

Public Comment  
- Richard Burns

### 1 Missouri Medical Marijuana Overview

- Amendment 2 passes 11/6/18 with 66% 'yes'.
- 'allows use of marijuana for medical purposes, and create regulations and licensing/certification for marijuana facilities'.
- 4% sales tax: Part to Missouri Veterans Commission for services to veterans and the remainder for operating costs.
- Oversight: Mo Dept Health and Senior Services (DHSS):
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### 2 Missouri Medical Marijuana

- Allows for cultivation at home, up to 6 plants (patient or caregiver).
- Who can 'prescribe': Any individual licensed in good standing to practice medicine or osteopathy under Missouri law.
- Effective date: 12/06/18.
- DHSS must have application forms available for patients wishing to 'qualify' by June 4<sup>th</sup> 2019, and must begin accepting by July 4<sup>th</sup>.
- The application must be accompanied by a physician certification less than 30 days old.
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### 3 Missouri Medical Marijuana

- DHSS must accept applications for dispensaries by August 3<sup>rd</sup>, 2019, and reject/grant permission within 150 days
- Growers and manufacturers must also request license
- Limit on sale: 4 oz dry product monthly.
- Limit on possession: 60 day supply.
- Amendment 2 cannot restrict # of licensed dispensaries to be fewer than 24 per congressional district (8 in Missouri), so total number of licenses permitted is at least 192.
- No age limit (yet). Those under 18 are not allowed to receive physician certification without parental/guardian written consent.
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### 4 Missouri Medical Marijuana

Obtaining medical marijuana:

- 1) Patient discusses with LMD/PCP OR seeks out physician who will certify they have qualifying condition.
- 2) Physician provides statement patient has qualifying condition.
- 3) Patient submits application to DHSS along w/certification, receives medical marijuana card or permission statement.
- 4) Patient goes to local dispensary with card.
- 5) Dispensary staff makes recommendations: Product type, route (smoked, edible, etc.), concentration/potency. No 'prescription'.

What conditions qualify?

- a. Cancer;
- b. Epilepsy;
- c. Glaucoma;
- d. Intractable migraines unresponsive to other treatment;
- e. A chronic medical condition that causes severe, persistent pain or persistent muscle spasms, including but not limited to those associated with multiple sclerosis, seizures, Parkinson's disease, and Tourette's syndrome;
- f. Debilitating psychiatric disorders, including, but not limited to, post-traumatic stress disorder, if diagnosed by a state licensed psychiatrist;
- g. Human immunodeficiency virus or acquired immune deficiency syndrome;
- h. **A chronic medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, when a physician determines that medical use of marijuana could be effective in treating that condition and would serve as a safer alternative to the prescription medication;**
- i. Any terminal illness; or
- j. In the professional judgment of a physician, any other chronic, debilitating or other medical condition, including, but not limited to, hepatitis C, amyotrophic lateral sclerosis, inflammatory bowel disease, Crohn's disease, Huntington's disease, autism, neuropathies, sickle cell anemia, agitation of Alzheimer's disease, cachexia and wasting syndrome.

## DHSS website

- DHSS would like to remind the public that any physician certifications they receive for medical marijuana must be no more than thirty days old at the time an individual applies for a patient identification card, and DHSS will not begin accepting patient identification card applications until July 4, 2019.
- Rules for the medical marijuana program will not be finalized until June 4, 2019.
- DHSS will begin accepting applications for cultivation, manufacturing, dispensary, testing, transportation, seed-to-sale licenses and certifications on August 3, 2019. For cultivation, manufacturing, dispensary and testing facilities, **DHSS will accept such applications from August 3, 2019, until close of business on August 17, 2019.**

**A total of 499 pre-filed application forms and fees totaling \$3,598,000 have been received by DHSS (as of April 25, 2019).**

Cultivation Facilities	151
Dispensary Facilities	269
Medical Marijuana-infused Manufacturing Facilities	79

**Dispensary application fees/forms collected per congressional district (as of April 25, 2019). *These numbers are subject to change when the official facility application process begins in August.***

District 1 (STL area)	36
District 2 (STL area)	23
District 3 (South STL area)	40
District 4 (includes Columbia, west central Missouri)	31
District 5 (KC area)	69
District 6 (northern Missouri)	15
District 7 (includes Springfield, southwest Missouri)	37
District 8 (southeast Missouri)	18

When can I submit my application *FEE* for a cultivation, manufacturing, testing, transportation, seed-to-sale, or dispensing facility license?

Beginning on January 5, 2019.

***Note: The method for application is currently being developed. The fee submission is nonrefundable. Submission of a fee is not a guarantee of a license.***

When can I submit my application *FORM* for a cultivation, manufacturing, testing, transportation, seed-to-sale, or dispensing facility license?

Beginning on August 3, 2019.

When will I receive my cultivation, manufacturing, or dispensing license?

Within 150 days after the application is received, if your application is approved.

# **Missouri's Medical Marijuana Market: An Economic Analysis of Consumers, Producers, and Sellers**

Joseph H. Haslag and G. Dean Crader with William Balossi

Haslag is the Kenneth Lay Chair in the Department of Economics at the University of Missouri-Columbia and Executive Director of the Economic and Policy Analysis Research Center at the University of Missouri-Columbia. Crader is a Research Analyst at the Economic and Policy Analysis Research Center at the University of Missouri-Columbia. The authors gratefully acknowledge research support provided by Mr. William Balossi.

## **Executive Summary**

With the November 2018 election, medical marijuana became legal in Missouri. The purpose of this report is to assist Missouri's Department of Health and Senior Services with quantitative analyses of the market for medical marijuana. Specifically, we are charged with projecting the number of qualified patients and caregivers and the quantity of medical marijuana that will be needed to treat these patients. In doing so, we will use data from as many states as we can to identify market developments. In addition, it is critical that the key challenges facing Missouri regulators be brought forward—in particular the coexistence of the legal medical market and the illegal recreational market—so that best practices can be developed to help the legal market operate in the way in which it was intended. Overall, price and quantity provided in a timely manner are critical for the medical marijuana market to be as efficient as possible.

Our key findings are presented in the following bullet points:

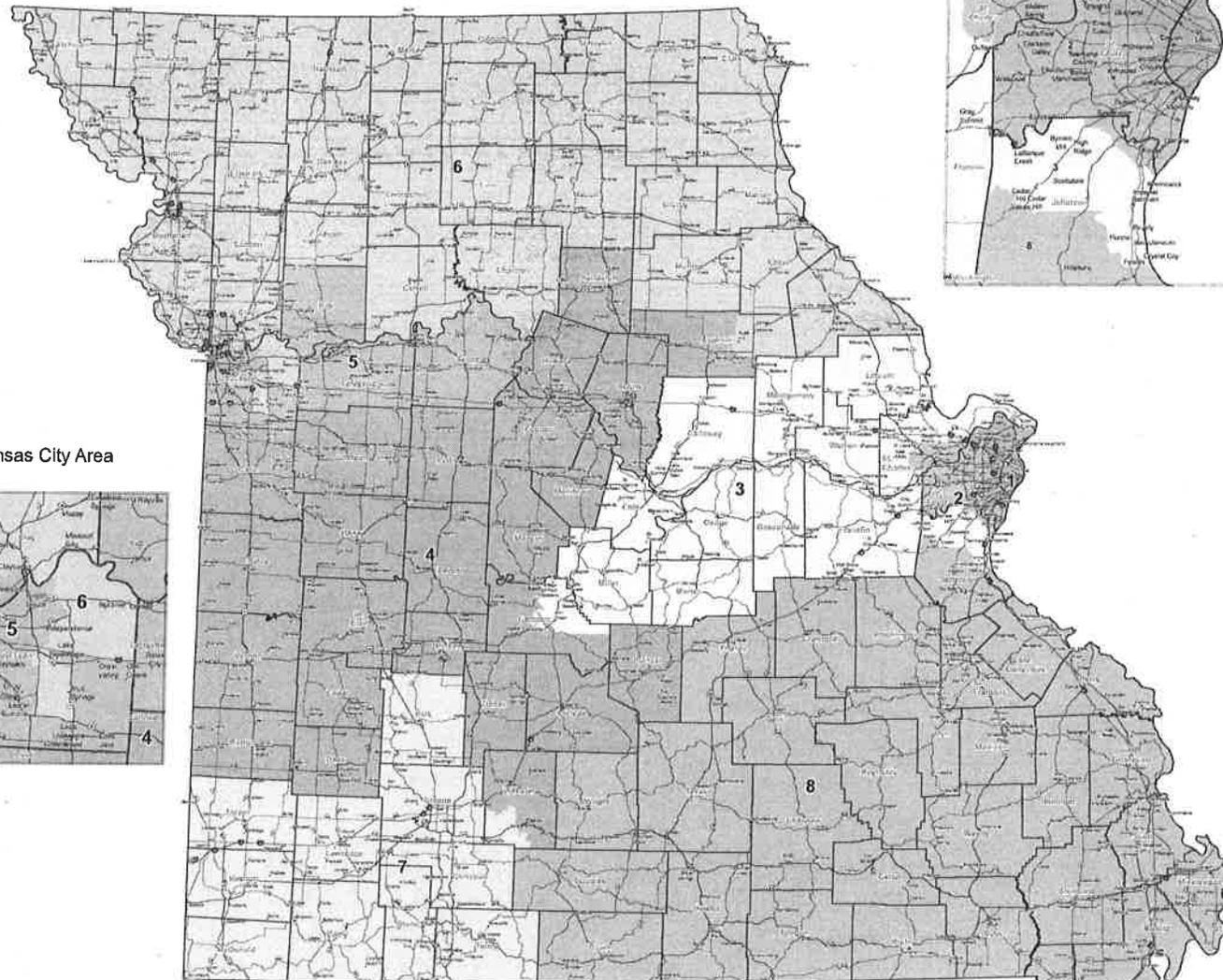
- Medical marijuana markets have now existed in the U.S. since 1996 (California), growing to 33 states and the District of Columbia as of 2018. However reliable, quality data capture seemed an afterthought. In our view, Washington, Arizona, Massachusetts, and Colorado offer the most complete data available and we rely principally on these four states for our calculations. We observe that the market for medical marijuana grows over the first several years, reflecting a maturation process.
- Based on evidence from across 19 states and over time, we project that the number of Missouri qualified patients will be approximately 19,000 in 2020, 22,500 in 2021, and 26,000 in 2022.
- Based on consumption per medical marijuana patient, we project with 66 percent confidence that Missouri cultivators will need to harvest between 5,000 pounds and 7,000 pounds for the approximately 19,000 qualified patients in year 2020.
- Based on the average production and the distribution of growers—indoor and outdoor—in Colorado, we project with 66 percent confidence that Missouri will need between 10 and 14 cultivators in 2020, 18 to 24 cultivators in 2021, and 24 to 29 cultivators in 2022.
- Based on the growth of qualified patients over time, we project that Missouri will support 85 infused-product manufacturers, perhaps in the first year of medical marijuana sales. There is no data reported on the output of the typical infused-product manufacturers. Because the projection is based exclusively on Colorado reports, the confidence in the projection is low.
- Based on quantity of medical marijuana sold per dispensary in Washington and in Colorado, we project with 66 percent confidence that between 115 and 132 dispensaries will be needed by the year 2022.

# MISSOURI CONGRESSIONAL DISTRICTS

St. Louis Area



Kansas City Area



- Towns
- (M)— MO Highways
- (U)— U.S. Highways
- (I)— Interstates



## P & Z Meeting Notes

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### Urban Design

- 1000' separation rule prevents patients from parking downtown (over 4,000 public parking spots) to shop for their medical needs.
  - Medical Marijuana Dispensaries should be permitted in any zoning Drug Stores are permitted.
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### Business & Public Policy

- The United States is divided into 435 congressional districts, each with a population of about 710,000 individuals.
  - Columbia is Missouri's fourth most populous city with an estimated 121,717 residents in 2017.
  - Health care is a big part of Columbia's economy, with nearly one in six people working in a health-care related profession.
  - Columbia is a Regional Health Care center, serving most of the 4th congressional district, as well as about one sixth of Missouri's 6 million citizens.
  - Six business licenses is both arbitrary and unnecessary: it hurts the business community and does not reflect Columbia's statewide position in health care.
  - Constitutional Amendment 2, now Section 14 of the Missouri Constitution, was passed by 65.59% statewide; in Boone County by 72.59% and in all six Columbia wards by 80%.
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### Planning & Zoning Commission

- Columbia's P&Z Commission is defined in Sec. 29-6.1(b) of the Columbia Code
- Section (2)(vi) states: *Recommend to the council such amendments or revisions to this chapter as the commission shall deem necessary or desirable for the promotion of the **health, safety, morals and general welfare of the inhabitants of the city**. Such provisions may include regulations as to the location, width, height, and bulk of buildings; the size of yards, courts, and other open spaces surrounding buildings; and the use of buildings and land.*
- Without a "health, safety, morals and general welfare" concern regarding the location of medical marijuana dispensaries, please consider recommending they be located like other drug stores in Columbia.

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## April 8 Memo from Patrick Zenner

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Dan Viets <danviets@gmail.com>

Wed, May 8, 2019 at 2:31 PM

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May 8, 2019

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Re: April 8 Memo from Patrick Zenner

Dear Members of the Columbia Planning and Zoning Commission:

You may recall that on February 28, I wrote to Mr. Zenner, Mr. Teddy, Mr. Caldera, and to the Members of the Commission. As I pointed out in that letter, I had a role in drafting Amendment 2, now Article XIV of the Missouri Constitution. I am President of New Approach Missouri, the organization which drafted and placed Article XIV on the November, 2018 ballot. We also led the campaign to pass that measure, which had support from very nearly 66% of Missouri voters.

On April 8, Mr. Patrick Zenner sent you a memo discussing a proposed "Medical Marijuana Text Amendment". In the first paragraph of that memo, he stated that, "The desired regulations are sought to be adopted by the City Council prior to the May 4, 2019, Department of Health and Human Services deadline for issuing application criteria for the four different facility types identified within Amendment #2".

There is no May 4 deadline. As I hope Mr. Zenner has acknowledged since his April 8 memo, the deadline he refers to is actually a month later, on June 4.

However, **there is absolutely no logical connection between the fact that DHSS will issue its final draft of proposed rules and regulations for the medical marijuana industry on June 4 and any need for the City of Columbia to have its regulations finalized by that same date!** Indeed, it would make more sense to wait until after the state has issued its final draft of its rules and regulations for the program and then discuss and decide what rules Columbia is going to enact, since they must be consistent with the final draft of the state's rules and regulations.

In fact, the state of Missouri, through **DHSS, will not even begin to accept applications for licenses to operate the four different facility types identified in Article XIV until the first week of August.** The state is not likely to actually make a decision regarding who will receive those licenses until the **end of this year.**

Therefore, **there is absolutely no logical reason why the Planning and Zoning Commission, the City Council or the City of Columbia should feel any pressure to have the proposed changes finalized by June 4.** I think there is a fundamental misunderstanding by City staff about what the June 4 deadline really means

Given the fact that there is no rush to adopt such regulations, as I said in my February 28 letter, I hope that you will give careful thought to waiving the 1,000-foot zone around churches, if not also around schools and childcare centers. When we drafted Article XIV, we specifically and intentionally allowed local governments to waive that requirement.

Several other cities in Missouri are moving to waive that requirement. **The Kirksville City Council has eliminated the buffer zone completely for retail dispensaries** and reduced it from 1,000 feet down to 300 feet for cultivation, manufacturing and testing facilities. **The City of St. Louis has also eliminated the buffer zone around retail dispensaries.** The Cities of Ellisville, St. Joseph, and Creve Coeur have all reduced the buffer zone down to 300 feet. Boonville is actively engaged in discussions regarding reducing the buffer zone there.

I suggest we reduce the buffer zone for retail dispensaries, but not necessarily for cultivation, manufacturing and testing. **Retail facilities are similar to the uses presently permitted in downtown Columbia.** I do not believe there is any prohibition on the location of pharmacies in downtown Columbia. Their absence there is due to economic factors and not zoning issues.

**There is absolutely no reason why a medical marijuana dispensary should not be allowed in any location where a pharmacy would be permitted.**

The Planning staff seems to think that patients can simply jump in their cars and drive to a remote location to obtain their medicine. Indeed, some can, but **many patients suffer from greatly reduced mobility.** Many patients who suffer from chronic illnesses which respond favorably to cannabis as a therapeutic agent cannot just jump in their cars whenever they feel like it. Many such patients suffer from conditions which make that impossible or at best very difficult.

**The desire to serve the needs of patients should be foremost in the minds of the Commission and City Council in dealing with this issue.** More people are concentrated in the downtown area than in any other part of our City. There are almost certainly, therefore, **more patients in the downtown area than in any other part of our City,** as well. The need to provide access for patients who need medical marijuana is a good reason why medical marijuana facilities should be allowed to locate in the downtown area.

As I indicated in my previous letter, **I respectfully suggest that reducing the buffer zone down to 200 feet would certainly be a reasonable and prudent thing to do. Eliminating it altogether would be a perfectly reasonable approach, as well, just as the Cities of St. Louis and Kirksville are doing.**

Most important, **there is no need to rush through this process.** I will try to be present and offer some comments at your May 9 public hearing. I realize the City Council will have the final say in this matter, and the City Council will hold a public hearing, as well. I urge you to take your time and consider other options in addition to the very strict and unnecessary course of action recommended by Mr. Zenner in his April 8 memo.

If you would like to contact me by telephone or text to discuss this further, please call me on my cell number, **573-819-2669,** any time.

Thank you very much.

Sincerely,

Dan Viets, President  
New Approach Missouri

DV:ck

PC: Columbia City Council Members, Mr. Tim Teddy, Mr. Jose Caldera, Mr. Pat Zenner



**Dan Viets, J.D.**

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15 N. 10th St. Columbia, MO 65201 | 2019 Lawyer of the Year Award from Missouri Lawyers Weekly; Recognized by Best Lawyers, Missouri and Kansas Super Lawyers, America's Top 100 Criminal Defense Attorneys, Lawyers of Distinction and National Trial Lawyers; Former President of the MO Association of Criminal Defense Lawyers; Atticus Finch Award recipient; Missouri NORML Coordinator and Lifetime Achievement Award recipient, 2014 Al Horn Award Recipient and 2018 Peter McWilliams Award for Medical Marijuana Advocacy recipient; Secretary of the National Board of Directors of NORML

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