pharmacy within 200 feet of a community location or within 600 feet of a residential area within any municipality. The statute actually says that those requirements will be measured from the nearest entrance to the medical cannabis pharmacy establishment and then using the shortest route of ordinary pedestrian travel to properly do the measurement here. And again, that's for a community location or a residential zone. So one of the applicants here today, and this was in their application, so this is not news to the board and then also with an email that came to us today from a citizen in the area shows that they do not meet the 600 foot criteria for that. However, after measurements, after talking with the city who do believe that with the ability of the board to give a 20% variance waiver, that they would meet the 480 foot aspect there. As I mentioned, we did receive that email today, but that was also something that the board knew based on some of the attachments in the application as well as the department's initial review where we saw that and started to work with the city and reaching out to a number of cities where we had questions. Anyway, again, the city believes that with the variance of this licensee would meet the criteria after department employees went down to do the measurements themselves with the use of the main front door. It will be something that if again this applicant is selected and the board wishes to do a variance, then that would be allowable and be in compliance. This was all found out, again, before it went to the board and was on the application. I also should probably just finish that portion of that by saying that because they are in compliance, and in no way is this the department saying either direction there, the best applicant should obviously be awarded this licensee ends up. But it is something that needs to be put out there. Number one, because we did get emails from the public and also that it is out there and just knowledge for the board that if that applicant is selected, then yes there will probably be another action item that may take place during the next meeting.”

Q. Miles Maynes: “So at the end of the meeting today, are we awarding the license or are we doing another calibration on our applications and then submitting it back to you for an award?”

A. Cody James: “We would hope and like it to happen today. We do have until the end of the year obviously to get this done. As you see in your packets, that does show the scores from different board members and not- you all worked on the same page. Not all of you selected one number per one or anything like that. So we're going to have to have some discussions. The board will have to have some of those discussions. The hope is to get that done today. If not, then there is obviously some time and an ability to table this, while some of the things may happen.”

Q. Miles Maynes: “So before this meeting ends, it's either going to end with a motion to delay an award or it's going to end with a motion to say so-and-so is going to receive a license.”

A. Cody James: “Correct.”

Q. Miles Maynes: “And then all the board members have to agree or disagree?”

A. Cody James: “I believe it's just a majority vote.”

Q. Miles Maynes: “If I have a series of questions that I want to ask each of the applicants as kind of a boilerplate, is that something that I do now so everyone has a chance to think about the questions before we get started?”

A. Commissioner Kelly Pehrson: “Let's ask them now and then give them a few minutes to prepare.”

Q. Dr. Edward Walker: “One last question, just clarification on what you're explaining. And that was we should evaluate all the applicants regardless of the one that had the questionable distance right at this point. But if that person got, or that company I should say, got the license, then we could still move forward if we gave a variance that is acceptable to the community there. Is that right?”

A. Cody James: “Yes. And so none of the applicants that were sent to the board were not in compliance. So we wouldn't have sent them to you if they didn't meet all the criteria that was needed to do this. The caveat with this one is that in order to be that in compliance, there is just maybe a possible extra step there, which is completely laid out in statute and available to do.”

Medical Cannabis Rural Pharmacy License Application: GTI Utah LLC

GTI Utah LLC States: “I am Matt Navarro, I'm the President of Operations, so I oversee all of our sites, both cultivation and production and our dispensaries across 14 states that we operate throughout the US. Hi, I'm Rebecca Brown. As the VP of Industry and Regulatory Affairs, I do a lot of work interfacing with regulators as the title implies and just generally helping the business navigate different challenges that come up. I'm Jason Ardillo, I am a licensed pharmacist. I am the Regional Director for GTI in Pennsylvania, so I oversee all of our dispensaries there. And then I'm also in position as the Pharmacist in Charge for Utah. Hello, I'm Odae Farunia, also a licensed pharmacist in the state of Ohio, and the Market Manager for Operational Compliance for the state of Ohio.”

- **Commissioner Kelly Pehrson opened Medical Cannabis Production Establishment Board Questions;**

Q. Miles Maynes: “Utah is a unique state unlike almost all other states. Our most consumed dosage form is not flour but rather concentrated bait cartridge. As a pharmacy in this state, how would you respond to that information?”

A. GTI Utah LLC: “Yes, so it's interesting. So I'll back up further to beyond the pharmacy, just understanding the data first. So we inventory plan to make sure that we have the right product at the right time. And so this state is very similar to Minnesota. Minnesota was the same, was heavy on the vape and we realized a lot of it was because especially during the winter, folks would consume in home versus outside. And that's kind of what shifts the dynamic between product mix. So we understand how that works. It's the same in Pennsylvania for us. So we plan for it. We use the data to understand to make sure that our buying of the product, especially in a state like this, we just buy the right assortment of product as long as it's available in the market. To meet that challenge, we have established supply agreements with a current operator and we are in discussions with others as well so that we can hit the ground running with having the right inventory.”

Q. Miles Maynes: “Rural Utah can present challenges in hiring cannabis professionals. Please explain how you understand this and share any examples of how you might overcome this.”

A. GTI Utah LLC: “Yeah, I think we currently operate in two states with very rural areas and we employ 50 plus pharmacists in those states, Minnesota and Pennsylvania specifically. So we operate in those states, heavy pharmacist led states. We have cannabis pharmacies located all over those states, Pennsylvania, central, very rural. And we're really able to leverage our talent acquisition team and then the flexibility of the teams that we currently have to make sure that we are properly staffed in those areas. And just to add to that, we're strategic as far as some of the markets that we know are hard to hire. We have a referral program that actually allows us to have our folks that actually love working for us go out and tell other people to come work for us. So we've been very successful. A lot of our markets are rural across the country, but specifically in the medical markets, when you're trying to hire pharmacists that maybe have an hour commute, hour and a half commute, the environment is important. So we have a ton of training programs and engagement programs and we measure engagement with our team to make sure that our folks are happy and it helps us mitigate turnover as well. So the pain of hiring is actually somewhat solved with actual retention. So it's a retention strategy as much as it is as a hiring strategy.”

Q. Miles Maynes: “My perceived goal for my seat on this board is to stabilize the existing industry. How will a license awarded to your group do that?”

A. GTI Utah LLC: “Green Thumb was founded in 2014. We've been operating now for 11 years because we actually began operations in 2015. We currently have 105 dispensaries and 20ish cultivation manufacturing facilities up and running around the country. Through this, we've learned a lot of lessons on how to open and operate a cannabis facility, whether it's a pharmacy or a production facility. We've gotten over 150 locations when you take into account open pharmacies or dispensaries depending on the state and ones that we've relocated. And a couple of recent examples, we opened one with Pennsylvania in 10 weeks, in Ohio, one in 17 weeks, Mechanicsburg, Pennsylvania, 18 weeks. So we can do this in well under six months and ensure that we have a compliant stable operation and we've got enough financial capacity to make sure that the store is operational, whether or not it is financially viable or financially profitable at first. When talking about stabilization, stabilizing in industry, I'd like to also think about ongoing compliance and to do so, establishing those relationships with the local regulators, to remain compliant means that our doors are open, and to allow our doors to be open for our patients to be able to supply their medication for their needs. So I just wanted to emphasize that as well. Also wanted to add our intention to supply delivery throughout the entire state and every municipality in the state. That's going to allow us to reach every patient that is interested in using cannabis for wellbeing. Which we do today in seven states, soon to be nine that actually allow delivery. And the bulk of it is specifically for medical patients. So we stood up our own delivery operation. The cars are, we lease the cars, we outfit the cars, we have cameras in the cars, and we have a security operations center that's centralized in Illinois that actually both our cultivation delivery and our consumer and patient delivery vehicles are all pretty much security watch. We have alerts on speeding, et cetera. So because some of these markets are very rural, Virginia is a great example where it's more HSA based, we deliver all the way to Richmond from Lynchburg. And so we have some folks that might pick up speed a little bit or they might think it's okay to text on their phone. And so we want to make sure that not all our people are safe and secure, but the medication arrives to the patients when we say it's going to arrive. So we're fairly sophisticated when it comes to our delivery operation and we say we're going to be there at the time, we're going to be there and we're there. So it's part of our overall plan to kind of support Utah patients. Can I also add that we have a, to supplement all of that, we have something that we've developed within the company. It's a medical experience program. That program really focuses on the clinical expertise of pharmacists. I think that's another way that we're able to attract pharmacists to our company is through this medical experience program that really is specifically focused on pharmacy care and how pharmacists can deliver elevated clinical care in the cannabis industry. Yeah, virtually. One of the best things about this program is that a patient who may have had a consultation in store, but then they get home with their medicine and they're like, oh, I don't remember how to do this or how much to take or where to start. They can book an online consultation right from the comfort of their home and just revisit what they may have spoken about that day or ask a new question. And these pharmacists are incredibly accessible. They can go online and book that or if you're having trouble with navigating the computer, you can call up and we can help you book that as well. But it's something that's available all the time to patients.”

Q. Desiree Hennessy: “In Utah we continue to see that approximately 60% of medical cannabis cardholders, they still rely on an alternate market. And every time we've polled this, it comes back that it's the cost of medication. We recognize that the regulated medical cannabis programs are inherently more expensive than any of these alternate sources but this is clearly driving patients away from our program. So with that in mind, I just want to know what is your plan to attract these patients back to the Utah medical program or encourage them to use your pharmacy?”

A. GTI Utah LLC: “I think there's really a couple ways that we can do that. I think one way to attract them to stay in the states, stay with our pharmacy, is first from our training of our own staff and our own pharmacists, and the ability to understand the products that we're delivering to patients and being able to walk them through that journey, make the proper recommendations. And I think that alone, holding their hand through the entire process is very important. Also, we offer a variety of discounts already, just flat discounts. Those include financial hardship discounts, veterans discounts, senior citizen discounts. And also we have a rewards program as well that brings costs down.”

Q. Dr. Edward Walker: “Why Richfield?”

A. GTI Utah LLC: “I'll take that one. So we knew that delivery was an objective for the state. And so by positioning ourselves in the somewhat center of the state, it allows us to logistically lay the state out. So we have what's called an omni team, omnichannel team, and that team has already laid out the state thinking about how we can get to as many patients in the state with the delivery, with our delivery model. We're able to model zones that we can get to and actually schedule for delivery for that particular day within the week to make it convenient for the patients. So that was the biggest factor. It was very simple, very straightforward for us. It is one pharmacy, how can we serve as many patients as possible and give them all white glove service. And that's just how we think about it.”

Q. Commissioner Kelly Pehrson: “What if you're in the rural area and you're not making money? Will you be fighting to try to get to the Wasatch front within the big population?”

A. GTI Utah LLC: “Great question. So I want to make sure it doesn't sound wrong. We are very strong operators, so we actually know how to deleverage as needed. When it comes to opex, we spend our CapEx wisely, but from a profitability perspective, we have small 1,000 square foot dispensaries, we have 8,000 square foot dispensaries. It depends on that specific trade area, but in this case we can operate in any market because we know how to leverage it. The team is very P&I focused. That's how, if you look at our balance sheets, we're very responsible in order to make sure that we continue to grow. We're very responsible from top to bottom and we run a very, very strong operation, which we know a strong operation drives consistency. Consistency drives a consistent experience for the patients. And so that's just our backbone. That's just kind of how

we operate. So we can, whether it's 800,000 in revenue or 3 million, we know how to make it work. I would just add that some of our best stores are actually the ones that are in the more rural areas. We don't feel like we have to be in the most populous area to have a successful store. It's more about connecting with the community. And honestly, sometimes being in a smaller community can help us to educate people more and to make them feel more comfortable to come in. One of the things we do is we'll go to a senior center or to a health fair and just help people put a face to medical cannabis because sometimes they're thinking, oh, this might work for me, but I'm just nervous to walk into the pharmacy because it's different than my Walgreens or my CVS. And so by being able to have those connections, we actually feel like it can be even a stronger business."

Q. Miles Maynes: "If Utah never turns adult use, does that change your strategy?"

A. GTI Utah LLC: "No, it does not. Rebecca said it really well. We appreciate medical markets because it is true. We see the value in the patient experience. That's why we call it medex, but a medical experience pillar, an actual department that that's all they focus on. Even if the market is adult use. We have adult use markets today where we've held on to medical patients because we made, they have separate lines, they have curbside, we have a really legit curbside operation. We have roll through, we call it roll through, drive-through for medical patients only. We have delivery for medical patients only. So we actually have built the program based off of that to really mitigate the experience for the patients. When a state does go adult use, there's an impact, there's a negative impact. There's just more people in the pharmacy. That's just what happens. So we understand that. So we actually have operated in medical markets for many, many, many, many years. So absolutely not really a concern at all. Our mission is to promote wellbeing through the power of cannabis. That's what we do. I just wanted to add a data point to that. We actually recently a market of ours just flipped in Minnesota from medical to adult use, and we still performed over 3,000 consultations in Q3 alone after that adult use flip happened. So I think that shows a focus. And just one other point on that, New York added adult use to its cannabis program about two years ago now, and we still have two stores that are medical only and we're looking at more. And those stores are focused on our patients. We are still fighting to expand the medical access to the medical market for patients. Despite that the patient numbers happen to be declining there, we're still focused on those medical only stores just as much as our other stores."

Q. Miles Maynes: "If your company experiences financial trouble outside of Utah, how can we ensure that your pharmacy in Utah doesn't experience hiccups?"

A. GTI Utah LLC: "So that's a tough one because of what I mentioned earlier, how disciplined we are. We're publicly traded. So you can look at our finances. We're one of the profitable companies that are out there. It's public. We pay our taxes every year. It's public. Just like the New York example, we can easily- you can look at others in the industry. Others exited medical dispensaries in New York and New Jersey when the zoning wasn't approved, they exited because they couldn't figure out how to be profitable in those markets. We stayed and we're profitable in our medical stores. So I don't foresee that. Now, again, knock on wood, like nothing bad happens, but just like anything else, we don't exit markets. You look at our history, we've never exited the market. We just don't. We know how to actually operate in markets and we are very selective in where we go. We go with where there's strong programs, there's a strong program here, strong discipline. The illicit market is not running rampant. I'm sure it's out there, but it's not running rampant like in some of the other states that we just don't want to be in. And we're not trying to get to every state. We want to be very selective where we can actually serve patients and we're not fighting over trying to educate patients that the product is quality versus what you're getting kind of in the gray market. So yeah, we're very selective. You've all built a really good program. So that's why we're interested in helping out."

Q. Commissioner Kelly Pehrson: "Why your company over others?"

A. GTI Utah LLC: "That's a good one. I don't want to insult anybody. So I'm sorry for what I'm about to say. There's three things. One is we have a very, very, very strong focus on people development and growing people. We have very strong programs in developing people. And so we know that we can come into the market, employ locals, develop locals, grow locals, and we move people throughout the country from different states so they can learn. In other states, we have that network, we have relocation packages. We do a really good job with that. So I think that's one of not only opportunities in Utah, but opportunities throughout the country. We actually love to do that. We're very passionate, number one. Number two, from an operations perspective, we have a very, very strong backbone in operations. So there's really, we don't have compliance issues, we don't have safety issues, we don't have security issues because we run such a strong operation that most folks don't see. So if you think of your favorite restaurant, it's because the operations are tight, right? They're able to deliver a consistent meal. So we believe in that because we're serving consumables, right? Consumable medications. So it's just important that experience. So from a process perspective, very strong. And finally from a patient and consumer perspective, very passionate. You can take a look at just our reviews online and compare it to others and you'll see how passionate we are about it when you look at our Google reviews, how passionate we are about the consumer experience. We're just passionate about it. You see it. You just see it throughout the country. It's very consistent. So those are three things that I think we can stand behind and we have data to support it. And so I think we can really support the Utah patient in a really good way, in a very consistent way. So we're just excited. Just to put some numbers behind the reviews, we have 52,900 reviews so far this year. We have a 4.9 average. So is the passion and all of the behind the scenes operations that we're working on is really coming through to the patient and the customers. And then the last thing I would say, just to add to that is we take pride in building really strong relationships with our regulators and our hosts, municipalities. So that either we try to avoid all problems obviously, but when they do come up or when there's a disagreement or even just a question or an ambiguity, we try to work hand in hand to resolve those. And so it just helps us really have a very smooth and successful operation."

Medical Cannabis Rural Pharmacy License Application : Boojum Med LLC

Boojum Med LLC States: I am Britni King. I'm the COO and co-founder of Boojum. My name's Dashiell Kulander. I'm the CEO and co-founder of Boojum. And I'm Olivia Kulander. I'm the Chief Science Officer of Boojum and co-founder as well. Dashed is my brother, Britni is his wife and my sister-in-law."

- **Commissioner Kelly Pehrson opened Medical Cannabis Production Establishment Board Questions;**

Q. Miles Maynes: "Utah is a unique state unlike almost all other states. Our most consumed dosage form is not flour but rather concentrated bait cartridge. As a pharmacy in this state, how would you respond to that information?"

A. Boojum Med LLC: "Yeah, so I think it's important to ask why vaporizers are the most popular category in addition to the rapid onset time that a lot of other products don't have. Here in Utah, we have a flame law. So you're not allowed to actually use flame on a cannabis product. So you can't light a joint, you can't smoke from a bong or anything like that. You have to use the vaporizer. I think that's probably one reason why a lot of people go ahead and offer the vaporizers because it's more expensive to buy those vaporizer products that you have to vaporize with. The dry herb vaporizer products. And so after working in this program now, we've been working under UDAF and with our industry peers for over eight years in the Hemp Program and then here in the Medical Cannabis Program after Prop 2 passed. So we have a really intricate and deep understanding of product type specific volumes in terms of what we are already selling to pharmacies. Currently it's around 47% vaporizers. And for us not being a cultivator, we don't do flower. Around 18% is infused products and less than 1% topicals. We've seen the ebbs and flows of the different product categories. When the program first started, it was flower that was the most popular. And so yeah, this is where we are now and we certainly intend to carry a commensurate amount of products based off of what we're already selling to the pharmacies. So our data is very accurate and very much real-time. And I think that that's a fantastic question because Utah really is a unique market. We're definitely very different from pretty much any of the other markets out there. And the fact that between us, we have 25 years of experience in the Utah cannabis market working with you guys and with UDAF and with all of the other producers and pharmacies. We have great relations with the people that are in this industry here. And we have an understanding of the industry that we don't think that you'll have coming from another state. Also, us three here, we own the company. We're going to be the ones on a day-to-day basis managing it, operating it, helping train employees. We have a great track record with our employees and very low turnover rates. All of our employees have been with us anywhere from eight years to two years. Our employees stick with us, we pay well, we offer benefits. We have great training programs and that shows. Our track record with compliance and also our employees and everything like that. And we do have another member of our team who I hope has been able to join remotely, and he's the one who will be our pharmacist in charge. His name is Josh Fitzgerald. Some of you might know him from his work with Deseret Wellness over the first couple years of the program. He was the initial Pharmacist in Charge. So we've decided to partner with him for Boojum, Moab if we get the license. He has a great track record with you guys. Like we said, Ben was in the Utah cannabis industry in the inception and we are excited to have him on our team for this."

Q. Miles Maynes: "Rural Utah can present challenges in hiring cannabis professionals. Please explain how you understand this and share any examples of how you might overcome this."

A. Boojum Med LLC: "Dashiell and I grew up in Moab, that's where we're from. And I've spent years there working both very low wage service jobs and all kinds of up-the-ladder to working with USU, teaching Anatomy Physiology. And I think one of the biggest issues there is that you have a lot of people in the service industry that are not making a living wage, and it's a very expensive place to live. So number one, the most important thing would be to pay agents and people like that, a living wage so that they continue to work, and that they can continue to afford to live there. We don't want to be one of those companies where you're having this overturn of people because you're paying \$13 an hour or something, and that's not enough to live on down there. And then in terms of pharmacists and physicians and other people sort of higher up on the pay scale, Moab is a very popular place to live and people tend to move there for jobs. We've also been speaking with a lot of pharmacists that live in the area or near there or who want to. We've gotten a lot of interest already in our DMs and things. We had an article written about us in the Salt Lake City Tribune because we were out on the board in Moab to get our location and everything approved. I think that's something also to note. We did get proper approval, official approval from the city of Moab and the County Commission for that location and for Boojum to come in and open a pharmacy. But we've already gotten a lot of DMs and people emailing us and asking when we're going to be open and interested in jobs. And most of that comes from the fact that we grew up in the area, our family still lives in the area. We've received multiple requests from people that are already living down there that are interested in working for the pharmacy, from pharmacy agents all the way up to the actual pharmacists in charge. So we already have people kind of waiting in line and ready to go. And I think it's a good point that we are also in a rural area right now with our processing. We're up in Heber. We hire locals there. That's our same plan in Moab. We want to hire people that live in Moab. We want to support the community. It's important to us. We're not going to be flying people from other states to take those jobs from Utah. We want people who live here. Including managers and other staff. If you look, often pharmacies will bring in managers from out of state and stuff like that. Or the people ordering don't even, they're not in the state, they're not in the pharmacy, they're not familiar with the product. So we think that that's been a big issue in the past is having big multi-state operators come in and none of the people that you're actually working with are here in the state."

Q. Miles Maynes: "My perceived goal for my seat on this board is to stabilize the existing industry. How will a license awarded to your group do that?"

A. Boojum Med LLC: "I think it's important to reflect on what has kind of destabilized the industry a little bit and look at the reason why this license was promulgated. One of the biggest issues that this industry has is that there's no local ownership and participation. And I shouldn't say none, but very few local owners from Utah are actually able to participate in this industry. I believe less than 20% of the pharmacies are currently owned by Utah residents. When this license was promulgated through HB 54, I believe there were three critical goals. The main one obviously being to provide rural patients an access point in a medically underserved area in Utah. Another important pillar was to support local participation in this industry through either local ownership or subsequent willingness to support local producers that are already working in the program and to create more diversification in the market, carrying more products from a wider set of producers. That is what this industry needs to stabilize itself. We believe people who really are from the communities that we're serving and know the patients that we're serving with our medical products. And also we have those connections and relationships with the existing Utah industry already and being able to sort of continue those, we've worked to form arrangements with other local processors to make sure that everyone is represented at the pharmacy and really making sure that other people in the Utah cannabis industry are supported by it. And that is one thing that we do want to mention. While we were very excited to be selected in the short list as part of this top five, we worked hard to see that our other local producers, the other independent processors, were no longer in the running for this license. HB 54, as I'm sure you guys know, promulgated two licenses. The first one, which is the reason that we were here, we believe was meant to go to a local operator. Next year there will be another license coming out of which we will not be eligible, including any other current member of the medical cannabis industry. So if you currently are a processor, a cultivator or a pharmacy, you will not be able to go after that one next year. So that excludes us even as a processor. With all due respect, all of these other applicants will be eligible for that license next year."

Q. Desiree Hennessy: "In Utah we continue to see that approximately 60% of medical cannabis cardholders, they still rely on an alternate market. And every time we've polled this, it comes back that it's the cost of medication. We recognize that the regulated medical cannabis programs are inherently more expensive than any of these alternate sources but this is clearly driving patients away from our program. So with that in mind, I just want to know what is your plan to attract these patients back to the Utah medical program or encourage them to use your pharmacy?"

A. Boojum Med LLC: "Sure. So we'll be deploying several strategies to help lower the cost for patients. One of those is we are fully committed to keystone pricing. For those that don't know what that is, that's a 50% margin or a 100% markup. Meaning if we buy a product for \$25, we're going to resell that product for \$50. By committing to this, it really helps not only the patients understand the, what's the best way to put this? As a wholesaler in the market currently as a processor, when we make a product and we sell it for \$25 and then we sell it and we give it to a pharmacy, they might charge \$50, a keystone margin, or go up to \$60 so that they can then bake in some sort of discounts on top of it and bring it back down. We think that if we are committing to these keystone margins, it's going to allow our wholesale partners, that are in the same boat that we're in right now, to scale up with confidence knowing that their efficiencies that they gain in that processing category will be realized by the patients. So if somebody can offer us a cheaper product instead of baking in an additional margin to it, we will be able to just mark that up 100%, a 50% margin. And so that instead of us controlling the price, it's our partners, the people who are making the product, who are working on optimizing their process, working on making it more efficient and making it cheaper. So we think that through the keystone commitment, we can help lower prices. And in addition to that, we're also going to be employing an early consignment structure. This will help us eliminate any sort of debt stock risk and help us in terms of the capital that we're using to get the pharmacy going, push it more into patient subsidies as opposed to having to buy hundreds of thousands of dollars of product. And we've already talked to a lot of our partners in the industry here about doing this model. They will then drop off the product. We don't own it. We will send them back a sales report every week, let them know how much product sold and then charge them for that. Essentially this helps, so the patients aren't paying for any efficiencies and things like this. We also plan to have a lot of sales for locals if you're a local Mobite, if you veterans deals, all of these things as well. In the application, we got the highest points on efficiency and lowering prices. So I think that that says something and being able to lower those points. And also coming back to the point that we're from Moab, we know that people go to Parachute, lots of people go over to Colorado, it's like 120 miles away or something like that to get there. We feel like that's a distance where that's easy, people are spending a lot of money on gas, their time. Being illegal, basically, going over there. And by offering prices that are affordable and comparable. And also we have a reputation where people will come once we open it, we've got the articles in the paper, people are going to know that we're there and want to get their cannabis legally and cheaply. And then we'll also be deploying various in-store cost savings. We would very much like to offer a 10% discount for patients whose primary residence is Grand County, San Juan County, Emery County, Wayne County, and Garfield County. We think that we'll be able to do that because a large portion of the patients that we will be selling to are actually Utah residents that are not in the area just based on visitation numbers. People who visit Moab, we estimate that there's currently around 30,000 patients, Utah medical cannabis cardholder patients that visit Moab every year. So by selling to those people that are down there for tourism, it will allow us to offer cheaper products and purchasing incentives for the local patient population. Got about four minutes left."

Q. Dr. Edward Walker: "Can you give us a snapshot of your anticipated customer base with a focus on local versus other customers?"

A. Boojum Med LLC: "Yeah, so there's currently 178 patients in Grand County, and then we also have San Juan, Emery and Wayne in that region right around there. There's currently around 600 medical cannabis cardholders, which is not a huge amount, but for being so far away from any pharmacy. We think that by getting a pharmacy online in the area, it will activate a lot of that latent demand. People that haven't gotten a card because there is no local access point, but if you look at the amount of people that are visiting, those Utah patients that are visiting, at any point in

time throughout the year, we're estimating there'd be another 400 visiting medical cardholders that would be able to come in and purchase from our pharmacy. I'd like to add something to that. So important in that R66-5-21, there's a thing about regions and in the rule of basically asking that you guys decide partly based on the regions, and Moab is in region eight with San Juan County, Grand Juan County and San Juan County, which is only one of only two regions that does not have a pharmacy. So all six of those eight regions have at least one pharmacy, most of them more. The only ones that do not have it are region eight, which includes Moab and Region four, which is Daggett, Duchenne, and Uintah. And there is a requirement in statute, obviously to ensure a geographic dispersal between these pharmacies and eliminate more clustering along the I-15 corridor."

Q. Brad Winter: "I know that many qualified medical providers who recommend cannabis for treatment of their patients defer specific formulation and dosing decisions to the pharmacy team. I'm curious if you could just describe the clinical expertise that you plan to bring to your staff for those patients."

A. Boojum Med LLC: "One thing I'd like to clarify is this, the pharmacist that makes the decisions and what's prescribed, most recommended. We can train the staff and we'll train the staff as much as we can, so help the patients in superficial questions. But when it comes down to recommending a specific product or treatment or dosage form that comes from the pharmacist, and that's always the goal, is to educate from the pharmacy and using those consultations to begin with, to establish a root care to the patient, and then help them understand the medications where they can make better decisions on their own. And then our staff can help them in certain decision making too, but I want to make sure that the pharmacist and the pharmacist can make decisions and help the patient in making those decisions. I'd like to add onto that, that our company as a processor has been very focused on making medical products. We don't do flower, so we have all infused products and vapes, and we focus a lot on education. We've done a lot of handouts and booklets and stuff that we've shared with all the pharmacies that are around now. And so we're very focused on keeping things very medical, and very glad to have a pharmacist who's been in it since the beginning who can help guide that program. And we'll be taking all of the research that we've gathered over these many years in the program, the same kind of ethos that we put into manufacturing our products we will take into the retail level with pharmacy."

Medical Cannabis Rural Pharmacy Application License: Nirvana Center (Richfield & Vernal)

Nirvana Center States: "It's going to be kind of hard to introduce the whole team because that entire side of the room is our team. We've got representatives from our community partners, local ownership, but I'll let the key members introduce themselves and then we'll be the ones answering the questions. So my name is Vincent Field. I'm here with Nirvana. I direct their licensing efforts as well as Director of Operations and Dispensary Operations in Illinois. My name is Giovanni Dolleton. I'm General Counsel. I deal with all legal and compliance and regulatory matters across the US. I'm Craig Jones. I'm a local pharmacist and mostly oversee operations for recruiting. My name is Kevin Witzeman. I am a pharmacist and I own Cottonwood Compounding. We specialize in herbal medications already, and I think this fits into our field already. And Kevin would be our PIC."

- **Commissioner Kelly Pehrson opened Medical Cannabis Production Establishment Board Questions;**

Q. Miles Maynes: "Utah is a unique state unlike almost all other states. Our most consumed dosage form is not flour but rather concentrated bait cartridge. As a pharmacy in this state, how would you respond to that information?"

A. Nirvana Center: "Sure. So I think there's two parts to that. The first part is the easy part. We operate in five states, are actively building out. In two others. We have 26 dispensaries. Each one of those states has a different sort of assortment of products that you can sell in the dispensaries. And so bringing in the right assortment of products is just sort of step one in being successful at cannabis retail, that's an easy sort of check the box. I think everybody can do it, but there's a different component here that I think is more important, and it's probably one that's going to come back to all of the questions, and that is how you make sure that the patients are getting what they need out of the product. How do you make sure that those patients are, whatever their condition is, getting the product that is most beneficial for them. And with vapes or those cartridges, depending on what cannabinoids are in that cartridge, the effect can be very different depending on the temperature. So you have to make sure that you have an incredibly strong pharmacy team to train your patient advisors to make sure that they understand the differences between what's in those carts and what temperature effect can have on those products so that patients are getting exactly what they need and what was prescribed to them and not getting something that's not helping them or worse is actually making their condition worse. I think we have one of the strongest pharmacy teams of any of the applicants. Craig mentioned he's a pretty humble guy, but he's the director of Harman's pharmacies, all of their operations in Utah since 2001, the former chair of the Utah Board of Pharmacy. And as Kevin mentioned, he's the founder of Cottonwood Compounding Pharmacy. So we have an in-house, local, incredibly talented pharmacy team, and those are going to be the individuals who would be responsible for training our patient advisors to make sure that they know for any product, but especially the one that is most popular here in this state. How do you advise patients to make sure that they're getting exactly what they need? Because anyone who knows the science behind the product understands that the effect can be very different based on how it's, it is used and it needs to be properly used so that the maximum effect is garnered from that particular product."

Q. Miles Maynes: "Rural Utah can present challenges in hiring cannabis professionals. Please explain how you understand this and share any examples of how you might overcome this."

A. Nirvana Center: "Sure. So you need to meet people where they're at. That doesn't mean just being local. You do need to be local. We have 10 individuals on our ownership team that are Utahns that most of whom are sitting in this room right now. We have 14 different community groups that have supported our application. We intend to rely on the networks of all of those individuals to help us find the people for our pharmacy. But meeting people where there are also means a couple of other things, one and it already mentioned, and I wholeheartedly agree, you need to pay well and you need to provide benefits. It is cheaper to pay people a living wage than it is to have that constant turnover that is far more expensive than just actually paying people. We want people to be, and we do this in all the states that we operate in. We want people to be able to make a career working with us and that means paying them sufficiently so that they can do that. It means giving them the benefits so that they can do that, and it also means in order to maximize who you can bring into the industry, it means de-stigmatizing cannabis. Especially in some of these more rural areas, they may not have the same education that non-rural areas have in terms of cannabis as a medicine, and so it means de-stigmatizing it so that some folks who might've been reluctant to enter the industry have an interest in it, can be educated into it, can be trained into it, and can become those employees who maybe we didn't have access to before. We were able to give them that proper education on cannabis and de-stigmatizing it as a true form of medication. A little bit about Nirvana as well. We started the first two Nirvana stores, started rural dispensaries in northern Arizona and that's how our company was built and we have two employees here that've been working with us for 10 years from that same area. You two. Okay, great. Glad you're here. And we have rural locations in all the states. Like I said, I direct the operations in Illinois. We have rural locations there, so this is something that we do in every state, and it's the same thing. You've got to be on the ground. You've got to be willing to talk to people, you've got to make sure they understand you're going to pay them a living wage, make sure that they understand that you want them to spend and make a career with the company. There's advancement opportunities, but you also just have to pay. It can't just be that you'll eventually get a living wage by moving up or by having to move out to a different state. Those patient advisors, those patient advisors need to make a living wage. You need to pay them properly from day one. They need to have benefits from day one. As I said, this is something we've done in every state that we operate in and we have not had any issues sourcing employees nor as geo mentioned, retaining those employees for a decade."

Q. Miles Maynes: "My perceived goal for my seat on this board is to stabilize the existing industry. How will a license awarded to your group do that?"

A. Nirvana Center: "Sure, so I think there's a few things there. One, I agree with the comment from the previous group. You have to have local ownership to stabilize the program. It can't just be ownership from outside. That's why we made the decision to have significant local ownership. That's why we are associated with so many community organizations. The other piece of it is that you need to get operational quickly. Again, I agree with the first group that that is something you absolutely need to get, that it doesn't help anyone. You're not increasing patient access if you sit on a license for months and Nirvana has a demonstrated ability to get dispensaries open quickly. We have 10 dispensaries that are currently under construction in several states. This is just, we are not the folks that sit on licenses. The plan is to get operational as quickly as possible, but more importantly, you have to increase patient access. You want to be able to provide this medicine to as many patients as possible. It's the reason why we put forward two possible locations because we are committed to increasing patient access. We wanted to give the board an opportunity to decide which of the two locations they thought would most do that. If your largest sort of patient basis is patients that are visiting your city from other parts of Utah, they already have a medical card. That means they already have another pharmacy that they're going to that doesn't increase patient access versus putting it in a place where those cardholders would be their primary pharmacy rather than their secondary pharmacy. The other way that we have decided that we have focused on stabilizing this market is we have decided to do this completely as a nonprofit. Our Nirvana for you, as we're calling it, program for the first five years of operation, we 100% of profits will go to our community partners. As they indicated. We have 14 community partners who have written letters of support for us. Many of those folks are in the room today. Growing United is here. We have the Utah Justice Coalition. Several of those folks are all here today because they're excited about stabilizing not just the cannabis industry, but stabilizing the local communities that we want to be a part of. By donating whatever profits we're able to make from this endeavor for the first five years, at the very least, to those community partners, it's a lot easier to provide affordable medication to patients. When you're not worried about profits, when you're not worried about your public disclosures, all you care about is making sure that as much low cost medical cannabis gets into the hands of medical patients in Utah as possible. It's a lot easier to do that when profit is not what's driving what you're doing. All that's driving it is again, being the best possible community member that we can be and making sure that we can help our community partners and medical cannabis patients in Utah."

Q. Desiree Hennessy: "In Utah we continue to see that approximately 60% of medical cannabis cardholders, they still rely on an alternate market. And every time we've polled this, it comes back that it's the cost of medication. We recognize that the regulated medical cannabis programs are inherently more expensive than any of these alternate sources but this is clearly driving patients away from our program. So with that in mind, I just want to know what is your plan to attract these patients back to the Utah medical program or encourage them to use your pharmacy?"

A. Nirvana Center: "Absolutely. So the Nirvana for You program has this commitment to being 100% nonprofit, at least for the first five years of operations. This is the very issue that we were trying to address when we came up with that program. We have the same issue in other states. We want to provide the lowest cost medical cannabis of any provider in the state. And the way you do that, you can talk about being a profitable cannabis business and these other things, but you have to have a long-term commitment to a program and you have to understand that you're not going to be profitable until that program is fully stabilized until vast majority, if not all medical patients in the program have legitimate

access to the medications that they need. And so the way that we want to do that is, again, this commitment to be 100% nonprofit. I'm very passionate about this one point about what you need to have, everyone just says it's just retail. It's just retail. It's just retail. It's not, if you don't have experience running dispensaries, you don't understand that it's that keystone pricing that is creating the illicit market. The fact that such an illicit market exists is proof that that keystone pricing doesn't work. So unless you're willing to take less than a 50% margin, unless you're willing to essentially be nonprofit for the first several years of operation, you are not going to be able to resolve this problem of the black market. You're just going to continue to drive people to that market. We want to stop that. We understand that what makes the most sense long-term for the health of the program and for us as a business is to make sure that patients have access to cheap, safe medical cannabis. And the way to do that we think is through the Nirvana for You program. Let's do this as a nonprofit, let's just make sure that every patient that we can possibly serve gets the medication that they need. That cost is not a factor in determining whether or not they get that medication, that they're not going to be illicit market for us, it's not about losing sales, it's about the loss of safety that occurs when a patient has to buy it on the illicit market where they don't know whether it's been tested. Again, we deal with this in every state with the intoxicating hemp or whether it's actually illicit cannabis where things haven't been tested, where people get sick. We're trying to avoid that. And if what it takes to do that is to operate as a nonprofit, we are committed to doing that. And just to be clear, this is something that we have done before. Not only do we have experienced operating dispensaries in this pharmacy model, Arizona, a perfect example, we've been there since 2012. That medical program required pharmacists in the dispensaries. It also required you to operate as a nonprofit. Arizona understood that in order to stabilize that medical market, they needed to do that. We are going to replicate this here voluntarily."

Q. Dr. Edward Walker: "Speaker 7 (01:20:51): Quick question about the structure of the company. Is it a corporation? Is it an LLC?"

A. Nirvana Center: "It's an LLC."

Q. Dr. Edward Walker: "But it's not a nonprofit corporation. When you say you're operating as a nonprofit, it's as if you want to give back rather than describing the structure of the company."

A. Nirvana Center: "Correct. So what we would do is, we would create a board made up of our community partners. We would also bring on an independent auditor to that board. The financials of the company would be shared with the board. They'd understand that to make sure that we're operating in a way that is optimized and efficient and that every penny that can not go towards the operation will go to our community partners."

Q. Commissioner Kelly Pehrson: "Why your company over others?"

A. Nirvana Center: "Yeah, I think that that's it. I mean, no one else here is willing to operate as a nonprofit. Really the difference, going back to the question that was asked with the first group, what makes us different? Why us? It's the people in this room. It's the strong local ownership. I don't think anyone else had the level of local support from the community partners. Those folks are here. Everyone is excited. They want to do this. They're committed to the Utah Medical Program. They're committed to their local communities, and we want to be a part of that."

Q. Susan Spiers: "You were just talking a minute ago about working as a nonprofit. I'm assuming when you say that, that you're saying that you're not going to be profitable for several years because you are doing outreach to your community outreach partners, which you had several. Can you just clarify that a bit?"

A. Nirvana Center: "Yeah. So instead of trying to create a structure where we can be as profitable as possible, I'm saying every dollar a profit is going to go to either reducing the cost of medical cannabis so that we can offer it to patients at a cheaper cost or to one of the 14 community partners so that we can be a strong member of the local community and we will have a board in place that will manage all of that. That's what we did in Arizona, to make sure that we are spending funds efficiently, that the operation is optimized as much as it can possibly be optimized, and that the board will decide or help decide the pricing structure. The goal is always the same, to try and continue to reduce the prices on products. And then from there, what funds are then available for our community partners."

Q. Brad Winter: "I know that many qualified medical providers who recommend cannabis for treatment of their patients defer specific formulation and dosing decisions to the pharmacy team. I'm curious if you could just describe the clinical expertise that you plan to bring to your staff for those patients."

A. Nirvana Center: "We know in Utah and in a lot of states, the providers may better make recommendations, may defer specific dosing formulation decisions to the pharmacy of dispensing. I'd love to hear a little bit about the clinical expertise that your team brings to ensure that patients get the safest and most effective experience with their medical cannabis. So if our pharmacists want to add something to it, but what I will say just quickly is again, Craig Jones has been the director of pharmacy operations for all 19 Harmon's grocery stores in Utah since 2001. And our pharmacist in charge, Kevin, is the founder of Cottonwood Compounding Pharmacy. One of the reasons I like this company is when I first started my compounding pharmacy, I sold my house. I didn't pay myself for a year and it was a gamble. I believed in compounding and everything else, and it's kind of the same thing with this, and it's worked out. We tripled profits every year for the last six years, but you have to be willing to sacrifice at the beginning. You don't get profits on day one, so you have to understand the whole cannabinoid system in the body. It's been overlooked for so, so long. I mean, whether it's CBG, CBN, all the different compounds in there, I like the bait product more, which comes back to that which are specific to temperature, which is going to be if you're taking it for MS or anxiety or epilepsy, whatever the case may be, you want to know the substance that you're walking into and believe in it."

Q. Dr. Edward Walker: “You mentioned this board of community members. You also talked about local ownership. One of the things we worry about on the board, we watch, is the ownership. Make sure they fit. Can you clarify as to how many of the people on that board are also owners?”

A. Nirvana Center: “So there would be only one person on the board who would represent ownership. Everyone else on the board would either be one of our community partners or this external auditor. And also one, an additional position would be someone with operational expertise to make sure that we, like I said, the operation is efficient, it's lean, and every dollar is going towards either reducing costs or our community.”

Q. Commissioner Kelly Pehrson: “What’s your ideal location? Vernal or Richfield?”

A. Nirvana Center: “Again, we want to maximize patient access. I think Richfield probably does a slightly better job doing that, just based on its central location. We also want to have a delivery service. We have delivery services in two of our other states. So Richfield is probably slightly better for that. It's difficult because we, again, we're very much connected to some of those local organizations. We've talked to both cities. I know how much Vernal would like to have this there. They've expressed that to us very clearly. But if the question is which one I think maximizes patient access more, I think it's probably Richfield.”

Q. Miles Maynes: “I want to know, if Utah never turns adult use, does that change your strategy?”

A. Nirvana Center: “It does not. Yeah, again, we operate in states that were medical markets for 10 years. There's not really that much of a difference between the two in terms of how we operate. Again, we try to be as lean as possible. We try to maximize access. It doesn't change anything. We want to be a long-term player in Utah. Again, that's the commitment with our local ownership, those local communities. It's bigger than just a single pharmacy. It's about being a key component of the community.”

Q. Miles Maynes: “If your company outside of Utah experiences trouble, how would that affect your license here?”

A. Nirvana Center: “Yeah, that's a good question. It's a difficult one to answer. We have, you know, successful operations in five states. We have not had this issue as I said, we're actively expanding. We've got ten construction projects that are going on right now, but no one can foretell the future. I personally see things getting better rather than getting worse, especially with some of the, you know, more recent changes in regard to intoxicating hemp, and we hope that that will actually make things better for us. But no one can promise that if there are unforeseen issues in the future that it won't impact the operation here. I don't want to make a promise that we can't keep. All I can say is that we continue to expand in the markets that we're in, we're moving into Minnesota and to Delaware, we've got ongoing construction projects in Illinois, you know, right now. We're in expansion mode. We've closed two dispensaries in 10 years, and those were in a saturated market that could not bear those dispensaries, we did not see them as a plus to the community, so we voluntarily closed them. But that was in a market that is far different than the Utah market, it was an unlimited licenses state, and again, we want to be there if we're a benefit to the community, not if we're not, and in those cases there was not a lot of benefit being added to us being there, and so we, you know, we voluntarily closed, those two locations, but that's five years ago.”

Q. Miles Maynes: “And where were those?”

A. Nirvana Center: “They were both in Michigan.”

Q. Miles Maynes: “If the money stopped coming from the pharmacies to the groups, what would that change in your relationship to them?”

A. Nirvana Center: “There's always going to be a commitment to provide a portion of profits to our nonprofit partners, that'll never go away, it's just the amount that they would be getting, so I don't know that it'll actually change, because again, in the first part, and every single one of them, we've had detailed conversations, we're all on the same page, the first portion of this, the number one priority is the cheapest possible medical cannabis product for medical patients, what's left over will go to them, so even if, once those five years are over with, and we've gotten to a place where the market is stabilized, pricing is at a place where it makes sense for patients, and it's no longer an issue where you have to continue to get cheaper and cheaper, funds may actually increase to those community partners, but the point is that the commitment to the community partners never goes away, there's never a time where Nirvana Center Utah LLC is a full-for-profit entity in which all of the profits are going into the company. There will always be a commitment. This is the same thing in all of our states. There's always a commitment to our local partners.”

Q. Dr. Edward Walker: “You answered, I believe, where your philanthropic plan for these, you know, donations to local entities there. Applies to Richfield as much as Vernal?”

A. Nirvana Center: “Yeah, they're all state-based.”

Medical Cannabis Rural Pharmacy Application License: Zen Leaf

Zen Leaf States: “Thank you for your time and having the Zen Leaf team here for your consideration. My name is Ryan Riberdy, the owner and CEO of Zen Leaf Utah, LLC. Zen Leaf has been successfully operating highly regulated medical cannabis pharmacies for over a decade. We currently run 157 dispensaries across 13 states, serving over 100,000 registered patients, conducting over 25,000 daily transactions. We work closely with many of Utah's current operators and medical markets across the country, providing patients the best in class medical cannabis products, exceptional

patient experiences that has made Zen Leaf one of the most recognized names across patients nationwide. With us here today, we have a few of our experts from our team that have been operating in medical cannabis for much longer than most. On the Zoom is Ms. Krissy Bernazani, our Vice President of Medical Program Development, if she can introduce herself. Thank you, Ryan. It's a pleasure to be here. Thank you for the opportunity to join you remotely. My name is Krissy Bernazani, as Ryan said. I am the VP of Medical Program Development at Zen Leaf. I entered the cannabis industry in 2015 after becoming a pharmacist in 1992, and my primary focus has been to train pharmacists in the proper handling of our medical cannabis and patient consultation practices across more than 13 states. I am looking forward to working closely with our Pharmacist in Charge to ensure that Utah's patients have consistent access to the broad and growing range of medical cannabis products that have already demonstrated success across Zen Leaf's medical facilities nationwide. I felt compelled to mention my deep commitment to serving as a trusted partner to our regulators and our local community. Recently, I've created a two-hour online training course at the personal request of the Maryland Cannabis Administration, designed for their workforce development program. I'm so passionate about this because I feel this project really reflects my commitment to help ensure that all industry employees are trained in best practices for safe, informed, and patient-centered care. In addition, I'll collaborate very closely with our Patient and Provider Education and Outreach Lead, Joanna Skiadopoulos. And together we bring over 18 years of mind experience supporting our medical cannabis patients and advancing clinical education. And I believe we are moving on to Joanna as we speak. Hi everyone. I'm Joanna Skiadopoulos, Zen Leaf's Patient and Provider Education and Outreach Lead. I bring nearly a decade of experience educating patients, clinicians, and health system partners on the safe, effective, and compliant use of medical cannabis. Throughout my career I focus not only on outreach, but on building long-term relationships that support strong patient retention and ongoing provider engagement. Here in Utah I'm committed to expanding that work, especially in regions that have historically been underserved. By strengthening partnerships such as our collaboration with the Moab Regional Hospital, my goal is to ensure patients have consistent access to high-quality care and to create a supportive, stable system where patients feel confident returning and providers feel confident that their patients are in good hands. And with us here today is Mr. Chris Ferguson, our Vice President of Regulatory Compliance. Good evening. As Ryan said, Chris Ferguson, Vice President of Regulatory Compliance. In a prior life I served a decade with the Florida Department of Health as a regulator. I served as Chief Enforcement. What I oversaw and regulated, over a million medical licensees within the state of Florida licensed there, including pharmacies. That led to my appointment as the Director of the Office of Medical Marijuana Use from 2019 to 2022, where I oversaw and directly implemented the fastest growing medical program at that time. So throughout my tenure as a health care regulator, as well as a cannabis regulator, I really realized that there are multiple pillars that create a successful policy, right? And that's compliance, security, and community trust. But you earn community trust by that community engagement, right? And so that's something that we do and all across Verona's markets is we really partner with our food banks to support families to combat food insecurities. We really value our collaboration with law enforcement. As you noticed on our application, we have local law enforcement on our advisory board because it is so important for us to have that law enforcement collaboration. Within the last year, within Connecticut, Virginia, as well as Maryland, we provided law enforcement training to officers to help them understand cannabis laws, to help them understand product packaging, and patient access. I think that helps to ensure, you know, community safety, patient safety, and misuse of products. Mr. Commissioner, members of the board, thank you so much for your time today. I will go faster. My name is Ryan Ewing. I am the Dispensary Compliance Lead for Zen Leaf Utah LLC, and I am currently the Vice President of Retail Compliance at Verano Holdings Corp. In that role, I am responsible for overseeing and ensuring daily compliance and lawful operation of 157 dispensaries nationally throughout 13 of our active state markets. 112 of those dispensaries are expressly medical-only and highly limited, regulated, and secure medical dispensaries in the states that we operate. Very honored to be here in front of you all today. Happy to answer any questions that you may have, and very excited to make ourselves available."

- **Commissioner Kelly Pehrson opened Medical Cannabis Production Establishment Board Questions;**

Q. Miles Maynes: "Utah is a unique state unlike almost all other states. Our most consumed dosage form is not flour but rather concentrated bait cartridge. As a pharmacy in this state, how would you respond to that information?"

A. Zen Leaf: "Yes, happy to answer that question, but I would like to give our Vice President of Pharmacy an opportunity to add her thoughts to it as well. First and foremost, we don't pick which medicine is being dispensed to a Utah medical cannabis patient. That would be the pharmacist, and that would be run through our Pharmacist in Charge who's running day-to-day operations for a facility. What is our role here? Our goal is to ensure that we provide enough availability in different products to be able to fully satisfy patient demand within the medically underserved area where we plan on operating. So that would include, of course, vapes, since that is the patient preference here, but we do believe that there's sufficient opportunity to expand education for the patients in the areas that we plan on serving, to provide them with alternative options or ideas on maybe some medicine that would be not based on inhalation. So we're happy to be educational and resources, but of course, our job is to provide sufficient variety and scale of product demands throughout the medically underserved areas that we plan on operating. Krissy, would you like to add anything, ma'am? Thank you, Ryan. I think you covered just about everything. Although I would like to add that we do have years of experience working with our demand planners, and I personally have worked with our procurement teams to ensure that our patient needs are being met. With a wide variety of products, of course, we will keep an inventory of what is most popular. But as Ryan said, we firmly believe in educating and enlightening our patients on the different varieties of options that are available to them, since many don't really know of the other options that are available, so we will take that opportunity."

Q. Miles Maynes: "Rural Utah can present challenges in hiring cannabis professionals. Please explain how you understand this and share any examples of how you might overcome this."

A. Zen Leaf: "Yes, this is very much a part of our day-to-day operations here at Verano, is making sure that our facilities are properly staffed to meet patient demand in the 13 states that we operate. We have almost 100 million Americans in our national footprint. We certainly understand that some of those locations are rural. Had a couple of notes here that I jotted down just for the expressly stringent medical only markets where we opened a very rural dispensary that also required a On-site Pharmacist at all times. So hiring a higher level education professional in a rural area does have staffing constraints, we admit. But the way that we do that, one, is we build genuine relationships with the local community. We've already done that, and frankly, for our purposes, for our application, we're already fully staffed with everyone that we would need to be able to immediately open. And we have more than sufficient demand and interest in our roles, especially the higher level roles where our pharmacy is going to be located. In addition to the higher level PIC or PMP, just like the gentleman earlier was talking about on making sure that we're paying people living wages, cannabis agents or pharmacy agents, they need to be paid a living wage. We want them to have a career at Zen Leaf. We very much prioritize and pride ourselves in the fact that we do not need a college degree to have a successful career at Verano or Zen Leaf, period. Our current Vice President of Retail Operations, he does not have a college degree. He started as a cannabis advisor in Maryland. as medical only, worked hard several years. Now he's currently the Vice President and he's my counterpart in operations. So we practice what we preach. We genuinely believe in hiring local, promoting local. We never ever hire and bring someone in from out of state to suddenly become in charge. We're going to hire Utahns."

Q. Miles Maynes: "My perceived goal for my seat on this board is to stabilize the existing industry. How will a license awarded to your group do that?"

A. Zen Leaf: "Our Zen Leaf location will stabilize Utah's current medical cannabis industry because we're simply going to expand medical patient access where there isn't. Right now, and I appreciate the gentleman talking about the numbers of the currently registered patients in Grand County and surrounding area. Our math reads the same. There's over, a little over, 100,000 registered medical patients in Utah right now. Over 40% of them are right here in Salt Lake City or the surrounding area. 65% are within 60 miles of here, right? 0.6% of Utah's medical cannabis patient population right now is in Grand County or the surrounding areas. That's very small. But we believe that to be compressed because patients in those areas simply don't have an option to become a medical cannabis patient to receive the medicine that they would otherwise have if they lived closer to where we are now. So we're very cognizant of that. We've addressed similar concerns in other highly regulated rural markets in the past, including West Virginia. We have six licensed and operating medical cannabis dispensaries. All of them are in areas that I would not describe as a metropolis, right? It is rural, same thing with Connecticut. Certain parts of Connecticut are incredibly rural. We make sure that we stabilize that by increasing the patient population. We increase patient access. And that's not just for the location itself. It's for the fact that we're able to provide statewide home delivery service as soon as we're able to obtain the licensure and approval to do so. We have extensive experience in putting forth statewide home delivery service in multiple markets. This is not the first rodeo. This is not the first time we've ever done this. And this is not an abstract plan. We will have a fleet of delivery vehicles that would provide consistent, sustained access outreach. That's beyond just Moab, beyond just Grand County. In stabilizing the region for medical cannabis access, we're going to do more than just provide- I was talking about home delivery service, but in addition to home delivery where we're talking about statewide access, I really want to talk about hyper-regional and hyper-local access. It's very important. Our proposed Moab location is in a downtown commercial area. It's expressly permitted by right, clearly satisfies any setback concerns or anything otherwise. We would provide curbside and drive-through service, which it is set up for, but we are also providing hyper-regional transit with a local provider nearby who's going to be providing every Friday, it's going to be transit, it's going to be designated transit every Friday from Cisco to Emery and back, trying to cover that entire swath of area to be able to pick up patients, drive them to our dispensary or pharmacy facility, make sure that we're able to properly and lawfully dispense those products and then take it back. We've had success with it doing similar things, hyper-regional outreach in other markets. We look forward to expanding upon those plans here because we believe that Moab and Grand County, in general, are uniquely positioned for us to be able to gain that access, bring those patients here, and make sure that we're stabilizing this corner of the state."

Q. Miles Maynes: "Was that in your application?"

A. Zen Leaf: "Oh, yes, sir. Statewide home delivery service assuming that we were able to have that credential attached to our license and applied for, the plan is to provide that statewide home delivery service the day after it's receiving our license to open. At least six delivery vans to start, everyone properly credentialed, daily fleet service."

Q. Desiree Hennessy: "In Utah we continue to see that approximately 60% of medical cannabis cardholders, they still rely on an alternate market. And every time we've polled this, it comes back that it's the cost of medication. We recognize that the regulated medical cannabis programs are inherently more expensive than any of these alternate sources but this is clearly driving patients away from our program. So with that in mind, I just want to know what is your plan to attract these patients back to the Utah medical program or encourage them to use your pharmacy?"

A. Zen Leaf: "Absolutely. Thank you for the question. So I'll start by talking just briefly about the site itself and why we believe that is going to encourage patients to be able to utilize the space quite simply. We received perfect scores on the sustainability of our proposed location and our connection with the local community. We believe that to be because our location is excellent. It's clearly set up in a location where there is robust patient access in the central area where it is. It has clear bus service and everything else relating to service and other routes and access. So in addition to the fact that we're providing robust access from the fact that the site is centrally located in a robust populated area, we're being very proactive and hyper-aggressive in scaling our outreach because, frankly, the state needs it, especially with this license that we're discussing today. But we're talking about reducing costs. Like I said, I'm responsible for 157 dispensaries in 13 active state markets. We are very familiar with this problem of patients going out-of-state due to costs or perceived inefficiencies in the programs, right? Ways that you deal with that. Well, this would

be a pharmacy retailer license only, so we would be constrained from being able to expand canopy or do other things that we would do as a vertical in other markets where that would occur. For this purpose, specifically, the way that you address costs is you'd be very proactive and upfront with your patients in essentially two ways. One, Verano has the benefit of purchasing power on economies of scale. We're able to provide and procure wholesale agreements and supply agreements like we have here. We already have multiple supply agreements in place. Should we be fortunate enough to win the license, we would be able to immediately operationalize the store. This is an entire team of procurement professionals that do this in 13 markets, 157 dispensaries every day managing the PAR and inventory levels and making sure it matches patient demand in accordance with our medical providers and our PIC. So we want to make sure that we're having an economy of scale and achieving and purchasing this product so we can dispense it at a lower cost. It's very important. It's very important that we know those margins and we provide that value. The second way that we provide the value is directly to the patient. We're very proud of the fact that we always offer an everyday veterans discount. We have an indigent discount for those who are unable to afford access to their medicine as they should. It's very important that we always keep that in mind. And since Verano was originally one of the first medical cultivation licenses in Illinois in 2014, we've always prioritized our medical patients. That's going to stay that way. In addition to indigent and veteran discounts, we have a standard rewards program which is very aggressive on making sure that dispensing patients are able to receive a benefit there. And we have daily sales where we ensure that we're always making things appropriately priced from a tiered level of pricing. So we're going to have varied products from multiple cultivators at multiple price tiers with professionals managing the PAR and inventory and the purchasing power behind that. That comes from one of the largest cannabis operators in the United States."

Q. Dr. Edward Walker: "You're applying here to be in Moab, your license, and yet you talk a lot about statewide delivery. It seems a little confusing to me why you're not going to, maybe, a different area which would be more easy for you to, you know, reach this, what you call a hyper-regional delivery system. Could you comment on that for me?"

A. Zen Leaf: "Yes, it would perhaps be easier for Zen Leaf but not for the patients in Grand County that don't have access to medical cannabis right now. In that entire area of the state, there's hours in difference of travel time for individuals to be able to access their medicine. We are professionals. We do this every day. We do it throughout the United States. We very much understand and empathize with patients who have difficulty getting their medicine. We see this. This is a real concern nationally. One of our core jobs here is to make sure that patients get access to their medicine. Our Moab location is commercially situated. It is excellently placed with the ability to expand for curbside and drive-through offerings. And it's essentially a hub and a spoke and hub model where we would utilize a fleet of registered delivery vehicles compliantly, assuming we were able to apply for and receive that credential service, to immediately provide statewide delivery service. We would aggressively expand our offerings and we would aggressively expand the number of delivery vehicles and drivers in accordance with patient demand and our supply. Again, we already have supply agreements in place. We plan on being hyper-aggressive and immediately providing this access. We very much understand the medical cannabis patients in this area of the state simply have no options right now."

Q. Brad Winter: "I'm the Clinical Pharmacist on the board, and I often want to know a little bit more about the clinical institutions and things, as it's likely that the pharmacy is going to be guiding a lot of the route and specific strain and dosing decisions for patients."

A. Zen Leaf: "Yes, thank you for the question. Our Pharmacist in Charge is a local Utahn that graduated from pharmacy school in Utah, undergrad was at Utah. She will be on-site and she will be the person in charge of making sure that the dispensary is operating lawfully and compliantly every day. She will have PMPs under her, multiple of which we have already hired and retained, with multiple other interested applicants waiting for, should we receive a license, to be able to scale up for additional hours in service. We wrote in our app, our application, that we plan on well exceeding the 35 hour per week requirement. We plan on being open on-site in Moab for 60 to 65 hours a week. We understand that there are significant travel considerations for patients that wish to visit any facility in this part of the state just because of how rural it is. We're going to be open late, be open earlier, to make sure that we address that concern. But to answer your question regarding pharmacy credentials and experience, I think the individual for our team that's clearly capable and well suited to answer would be Krissy Bernazani. So Krissy, would you like to please talk about your extensive experience as our Head Pharmacist throughout our national market and your deep relationship that you already have with our Pharmacist in Charge for our assembly Utah facility. To answer your question, Bradley, we have been training pharmacists and staff for, I've been in the industry since 2015 and that's been my passion is training my staff and my pharmacists. And we're fortunate in having the credentials of our Pharmacist in Charge and our PMP who have their experience training. The experience that we've had over the years in other states and other markets, there's a variety of markets that look a little bit different. And so we experience it all. And that clinical experience will be translated and trained upon our staff there in Utah. I feel very confident that the staff there will represent Zen Leaf and represent our clinical experience very well and offer patients of Utah a top notch clinical experience. Krissy, would you mind telling the board, please, how many pharmacists we currently have on staff employed every day at our stores nationally? I believe we're over 75. That's right. We have met 75 pharmacists and our pharmacists also participate in training. Something I'm very proud of is that I've been able to collaborate with our pharmacists across multiple states in creating training programs, not only for our pharmacists, but for our frontline staff. So I am very confident in the level of clinical training that we have. I myself have been a member of the International Society of Cannabis Pharmacists for many, many years and actually was the first to achieve the Clinical Cannabinoid Certification that is offered by that group. So education is definitely way up our alley here and we will definitely be training everybody to offer that top notch clinical experience because the patients deserve it. Thank you, Krissy. I know I'm almost out of time, sir. Just one final comment on that one. Like Krissy was saying, we have over 75 pharmacists currently employed day-to-day nationally throughout our active state footprint. That's because some of these dispensaries, as you all know, state laws are different in the way that they're formulated. Connecticut, Pennsylvania, for example, requires a pharmacist on-site in order for the store to even have the lights on. It's very similar

to the rules and requirements here in Utah. The point of the matter being is that this is not a new system or relationship or organization or entity, the way that we would operate. This is something that we do every day. We do it quite successfully, and we are publicly traded, top ranked in the United States, top five for a reason.”

Zen Leaf States: “I did want to just ask one thing for clarification for a scoring circuit. We noted a minor or somewhat moderate scoring discrepancy on our application. We just wanted to flag it and then ask if there was any feedback that we could provide to maybe clarify that. We note that our location and business information section, which is, from what our understanding is, is essentially an objective, check the box part of the application. Our score was reduced by 30 points, but our sustainability of our proposed location and our connections with the local community, which are more subjective, written application narratives, we received top marks for. So we would appreciate any opportunity we could to clarify why we lost points there, because 30 points was significant for us.”

- **Commissioner Kelly Pehrson opened Public Comments;**

Jennifer Dailey-Provost: “My name is Jennifer Dailey-Provost. I serve in the House of Representatives, and I am the chief sponsor of House Bill 54, which created the promulgation of this license in addition to many other statutory changes that we are now working on to improve our state's medical cannabis program. First of all, I want to clarify that I am not here to speak in favor of any applicant or to dissuade the board from awarding a license to any particular applicant. I am sure that each applicant has a strong application; however, I am here to talk about the process and the potential deficiencies that I'm seeing. When we worked on this bill, I was very, very clear in all of our testimonies—in committee, on the House floor, in the Senate committee, and with my Senate sponsor on the Senate floor—that the legislative intent behind the promulgation of this license, and the one that comes next year, is to support our local companies. This is not an anathema in Utah; the state legislature has a long history of creating statute specifically to support local businesses. In our medical cannabis program, we have only a handful of locally owned and locally run businesses, and the way the program functions right now, they are systematically disenfranchised. The goal in discussions about this license and the next license was to address those issues. So I think it is very important that the board consider those issues and the legislative intent behind the bill. Again, I know that every applicant here has worked hard and has a sincere desire to address shortcomings in our medical cannabis program. But I think that this is an important consideration. I also have concerns about the fact that only five of the license applicants were heard here today, recognizing that there were several other applicants who statutorily qualified for this license. Many did not, and I appreciate that. But I think it would be prudent for the board to consider a second hearing so that all applicants who qualified under statute have the opportunity to present their case as well. Finally, I would ask that the board not rush this process. This does not statutorily have to happen until December 31. There is both time and a necessity for very, very careful deliberation. In recognition of legislative intent, I do believe it is prudent that we continue to expand transparency and opportunities for discussion around these licenses. And I would also add, as a reminder, that I absolutely am not here to advocate for or against any of the license applicants.”

Bill Winfield: “My name is Bill Winfield, and I'm a Grand County Commissioner. I'm actually the Chair this year in Grand County. I am here specifically to speak toward one of the candidates, and that is Dashiel. Dashiel and his wife Britni and Olivia have been a part of our community. Dashiel and Olivia grew up in Moab, and it's extremely important that we do support our local businesses there, and that's what I'm asking of you today. I do know that you have a tough choice. There's no way around it. It's not going to be an easy one. I'm just asking that you support both Moab and the locals who are trying to do business there. This is a well-respected team and a well-respected family that comes from Moab, and I really appreciate the time and effort that they're putting in here. It is Grand County's desire that this license go to Boojum. We sent a letter of support with their application as a commission. And I know there's support within the City of Moab as well. Although I'm not here speaking for the City of Moab, I am strictly speaking as Grand County Commission Chair. I think that there's been a move—well, I know that there has been within Grand County—to move our economy a little bit away from tourism and toward some diversification. And we see this as an opportunity to help with that. We do have a large workforce and an opportunity for many of them to participate in what Dashiel and Britni and the family are trying to do here. So again, I think that there's a real high value on local constituents who care deeply about our local community. And that's what I'm asking for: to see that and to show some support as we move forward with it. I would like to talk just a little bit about my own experience. I was with my father when he lost his battle with cancer. In those days, it was morphine. And later, I had my own battle with cancer. And although it wasn't available at that time for me either, there were other people who were using it as they went through their battles, and I was there in the hospital many, many times, seeing the way that that benefited people. And I think it's a big thing to have seen it, because I don't come from a background that would typically support or look forward to this kind of dispensary in Moab. But from my perspective and from the life that I've lived just dealing with cancer, I see a huge value in it and wonder about the value that my own father would have received rather than morphine. So I have, really, a huge appreciation for it. I just think that with the time people spend driving to Colorado and to other places to get their cannabis, there's a huge opportunity here for the Moab community to see a local cannabis dispensary and to fully support what these folks are about.”

Mindy Madeo: “My name is Mindy Madeo. I'm a pharmacist who has spent over five years working in the Utah cannabis program. I work for both Wholesome Co. and Beehive Farmacy. In addition to my role as Pharmacist in Charge, I also operated as the General Manager and the Product Buyer for one of our Utah rural cannabis pharmacies in Brigham City, Utah. So I feel like I understand better than others the business challenges of operating a rural cannabis pharmacy in Utah. And just to be clear, there are challenges. These last five years, I worked very closely with the Boojum team—Britni, Dash, and Olivia—and I wanted to come here to voice strong support that Boojum is awarded the pharmacy license in Moab. I've also

worked with Josh, their Pharmacist in Charge, in both a traditional pharmacy setting and in the cannabis pharmacist setting, and he is a fantastic choice for the Pharmacist in Charge. As a processor, Boojum has an excellent track record—operating very ethically, being strong advocates for Utah cannabis, and having a consistent selection of quality products with very unique medical formulations. Their products are very medical in nature. I've noticed that Boojum seems to run like a very well-oiled machine when it comes to accuracy—when I order with them, in accounting and invoices, in the accuracy of their labeling, and in their compliance. Boojum also creates fantastic, detailed educational material that I've used with my cannabis patients for years. Their educational content is so good that I have even used it in my real teaching when I teach medical cannabis at the University of Utah Pharmacy School. I hold a master's degree in cannabis science and therapeutics, so I know good cannabis education when I see it. If I could imagine what a Boojum pharmacy would look like, I would expect it to be very organized, compliant with all of our unique and ever-changing Utah cannabis laws, and run very professionally. Because Boojum is locally owned, they understand how important it is for Utah to maintain a medical rather than a recreational disposition. Something that I have seen as a challenge with other multi-state operators is that when they come in, or when they operate in recreational markets, they have a hard time complying with our laws. Boojum would be a great addition to the Utah medical program, and I hope that you will choose them to open in Moab."

Alexandra Fields: "Hi, my name is Alexandra Fields. I'm the CEO of Justice Co. We operate two medical pharmacies in the state of Utah under the name Bloc. I want to thank everyone for all your hard work coming together for this. I think it's a really important and exciting time for Utah patients. We were obviously saddened that we couldn't apply in this round, but I think it's really important that when you reflect on who you're going to be voting for, we try to solve for some of the issues that we know exist in our market. Yes, patient access. We also know access to capital. Being in a rural area is going to be a costly endeavor, and I want to make sure that whoever is coming in understands that vendors have to get paid. I came into our company when they were restructuring, when the profits weren't there. And if the profits aren't there, where's the money gonna come from? So I want the board to keep that in mind as they collect the applicants, and also the importance of having a true local applicant. The independents in this state, unfortunately, do not get the distribution they deserve. They produce some of the best products that I've seen in the entire country. We're in most states, and the commitment to having high-quality medical products in Utah is second to none. I'm not gonna name names here, but we have some incredible independents that don't get the distribution or the shelf space. And when I hear an operator say "supply agreements" and "shelf space agreements," that to me means that they're not going to be supporting locals. And I don't know that—I didn't read their application—but I would encourage the board to really dig into those things. Because it's really important to the Utah community, to our patients, and to, you know, my fellow business owners here, that they have a chance to have their product in whatever new door opens. And that it's not just going to be the same old games of integrated operators only carrying their own products in the state. So thank you so much for hearing my comment. And I know all of you have a very difficult job that I do not envy this evening."

Narith Panh: "My name's Narith Panh. Firstly, I'm here representing myself as a patient. Secondly, as a cannabis advocate in our community. And thirdly, as Chief Growth Officer of Dragonfly. We are a family-owned, local operator here in the state of Utah. And thank you so much for the opportunity to share a few thoughts today. As you consider these pharmacy proposals, I really hope you can consider not just somebody who is capable of opening a storefront, but, at the end of the day, who will truly show up for Utah—for our patients, for our families, for our communities. While four of the applicants today do represent large multi-state companies, they obviously have strong track records elsewhere, and that is admirable and respectable. But the reality of the history of our program is this: we've released 14 pharmacy licenses to 10 operators, five of those companies were MSOs, and those licenses also sold. Of those, three licenses were removed from rural, underserved areas into urban areas. And it's tough—the reality of large operations is that they ultimately have to answer to shareholders. But what makes Utah's program special is that it was built with heart. It was built by local people who care deeply about our patients. They live with the outcome of the policies we make here every single day. A local operator doesn't just open their doors—they open their hearts to their communities. They hire locally, support local nonprofits, and collaborate with our small businesses. They invest right here at home, and their success becomes our community's success. So when decisions are made by people who live here, you can feel it—in the way that patients are treated, how they're educated, and how compassion builds into every single patient interaction. And that's something you can't always replicate from a distance. So choosing a local pharmacy is not just about business; it's about trust, about accountability, and, more importantly, it's about keeping the spirit of Utah's medical cannabis program grounded in service and not just scale. So thank you for the opportunity to listen, and good luck in making a very difficult decision."

Neal Karkhanis: "Hi, good evening. Neal Karkhanis. Thank you for the opportunity to speak this evening. It's been quite a hearing, and it's been good to hear from all the applicants. I just want to say a couple of things based on what I've heard in the other public comments. With respect to supply agreements being in place, this is a typical standard operating procedure for entering any market. This is a good thing and shouldn't be looked at as a negative. It also doesn't necessarily mean that there is any type of exclusivity with respect to those supply agreements. There are obviously opportunities to build relationships with other operators. I'll just add that having cash and experience is a key metric to determine whether someone can be successful in this field. It is very, very important for our businesses to show that they've been successful in the past, and I think the board should definitely take that into consideration when selecting a winner here."

Bega Metzner: "Hello, my name is Bega Metzner, and I live and work full-time in Moab, Utah. I'm not originally from here, but I have known the CEOs of Boojum for quite some time, and I had the honor of having Olivia work for me at my job for a couple of years. I am basically advocating for this license to go to Boojum and to be located in Moab. I think that the county loses a lot of people—not just out-of-state, but out-of-county generally speaking—and to be able to bring a business like this is not only going to bring very important economic development to this area and

create jobs, but it will also bring really important medical cannabis to the people who need it here. I just wanted to speak on behalf of Boojum and say that I think it would be a really great business. Bringing Olivia, Dashiell, and Dashiell's wife—who I've known for a long time—back to Moab to start their business here would be a really big and wonderful opportunity for the Moab community. So thank you for your time. I know this is a hard choice, and I really appreciate you taking my comment.”

Kseniya Kniazeva: “Hi, my name is Kseniya Kniazeva. I run the nonprofit Noman Alliance. I am a patient, and while I'm here to support Nirvana as a community partner, I really want to focus this comment on Nirvana. Speaking to you guys [unintelligible] Jennifer Dailey-Provost and whoever will receive this license: we have a human rights crisis going on right now, and that's the homeless epidemic. Some of you who live in rural areas may not see it as much as we do here in Salt Lake County, but it is really drastic, and it's only growing. Homelessness has increased by 18% in just one year in Salt Lake County, or in Utah in general. The people I serve—the chronically homeless, many of whom have been out there for decades—cannot find cannabis on the street, but they can find meth and heroin. Yet they consistently say that they would drastically reduce their use or get completely clean if they had access to medical cannabis. The vast majority of people I serve suffer from extreme chronic pain, chronic health issues, and mental health challenges. I know that right now, the medical cannabis program is a little bit elitist. Most patients—about 60%—get their cannabis elsewhere, not from our dispensaries. That's a big issue because there needs to be more access for people who desperately need it—people who are creating problems in our communities simply because they don't have the medicine they need. Without it, they are often forced to turn to much harder drugs just to manage their pain, get sleep, or feel able to face the next day. What I respect about Nirvana is that they have committed to donating a portion of their proceeds to community partners like us. We would use that money to help fund medical cannabis cards for the people we serve—the people who need it the most. I believe there needs to be a stronger focus on helping populations who are most vulnerable. I don't know if there's a way for you to work together to expand the program to reach indigent patients, but without that, we may never truly address the homeless epidemic. I met a 32-year-old African American man who's been in and out of the streets and jails for 12 years because he first got popped for possession of marijuana. This is a criminal justice issue, a human rights issue, and a medical issue—it's also a pain issue. So I really invite you all to please consider this very, very drastic need for access to medical cannabis—not just for those near dispensaries, but also for people in rural and underserved communities.”

- **Dr. Edward Walker moves to table the Medical Cannabis Rural Pharmacy License Applications**
 - **Motion Seconded - Brad Winter**
 - **Desiree Hennessy - YES**
 - **Susan Spiers - YES**
 - **Chief Jason Williams - YES**
 - **Drew Gubler - YES**
 - **Miles Maynes - NO**
 - **Dr. Edward Walker - YES**

Academic Medical Cannabis Research License Application: Utah State University

Cody James Introduces Utah State University: “Dr. Joseph Rower of the University of Utah's Department of Pharmacology and Toxicology has applied to conduct cannabis research at one of the campus locations here in Salt Lake County. The University of Utah will work directly with our state lab to obtain cannabis for research purposes. The University of Utah has submitted all of the required documentation that has met the background requirements. Dr. Rower, I believe, can summarize the research plan to the board better than I.”

Utah State University States: “My name is Joseph Rower. I'm an assistant professor on the research track here at the University of Utah, as well as co-director of the Center for Human Toxicology here at the University of Utah. We have over a 40-year history supporting NIDA-funded investigators doing primarily pharmacokinetic studies of drugs of abuse or treatments for drugs of abuse. As part of that, we have an extensive history working with cannabinoids, primarily in the bioanalytical field, but we have a unique opportunity. My other co-director, Christopher Riley, is a pulmonary toxicologist and has inhalation-exposure equipment for preclinical models, particularly mice. We are trying to address a gap in the literature about cannabis use—specifically commercially available cannabis use—and how it might impact adolescent neuromaturation. To do that, we want to be able to acquire commercially available products that the Department of Agriculture and Food is already testing, so that we can administer them via inhalation or vaporization to mice and look at how use impacts endocannabinoids and associated neurotransmission.”

- **Commissioner Kelly Pehrson opened Medical Cannabis Production Establishment Board Questions;**

Q. Miles Maynes: “Is this just extending the academic research license that University of Utah already has or is this a completely separate department or are you working with the others on campus that have the license already?”

A. University of Utah: “My understanding was as faculty, we have to have our own license and that may not be the correct understanding, but in order for me to access it and to have it in my lab, I had to have my own license. I, to be honest, I don't know who else at the university might hold the license, but I was actually under the impression from some of my colleagues, I might be the first.”

A. Dr. Brandon Forsyth: “So this license is being issued from the department and it should not be confused with another license that the Center for Human Toxicology holds, which is their scheduled drug license from DEA.”

A. University of Utah: “Yeah, we have a DEA schedule license that allows us to have schedule one compounds, schedule two through five compounds at the federal level. This is permitting us here in Utah.”

Q. Dr. Edward Walker: “Will they be under the same kind of inspection criteria that others are in the state? So you'll conduct regular inspections and report back to us every year?”

A. Dr. Brandon Forsyth: “They will have kind of a unique set of inspections because they're a little bit different than a lot of the other operators. But it will be generally the same.”

A. University of Utah: “Yeah, we don't anticipate having large quantities, right? I mean, five milligrams per gram for mice, a gram goes quite a ways in our studies. So we won't have large quantities that we're storing for any period of time.”

Q. Desiree Hennessy: “What is the difference between this application for research and what we do at the Centers for Medical Cannabis? And is there a fiscal note? Is there a budget that would be appropriated?”

A. Dr. Brandon Forsyth: “There is no money appropriated to it. This would be using waste product from the medical cannabis market to go and do research on living animals, as Dr. Rower indicated in his presentation. They're just giving them marijuana, Desiree, not any kind of poison. So it shouldn't be too harmful.”

Q. Desiree Hennessy: “So the question is, do we really believe it's safe and do we want to give it to mice, I guess?”

A. Dr. Brandon Forsyth: “I mean, we're giving it to humans, so I hope it's safe.”

A. University of Utah: “You know, I think the biggest thing that if you talk with people in the research field is that unfortunately, as researchers, we lag behind legalization. And so I'm trying to help fill that gap a little bit. And from a financial perspective, it would be incumbent upon me to get funding at NIH level or otherwise to fund the research within my lab.”

- **Commissioner Kelly Pehrson opened Public Comments;**

Q. Narith Panh: “Yeah, this question might be more directed towards Dr. Forsyth, but if this license were awarded to Dr. Rower, would other academic departments, or other departments within the University of Utah that might also want to study cannabinoids, need to acquire their own independent license, or does this license kind of work across the whole University of Utah academic department?”

A. Dr. Brandon Forsyth: “This license would apply specifically to the lab that it's given to. All the labs aren't in one big open space in the University of Utah and there's security concerns that need to be considered individually.”

A. Commissioner Kelly Pehrson: “So in short, they would need to apply for another.”

- **Miles Maynes moves to approve the Academic Medical Cannabis Research License for Utah State University**

- **Motion Seconded - Susan Spiers**
- **All Present - YES**

- **Brad Winter moves to adjourn the 11-13-2025 Medical Cannabis Production Establishment Board Meeting**

- **All Present - YES**