

**SENATE BILL NO. 2842**  
**(First Reprint)**

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 2842 (First Reprint) with my recommendations for reconsideration.

The "New Jersey Compassionate Use Medical Marijuana Act" was signed into law in January 2010 with the intent to help provide relief for individuals suffering from certain debilitating medical conditions. Tasked with implementing this law, the Department of Health carefully crafted regulations to launch a sound and viable program. Since then, patients across the State have been able to register with Alternative Treatment Centers ("ATCs") and receive the therapeutic benefits of participation. Marijuana, of course, remains a controlled substance under federal law. Implementing a State-sanctioned system of marijuana sales while the drug remains illegal across the country has raised numerous challenges, and necessitated thoughtful and legally sound regulations. As a result of the superb work by both the Department of Health and the Department of Law and Public Safety, New Jersey has been able to offer seriously ill patients this new form of treatment in a manner that is medically based, appropriately focused, and sufficiently supervised. These core principles are fundamental to the long-term success of this program, and will allow New Jersey's ATCs to continue to withstand federal scrutiny and avoid adverse action by the federal Drug Enforcement Agency and prosecution by the Department of Justice. I am pleased that, because of these

efforts, New Jersey has avoided the abuses that have befallen other states.

I am mindful, however, that not every circumstance could have been anticipated when drafting the current regulations governing the sale of medical marijuana. Now, based on the State's experiences designing and implementing this new and novel program, certain limited modifications are appropriate. Our regulations should address the needs of all qualifying patients, both minors and adults, while continuing the necessary safeguards from abuse, addiction, and unforeseen harm. Accordingly, removing the current three-strain limitation on medical marijuana that may be cultivated by an ATC will allow dispensaries to develop products tailored to the needs of particular patient populations, and thus provide additional options to those in need.

Similarly, qualified minors should be allowed access to products in appropriate edible forms to ensure that children can receive treatments consistent with their age and medical needs, as well as the individual preferences of their guardians. As I have repeatedly noted, I believe that parents, and not government regulators, are best suited to decide how to care for their children. While many will disagree with the decision to allow minors access to marijuana, even for serious illnesses, parents should remain empowered to make a choice based on their own reflections, study, and physician consultation.

However, while certain components of the program warrant revision, the need for children to benefit from additional, specialized review prior to entry into the program must be maintained. Recent reports inaccurately citing the current requirements for children reveal misunderstanding of our

regulations. To be admitted in the Medical Marijuana Program, a qualifying minor must receive approval from a pediatrician and a psychiatrist. If either doctor is registered with the program, no additional approvals are needed for treatment. This approach is endorsed by the New Jersey chapter of the American Academy of Pediatrics, which advises that children are at particular risk from the use of marijuana because their reactions to medications often differ from adults. Notably, at least one recent study has indicated a rise in emergency hospitalizations in Colorado for accidental marijuana ingestion in children. Protection of our children remains my utmost concern, and our regulations must make certain that children receive the care they need, while remaining well guarded from potential harm.

I commend the countless public officials and private partners who have worked tirelessly to make the New Jersey Compassionate Use Medical Marijuana Act a sound, safe, and scientifically driven success. The regulatory improvements I recommend today will continue to build on these accomplishments, and guarantee that the program operates in a safe and effective manner.

Accordingly, I herewith return Senate Bill No. 2842 (First Reprint) and recommend that it be amended as follows:

<u>Page 2, Section 1, Line 15:</u>	Delete "(1)"
<u>Page 2, Section 1, Lines 26-32:</u>	Delete in their entirety
<u>Page 3, Section 2, Lines 14-15:</u>	Delete "another form permitted by the commissioner" and insert "any other form as authorized by the commissioner. Edible form shall include tablets, capsules, drops or syrups and any other form as authorized by the commissioner. Edible forms shall be available only to

qualifying patients who are  
minors.”

Respectfully,

/s/ Chris Christie

Governor

[seal]

Attest:

/s/ Charles B. McKenna

Chief Counsel to the Governor