THE RESTORATION ACT

11/27/21

FORWARD

Whereas in November 1996, medical cannabis became legal under Prop 215,

Whereas in October 2003, medical cannabis guidelines were further established and codified into law under SB 420,

Whereas in July 2015, Governor Gavin Newsom chaired a Blue Ribbon Steering Committee that would set policy option for regulating marijuana in California, titled the Pathways Report,

Whereas in November 2016, a **recreational** cannabis initiative, Prop 64, was approved by the voters that would assume control of cannabis law and regulation including all previous medical cannabis laws under Prop 215 and SB 420. Under Prop 64, § 11362.45 "Nothing in § 11362.1 shall be construed or interpreted to amend, appeal, affect restrict or preempt …(i) Laws pertaining to the COMPASSIONATE USE ACT OF 1996" yet, as shown be its title, the very next section of Prop 64; SECTION 5 USE OF MARIJUANA FOR MEDICAL PURPOSES. Sections 11362.72, 11362.713, 11362.84 and 11362.85 are added to the Health and Safety Code and 11362.755 of the Health and Safety Code is ***amended*** [emphasis added] to read;

Whereas on July 19, 2021, in a letter to California Attorney General Robert Bonta, Gubernatorial Candidate Nickolas Wildstar provided statements to AG Bonta as to why Prop 64 was an illegal initiative and as such must be repealed; as the state cannot be in the business of violating higher federal law where it arguably assert protection through the 10th Amendment, while mandating cannabis licensees, de facto, must waive their 5th Amendment protection against involuntary self-incrimination to obtain state licensing but are not afforded that same defense.

Whereas in both the above mentioned and the follow up letter to CA AG Bonta on July 27, 2021 Wildstar provides his points and authorities to support his contention that Prop 64 was an illegal initiative, one that should have never been presented to the voters, and which with its passage and subsequent enactment in SB 94 has, contrary to the stated intent of Prop 64 as passed, damaged large numbers of people who have attempted to transition from the traditional "illegal" market into the regulated "legal" market who will likely be seeking recovery for those damages.

SECTION 1. PURPOSE AND INTENT

1) The suspension and/or repeal of Prop 64 will result in a certain amount of confusion and disruption within the licensed cannabis industry. This is to be expected. The purpose and intent of the **RESTORATION ACT (RA)** is to provide a regulatory framework that minimizes that confusion and disruption by setting forth regulations that are in compliance with **BOTH** the will of the citizenry of Prop 215 and Prop 64; and with federal and international law as detailed herein.

2) The current state agency that provides oversight of Prop 64 cannabis licensees is the **Department of Cannabis Control (DCC)** or its predecessor agency, the **Bureau of Cannabis Control (BCC)**, will be disbanded.

   a. All regulated cannabis activities within the state will require a permit from the newly formed **Department of Cannabis Administration (DCA).**

   b. All current subagencies to DCC or BCC will have duties under the DCA, including but not limited to;

      i. State Water Resources Control Board
      ii. Department of Fish and Wildlife
      iii. California Regional Water Control Boards
      iv. Board of Forestry and Fire Protection
      v. Department of Food and Agriculture
      vi. Department of Public Health
      vii. Traditional State Law Enforcement Agencies

   c. The DCA will be governed by a Director, who is appointed by the Governor.

      i. The DCA will divide California into 4 separate regions with each region having a Deputy Director who serves under the Director. The Director shall appoint each Deputy Director.

      ii. A 16-member, **DCA-Cannabis Advisory Panel (DCA-CAP**) will be created that will consist of 4 members for each of the four regions. Members will be appointed based on industry skillsets determined by the Deputy Director and confirmed by the Director for 3-year engagements.

   d. The DCA will allow those current Prop 64 Licensee(s), to continue to operate in a for-profit status, under such limitations in size and scope as were originally enumerated in Prop 64, specifically, the original size on caps, number of licenses. And lack of out of state investment/eligibility for licensure as the voters intended and approved, until such time that those licenses expire under the following conditions:

      i. The Prop 64 Licensee will be required to sign a statement whereby they acknowledge they are knowingly violating higher federal law by maintaining a for-profit operation. This in no way should be seen as immunizing the Prop 64 licensee from criminal jeopardy at a federal level should they elect to operate under Prop 64 licensing standards until such time that the licensees license would expire.

      ii. Retail will not be paying state point of sales taxes as no state agency can accept those revenues without being party to aiding and abetting a Prop 64 Licensee in violating higher federal law.

e. Prop 64 Licensee Farms will no longer be paying any cultivation taxes on harvested product as the DCA cannot legally accept "for profit" revenues from these transactions.

i. METRC reporting and tagging of plants will no longer be required.

ii. Alternatively, to those preceding Prop 64 Licensee options the Prop 64 Licensee may elect to transition into a not-for profit status and like new licensees be required to submit to all the conditions as set forth in Paragraph 2 as a DCA Licensee would be given a one-year DCA fee abatement for having done so. This offer will only be offered to those Prop 64 Licensees with more that 6 months left on a provisional or annual license as had been granted by the previous BCC or DCC agencies.

iii. Those Prop 64 Pending Licensees who are in a local application status can elect to continue with that application process and once granted would be afforded the same terms and conditions as set forth in the Prop 64 Licensee conditions.

iv. Alternatively, to those pending Prop 64 Licensees they may elect to discontinue that local application process and request a full refund of all application fees that have been charged for that application. LOCAL governments will be given a maximum reimbursement amount which they may apply for from the STATE to help offset these refunds.

3) The DCA will operate much differently than the previous agency functions. They will consider cannabis and hemp as agricultural products, subject to the same rules and regulations as traditional crop cultivation with the following exceptions:

a. Cannabis will be treated as a state regulated and licensed, medical, not for-profit crop as it had been previously considered in Prop 215 and SB 420.

b. While Prop 64 is an illegal initiative that had to be repealed it did teach us some things that have been incorporated into the RA and that will serve to improve the language and intent of those previous medical cannabis laws. Those improvements, as will be defined herein, will go to compassion, regulation, environmental protections, reduction of greenhouse gasses, labor law and protections, doctor-patient cannabis relations, personal grow, pesticide toxicity levels, social equity, and a method of reporting that will not be over burdensome and allow the market to accept a wider range of participants allowing the state to benefit from a transparent and cross-communicative relationship with the Licensee.

c. Anyone transacting in regulated cannabis will be required to have a state issued license by the DCA.

d. Those that do not have a state license will be subject to potential criminal prosecution if they are found to be trafficking in unlicensed cannabis.

e. The state DCA licenses will be given only to **not-for-profit collectives (DCA Licensee)**. The annual fee for a DCA Licensee will be $2,000.00.

f. A first-year fee abatement or $2,000.00 may be given to a qualified DCA Licensee who has demonstrated that they have been a victim of the war on drugs relative to previous cannabis laws.

g. A state DCA license will NOT be given to a cooperative whereby a cooperative, while a recognized statutory entity, can generate profits whereas a collective cannot.

h. A **not-for-profit collective** will be defined and recognized as a statutory legal entity as being a group of people who have formed an association or organization where all members are equal owners.

   i. All members will be equal owners of the "collective".

   ii. For purposes of plant counts, each outdoor collective will be allowed to grow up to 6 flowering and 12 vegetative plants per member and/or a combined total of 18 lbs. of combined finish flower and/or extracts.

   iii. For the purposes of plant counts, each indoor or greenhouse collective will be allowed to grow up to 6 flowering and 12 vegetative plants per member and/or to possess dried cannabis flower in an amount equaling 24 oz (1.5 lb) as an 18 lbs/year cumulative total.

   iv. Each collective may have up to 24 clones per member.

   v. The **DCA-Anti-Diversion-Division (DCA-ADD)** will track individual member "equitable reimbursements" so as to not to exceed a maximum annual purchase amount of 18lbs/year or 5.6oz/week of combined finished flower and concentrates/extracts.

   vi. Certain members will be given managerial and task functions for which they will be compensated for.

   vii. The collective will not make a profit. Any revenues created above and beyond the actual operating costs of the collective are to be reinvested into improving the collectives needs.

4) As a DCA licensed cultivator, **(DCA-Farm**) would pay an annual per sq-ft **DCA Baseline Cultivation Fee (DCA-BCF)** of $1/100 sq-ft payable within 180 days of license issuance.

i. A DCA-Farm may designate up to 25% of their processed and tested approved cannabis to "compassionate use" needs. This cannabis will be labeled as **DCA-Compassionate Use (DCA-CU)** materials that are available free of charge to any patient that the licensed dispensary deems financially eligible for that free cannabis. The DCA will look for any DCA-CU transactions to be entered into the DCA database so that, when necessary, the amount of DCA-CU product that licensed dispensary has on hand and labeled as DCA-CU, meets the stated amount they've been gifted for these types of gifted patient transactions.

ii. If, at any point in time, it is determined a DCA licensed dispensary is charging more than an equitable contribution for the DCA-CU products that licensee will be subject to fines, suspension and possible license revocation.

iii. The licensed dispensary is under no obligation to have DCA-CU products in their inventory and would only have them if the collective(s) were able to offer them,

b. Annual **DCA-Farms/Indoor (DCA-F/I)** licenses may, if qualified, be granted up to 20,000 sq-ft if the local government and all DCA environmental conditions for license approval had been met.

i. The DCA will not allow any state cultivation license to be issued without an attached California Environmental Quality Act **(CEQA)** report to accompany it. The DCA will be authorized to accept a ONE YEAR provisional license, that will NOT be extended, to those current Prop 64 Licensees since that form of licensing is a leftover ramification of the Prop 64 rules and regulation. However, if that Prop 64 licensee **is NOT** able to qualify for the DCA license, they **will NOT be afforded the same extendable provisional protections** that Prop 64 and/or any local government protections, offered under prior DCC and BCC license administration.

ii. Upon Annual Renewals, DCA will allow the **DCA-F/I** licensee to expand their crop canopy cultivation license by up to 50% from that of the previous year, providing they have had not had any DCA violations, are current on fee's and are within acceptable environmental and local government protocols for the proposed expansion. This section may be applied up to 5 renewals at which time the licensee will be at the DCA maximum indoor capacity of 100,000 sq-ft. There is no way to buy this size indoor grow. It must be earned.

iii. In addition to the BCF cultivation fee. a **DCA-F/I** Licensee will be required to pay an additional $10 per 100 sq-ft annual environmental surcharge to be used for carbon reduction programs due within 180 days of license issuance.

iv. A **DCA-F/I** Licensee may not exceed a 40 watts per sq-ft load, for cultivation, as measured at the canopy. If, upon spot inspections or through the use of Time of Use utility metering, it is determined the Licensee has exceeded those maximum load conditions, the Licensee will, upon written notice, be given 30 days to bring

their facility to within those parameters. The first notice of violation will not result in a fine. Subsequent violations will result in fines, suspension, and possible license revocation.

c. Annual **DCA-Farms/Greenhouse (DCA-F/GH)** licenses are $1/100 sq-ft due within 180 days of licensing, may, if qualified, be granted up to **1 acre (43,560 sq-ft)** and would allow the licensee to expand their crop canopy cultivation license by up to 100% from that of the previous year, providing they have had not had any DCA violations, are current on fee's and are within acceptable environmental and local government protocols for the proposed expansion. This section may be applied up to 3 renewals at which time the licensee will be at the DCA maximum greenhouse capacity of 3 acres (130,680 sq-ft). There is no way to buy this size greenhouse grow. It must be earned. There is no additional environmental surcharge to be applied on DCA-F/GH licenses.

d. Annual **DCA-Farms/Outdoor (DCA-F/O)** licenses are $1/100 sq-ft due within 180 days of licensing, if qualified, be granted up to 2 acres (87,120 sq-ft) and would licensee to expand their crop canopy cultivation license by up to 100% from that of the previous year, providing they have had not had any DCA violations, are current on fee's and are within acceptable environmental and local government protocols for the proposed expansion. This section may be applied up to 3 renewals at which time the licensee will be at the DCA maximum outdoor capacity of 6 acres (261,360 sq-ft). There is no way to buy this size greenhouse grow. It must be earned. There is no additional environmental surcharge to be applied on DCA-F/O licenses.

e. Annual **DCA-Manufacturing (DCA-M)** licenses will be available at an annual $200 per sq-ft basis.

   i. The DCA-M Licensee agrees to providing the DCA with access to the Licensees Time of Use utility metering.

   ii. The DCA-M Licensee agrees to pay an environmental surcharge of $0.50 per kW/hr whenever they exceed 200 kWh/day or 6,000 kWh/month. The DCA will require that the Licensee monitor these overages. When the DCA spots usage in excess of these values an electronic invoice will be sent to the licensee on 30-day cycles at which point that the charges become due within 14 days of having received that invoice.

f. Annual **DCA-Distribution (DCA-D)** licenses will be granted to those businesses that will transport the finished cannabis products to Retail Cannabis Dispensaries. No Licensee will permit the trade or exchange of cannabis products from a licensed cultivation or manufacturing facility. A DCA-D Licensee assures that the product being collected for delivery to a testing lab and/or dispensary has been properly tested and approved by a third party, independent, testing lab and the information has been uploaded to the DCA website for customer review. The DCA-D will provide security and transportation in unmarked, reinforced vehicles that maintain GPS and video tracking while underway.

i. A DCA-D Licensee must carry a $1,000,000 theft and liability bond that protects their cargo during transportation.

g. Annual **DCA-Testing (DCA-T)** licenses will be granted to those qualified businesses that are qualified under regulations as established by the Department of Health for third party testing labs. There may be no co-ownership between the principal parties of a DCA-T type license and any other DCA license being offered.

i. DCA-T labs will test products provided to them by batch samples from the DCA-D Licensee. The batch samples will then be uploaded to the DCA website at which time they are given a pass or fail by the DCA-T lab.

ii. If the test batch is given a fail and it can be remediated to bring the products being tested into compliance with quality and safety standards as promulgated by the Department of Public Health would allow that product to be uploaded to the DCA website as a passed product.

iii. Both DCA-T and DCA-D sign-offs must be made on the DCA website for the batch being tested. This will reduce the chances of batch swapping for the purposes of clearing products that do not meet threshold safety limits.

iv. DCA-T testing fees shall be paid by the Licensee Growers submitting product.

v. Products that fail testing standards must be destroyed in an environmentally sensitive manner so as to not be diverted into the unlicensed cannabis market.

5) The **DCA-Cannabis Advisory Panel (DCA-CAP)** functions will include:

a. Processing license requests and assuring the local government approvals have been met for Land Use Regulations and environmental compliance in a timely fashion.

b. Would restrict the use of genetically modified cannabis seeds.

c. Would eliminate the unfair practice of drug testing for cannabis metabolites which can be retained in the human body for months. Impairment testing for non-metabolized cannabis as a more effective and accurate measurement for impairment or recent usage, would replace the metabolite test.

d. Would prohibit California Law Enforcement agencies from assisting Federal Drug agents from attempting to enforce federal cannabis laws in DCA licensed or personal gardens as defined within this ACT.

e. Medical cannabis users' right to bear arms shall not be restricted.

f. Child Protective Services shall not use a medical cannabis patients access to their medical cannabis as an element of the decision to remove any children under their care from that home.

g. Removes medical cannabis from the California Uniform Controlled Substances Act, which currently allows the federal government to regulate medical cannabis as a schedule 1 drug.

h. Would mandate that the state establish impairment-based standards, similar to those established for alcohol, to determine levels of impairment for the safe operation of motor vehicles and/or other equipment.

i. Maintaining spot surveillance and cumulative water usage does not exceed stated demands.

j. Spot checking of site conditions to assure that all Fire, Life and Safety protocols are in place and being followed. Should areas of improvement be found the DCA will provide written "Incident-1" notification to the Licensee as to what must be corrected. The Licensee will have up to 60 days to make those Incident-1 corrections and notify the DCA of the completion at which time, upon confirmation, the incident would be closed. Should the incident not be closed the DCA has increased authority under enhanced incident levels to extend the time for correction, issue fines, suspend or even revoke a license depending upon the situation.

k. Confirm all cannabis has been tested for residual chemicals that would be in excess of the limits that had been set forth in Prop 64.

l. Provide a website portal that allows patients to take images of the product bar code and confirm the DCA Licensee status when the product was harvested and the product profile.

m. When applicable, adjust DCA regulations to meet those specific regions regulatory needs.

n. The DCA website will be modeled after the California Contractor State License Board (CSLB) website in that this is a format that works exceptionally well for the contractors and the consumers. It's also a very successful government agency that reports their funds to the General Fund, is highly accountable to the public, **operates at a profit and is fee, not tax based.** The DCA does not have to recreate the wheel. The wheel is already there and spinning.

    i. The CSLB website invites unlicensed contractors to work towards licensing, provides the customer a way to research the contractor and his employees and provides ongoing education to help those who are in need of information, a central portal to do so.

    ii. The DCA website will be the primary portal for customers, licensees and physicians to provide and access their records.

iii. Per SECTION 1. para 3 (g)(v) the DCA-ADD will track member purchases so as to not exceed 18lbs. over 12 months or 5.6 oz per week from the activation date of their license. Members that have reached those levels will be denied access to the RCD.

iv. The DCA website will be an educational portal to develop industry education and accreditation.

v. The DCA will incorporate new and existing cannabis curriculums to serve as educational partners in the DCA accreditation programs.

vi. The DCA website will provide cannabis history.

vii. The DCA website will address legal, law enforcement and judicial issues that go to the constitutional integration of both licensed and unlicensed cannabis activities.

viii. The DCA website will include real time, topic-based blogs to answer questions and discuss the industry conditions.

ix. The DCA website will promote sustainable cultivation practices and post those current programs that promote the latest in green energy and water savings products and techniques.

o. The DCA will operate under a big tent philosophy. We want our legacy farmers to have a seat at the table. As long as local government is satisfied that the legacy farmer is not breaking any Land Use Regulations specific to that location, the DCA will bend over backwards to process and approve, within 90 days, those applications that have provided the supporting EIR/CEQA and paid the licensing fees.

p. Once a DCA License has been issued the License will not start timing out until the Licensee notifies the DCA that they are ready to begin operations. At that time the licensee shall have the requisite video and water metering up-linked and streaming to the DCA website. The DCA will also require that all local permits, inspections, and Certificates of Occupancy have been made prior to finalizing the state DCA License and converting the Application to a license under an **Annual Operating Agreement & License (AOAL).** Licensees are given up to 120 days to convert from an Application to an AOAL status. If they require longer, that's fine it will not prevent them from eventually getting that AOAL status, it's just the DCA will not wait longer than that to convert an application to an AOAL status for remaining time on the license.

q. The DCA Licensee agrees to make their property accessible to any DCA authority that would want to spot check the site to assure compliance.

r. Under a DCA AOA License the DCA inspector is only authorized to check those areas that are listed in the Licensees Area of Operations. If the DCA inspector has reason to believe there is cannabis activity occurring outside the claimed area of operations the

inspector may ask to see that area but if they are refused it will be within the Licensees 4th and 5th amendment rights to do so. The inspector can note any suspicions they have on their spot report; but unless further evidence of **unlicensed activities**, nothing further will come of it.

s. If additional information comes to light and is then proven that a licensee is engaged in unlicensed operations the fines and penalties for those unlicensed activities will be retroactive to when the original report denoted those activities.

t. The DCA Licensee acknowledges that these are state fees only. The local government may have licensing fees and regulations that would apply which are in addition to the ones required by DCA.

u. If local government licensing requirements are not being met, that local government may elect to notify DCA of the infraction. DCA will send a letter out that gives the Licensee, 7-30 days, depending on the infraction, to correct it and restore that local government license to good standing. Failure to do so can result in a state license suspension and/or a revocation should the matter fail to be resolved.

v. Licensees may appeal any ruling with the regional DCA Rulings Panel. This 5-member panel, made up of appointed officials by the Regional Director will serve 5-year terms to hear grievances and decide matters that may occur during the Licensees AOA term. Upon hearing the evidence these decisions are made within 14 days of the hearing. There is a $1,500.00 nonrefundable charge. However, there is a compassionate waiver to this charge that may apply should the licensee prove financial hardship a complaint with the DCA Rulings Panel.

w. If the Licensee is unsatisfied with the decision of the regional DCA Rulings Panel they may appeal it to a 3 member Appeals Panel, appointed under 3-year terms by the Director of the DCA based in Sacramento. The Appeals Panel will review the evidence presented to the regional DCA Ruling Panel and would consider any additional information and evidence the Licensee wishes to provide the Appeals Panel. These Appeals Panel decisions are made within 14 days from the completion of the arguments. There is a $2,000.00 nonrefundable charge however if a compassionate waiver was applied in the lower court it would continue to apply in the Appeals court when filing an appeal. The decisions of the Appeals Panel are final.

x. If either the DCA Ruling or the DCA Appeals decision goes, regardless of the percentage in that decision, to the Licensee, the DCA is authorized to add up to 180 days to the Licensees Annual Operating Agreement to help offset the fees.

6) All DCA Licensee Requirements:

a. All DCA Licensees must have, or offer proof of having applied for, a non-profit 501C3 status at the time of the application.

b. The DCA Licensee agrees to open and transparent communication with the DCA. We're learning here too. The DCA Licensee is not guilty until proven innocent. If there are systems and procedures that will improve our abilities to grow the worlds finest cannabis and improve our patients' experience, then we want to be a part of that process. As such we will ask our DCA Licensees to meet, where applicable, the following conditions:

i. All cultivators will provide real-time ultra-sonic flow meters to determine the actual water use for their farm. If the actual water use is greater than 50% above what the application stated, the licensee will either be required to pay an environmental surcharge for the overage or reduce their water demand to the stated values in the application.

ii. All Licensees shall agree to allowing DCA electronic access to the utility metering for the area of operation being licensed. DCA monitoring is to be used only to assure that the Licensee is staying within the terms of their energy use agreement as denoted in the Annual Operating Agreement and that any sign of unusual increased load activity is cause for investigation by the DCA.

iii. All DCA Licensees shall agree to 24/7 live video surveillance of the area claimed under their areas of operation.

iv. All DCA Licensees will agree they, prior to litigation, arbitrate any decisions that may apply against them at the DCA Rulings and Appeals Panels. Licensees may retain counsel and be represented during those hearings.

SECTION 2. PERSONAL USE

1) Unless specifically disallowed under local ordinance the DCA recognizes the need for **Personal Use Growth (PUG)** medical cannabis products and deems up to 12 flowering plants and 16 vegetative plants indoors or 6 flowering, 12 vegetative outdoor plants and 24 clone plants, to be within the scope of personal growth requirements for an individual patient. Patients requiring greater amounts of cannabis then what these personal limits allow are encouraged to join a collective and retain them to assist the patient in meeting their requirements for the genetics and amount of cannabis that their physician has recommended for their condition.

2) Patients that grow in excess of their own personal use needs and therefore have **Personal Excess Cannabis (PEC)** may bring that extra plant material to a licensed collective (see SECTION1 para 4 (i)) of which they are a member, would be given a receipt for the PEC materials they brought in, and that material could then be available to other collective members once DCA-Testing had been completed. Upon satisfaction that the materials were suitable for the market, the PUG would receive an equitable reimbursement for that material and the transfer of physical possession would be noted in the DCA database as having taken place between that PUG and that licensed collective. At no point, during any calendar year, can a PUG contribute more than the total amounts they are allowed to possess in a year for personal use. DCA-PEC transactions may

ONLY be done through a licensed collective and offered to licensed dispensaries AFTER the testing has been completed. No PEC transactions will be done directly between a licensed dispensary and the PUG.

a. A PUG must be registered with the DCA when they have PEC they wish to supply to the market.

b. The PUG may trade PEC to a licensed collective, with proper identification and documentation. The collective may take that material in where it will then be tested. Upon satisfaction of the materials testing being within toxicity limits, that PUG will receive an equitable reimbursement from the collective.

SECTION 3. MEDICAL PATIENT REQUIREMENTS

1) Each patient shall have a current physician's recommendation.

   a. Under the Health Insurance Portability and Accountability Act **(HIPAA)** privacy laws the DCA will not share individual medical patient records with any private or government agency unless the patient has authorized the release of that information or there is a court order to do so.

2) Upon receiving their physician's recommendation, each patient will agree to a minimum of one physician follow up per year to discuss usage, results prescription interactions, overall quality of life and any recommendations to adjust their needs.

3) To those patients over 21, who are afflicted with terminal or incurable conditions they will only have to purchase a onetime physician's recommendation. The DCA will issue have a **Terminal Conditions Medical Cannabis Patients A Card (GOLD)** that will never have to be renewed.

4) Physicians will approve the **General Conditions Medical Cannabis Patients B Card (WHITE)** which will be generated by DCA and sent to the patient directly. Physicians that are enrolled in the DCA program will agree to a per patient cap of $75 per year with some charging less. Once the patient is approved, the DCA will issue a digital record at no charge. Physicians can issue cards if they like but it's not mandatory as the DCA record will be tracked as the patient enters a licensed dispensary. A doctor's card will not replace a DCA record.

5) Physicians may write recommendations to patients 21 and under. Those patients will be given a **Minor Medical Cannabis Patients C Card (RED)** who are in need of medical cannabis. To those RED CARD patients, they will be required to renew annually until such time that they turn 21 and would qualify for a WHITE or RED CARD.

6) Physicians may write medical cannabis recommendations for those patients who see their access to cannabis as a religious liberty exercised by their use of cannabis as a sacrament. These **Medical/Religious D Card (GREEN)** would require an annual physician's and a once yearly, follow up prior to the renewal.

7) All, or a portion to be negotiated based on each individual's financial condition, of each medical cannabis patient's equitable reimbursements for their medication will be subject to private and public insurance thru **DCA Compensation (DCA-COMP)** at the **DCA-Point of Sale (DCA-POS).** This portion of the COMP will be DCA identified on the individual patient's card and deducted from the total shown at the POS. DCA will then bill the health care provider for the deducted amount.

SECTION 4. RETAIL CANNABIS DISPENSARIES AND DELIVERY SERVICES

1) The DCA will license Retail Cannabis Dispensaries under an annual DCA-RCD not for profit license.

2) The DCA will require a per sq-ft fee for the dispensaries entire indoor area or **Dispensary Floor Area (DFA)** of operation.

3) A DCA-RCD Licensee will have armed security at various points within their facility.

   a. All Security, whether contract or employed, must be licensed by the DCA (DCA-SEC) to wear on display, a photo ID that shows the identity of the guard and their DCA ID No.

   b. The DCA-SEC will be identified by varying levels of authority.

   c. All DCA-SEC employees must be covered by a minimum $1,000,000 liability insurance with the Licensee named as an additional insured.

   d. A **DCA-SEC1** licensee is a state certified position who will be responsible for the entire security protocols of the dispensary. That will be assuring that all aspects of the dispensary are being managed by the Licensee to assure the safety of the Licensee, the employees, and the patients.

      i. The SEC1 Licensee will by the security point of contact with the DCA.

      ii. The SEC1 Licensee will be responsible for the actions of those SEC licensees below them.

      iii. The SEC1 Licensee will assure that video surveillance is active, stored for a minimum of 60 days and is signal acquired by the DCA.

      iv. The SEC1 Licensee will assure and authenticate video signal acquisition on a daily basis through a Licensee log in portal on the DCA website.

v. The SEC1 Licensee will, at close of business, provide the DCA with a daily number of patients who have entered the DFA.

vi. Monthly totals of patients accessing the DFA would be authenticated by the SEC1 Licensee and would require the RCD Licensee to pay a per **Patient Access Fee (DCA-PAF)** of $2.50 per patient. This payment would be self-calculated and would require that payment to DCA be made within 15 days of the prior months close of books.

e. A DCA-SEC2 Licensee will be responsible for assuring that all products brought into the dispensary has been delivered by a licensed DCA-D and that the products have the DCA bar code on those products being delivered.

i. The SEC2 Licensee will scan the incoming products bar code and if the products are not registered on the DCA website they cannot be accepted as inventory until such time that they have been registered on the DCA website.

f. There will be a **DCA-Dispensary Screening Area (DCA-DSA)** that patients must check in to assure they have a current physician's recommendation as well as the licensed DCA Collective Farm ID No. they are a member of. Once security ascertains that patient has an active patient ID card, the patient will be allowed access onto the DFA.

g. The RCD will put the guard checking the patient ID behind bullet proof glass.

h. The DSA will not allow a patient to access the DFA until such time that the doors securing the DSA have been closed. Only then will the patient be granted access to the DFA.

i. To access the DFA the patient will have to walk through a metal detector. No guns, knives or weapons will be allowed on the DFA.

j. To leave the DFA the dispensary will also be required to have a **DCA-Dispensary Secure Exit (DCA-DSE)** which like the DSA access protocols secures the DFA by independent controlled passage.

k. The DCA-SEC will provide the DCA with a real time accounting of the number of patients who gain access to the DFA. This will be referred to as **Patient Traffic Counts (PTC).**

4) There will be an annual $200 per employee fee for that dispensary.

a. RCD Bud Tenders will be classified under three separate license classifications.

b. An **RCD-Bud Tender1 (RCD-BT1)** is a general-purpose level 1 employee that has less than 1 year in the industry and has not completed any of the DCA curriculum that identifies strains and what their consensus has been for the homeopathic and naturopathic

reports of others achieving homeostasis through its use, dosing and with or without any combination of prescription medications.

c. An **RCD-Bud Tender2 (RCD-BT2)** has over one year experience at bud-tending and will have completed the DCA-BT2 online course curriculum that identified certain genetics with patient conditions. They are not doctors, nor will they give medical advice. They will be able to inform patients of the latest information concerning which medical cannabis chemical ensembles are reported as being most effective for certain conditions.

d. An **RCD-Bud Tender3 (RCD-BT3)** is required to have over 5 years' experience in any combination of medical cannabis cultivation, manufacturing, science, and retail dispensing. They will be responsible, as the last line of defense to the patient for assuring to as great a degree as possible, the accuracy and efficacy of the products and information being offered, that a database is maintained that would provide those doctors doing patient follow ups information regarding the patients' genetics, dosing and any feedback they are willing to report to the RCD-BT3 Licensee. The BT3 level certification will be available through the DCA as an online accreditation.

e. When PTC levels are less than 50 patients a day or 150 during a month, an RCD Licensee will only be required to, at a minimum, have one RCD-BT1 and one RCD-BT2 on staff during normal business hours. For those low, (<150/month) PTC level dispensaries, a BT-3 level licensee would still have to be employed but they can be hired under contract and work offsite. The only requirement being that they must have access to the RCD patient database to assure accuracy of the information being available.

f. When PTC levels are greater than 150 patients a month, the RCD must employ an on-site BT-3 level licensee.

g. When PTC levels are greater than 400 patients a day that RCD would agree to allow the employees to engage in collective bargaining under Labor Peace Agreements. The DCA would then post the **DCA-Labor Peace Agreement (DCA-LPA)** on the DCA website so that customers would know that this dispensary is one that values its employees and maintains their rights under these LPA agreements.

5) The DCA will require all owners, managers, and employees to be registered with the DCA with their identities available on the DCA website and badges with pictures to be worn indicating their state DCA identification number.

6) The RCD Licensee must confirm that any transaction between a patient and the Licensee is accompanied by a current physician's recommendation. No transaction can occur without the physician's recommendation.

7) The DCA-RCD Licensee will not charge ANY taxes at the point of transfer.

8) The DCA will issue **Delivery Service Licenses (DCA-DS)** under the following conditions:

a. The DCA-DS Licensee is operating under the oversight of the RCD Licensee.

SECTION 5. CONSTRUCTION AND INTERPRETATION

The provisions of this act are meant to stand in accordance with any federal laws and not present a positive conflict with federal drug, tax, health or environmental law. It is meant to meet our international obligations under the United Nations Single Convention on Narcotics Section 49 Para 2(f) in that cannabis may be used by member nations for medical and scientific purposes only. In addition, the provisions of this act are meant to address the following conditions.

1) Culture: for generations many of the citizens of our nation have endured and been the victims of the War on Drugs. This has included cannabis when it was considered illegal at the state and federal level. Times are changing. The science is available to support the medical benefits of cannabis and with that the laws have been slowly changing to make medical cannabis an acceptable part of our lives. But that does not change the fact that there has been a history of involuntary servitude through unlawful raids, excessive force, corruption seen in law enforcement, elected and appointed officials. Lawyers and even our judiciary. This has created an atmosphere of hate and distrust amongst many who have toiled in the cannabis industry, in some cases for generations, where the "pay to play" way of doing business was considered the norm or the minority communities that would be targeted for the color of their skin with the sentences and incarceration rates being 10X greater than that of white defendants. Where our state and federal cannabis laws discriminated against our veterans, our formerly incarcerated, parents who would lose children for medical cannabis use, the "no knock" warrants that destroyed our lives, and the list goes on. These have ALL been subjective and oppressive manifestations of the "progressive" cannabis reforms we have seen under initiatives such as Prop 64. Under the RESTORATION ACT the DCA clearly has its work cut out for them but in the spirit of mending fences and serving their constituency they intend on doing so.

2) Social Equity: the benefit of medical cannabis is that it should not discriminate by race, gender, religion, sexual preference, who you know, who your family is or how much money you have. We all have times in our lives where medical cannabis could be used to improve a physical condition that would normally be addressed with alcohol or prescription drugs. We owe it to those generations who will come after us to give them an opportunity to learn and engage in the business that is cannabis. The DCA will actively work with those social equity applicants who will be living and working in their home communities to bring safe, secure, licensed cannabis to their medical patients.

3) Enforcement: There is no room for those bad actors in cannabis who will blow themselves and others up with unsafe extraction methods, steal power, take over our forests with pirate grows that threaten our air and water with pesticides and heavy metals, risk those who would accidently come across them in the wild, divert water, leave trash, leave workers in inhumane living conditions or traffic in unlicensed cannabis products. When the DCA, or any of its subagencies, are made aware of these conditions, the response will be swift and will include all remedies to eradicate the products, the equipment, recover the interdiction costs, if warranted, file criminal charges and prevent the problem from reoccurring.

4) Preemption: The RESTORATION ACT will always be seen as a ruling regulatory framework for not-for-profit medical cannabis. In the event that higher federal, or international law, reschedules cannabis so that it might be regulated in a "recreational" form whereby various sales and excise taxes can be applied and collected, those enactments shall never be comingled under the regulatory authority of the DCA. This shall not be interpreted nor construed that the DCA may not also regulate social use cannabis but the records for social use aka "recreational" or adult use SHALL NOT be comingled with those of medical cannabis. The laws, rules and regulations for medical cannabis SHALL stand as defined in the RESTORATION ACT and shall not be altered to accept any co-regulation of for-profit, "recreational" cannabis law and regulation that may be enacted at some future date.

5) Sentencing Expungement: As had been a part of Prop 64, the RESTORATION ACT will continue the process of allowing anyone who has been sentenced for cannabis related charges, prior to the issuance of the RESTORATION ACT will be eligible for early release and/or the expungement of any charges they would have been convicted of. Unlicensed cannabis activities after the issuance of the RESTORATION ACT that fall outside of PERSONAL USE may result in criminal prosecution, depending on the nature of the crime.

   a. No DCA Licensee Applicant will be denied a DCA license based on past cannabis related charges or convictions.

   b. A DCA Licensee Applicant shall be denied a DCA license if;

      i. They have been convicted of any crimes that caused damage to the environment including but not limited to, protections for instream flow and water quality for a actions that occurred within the 10 years prior to their having submitted an application. An otherwise qualified applicant may post an annually-renewed $1M Environmental Impact **(DCA-EI)** bond that would be used as a waiver, allowing them to submit a license application.

      ii. They have been convicted of a felony violent crime in the 20 years prior to their date of application.

      iii. They have been convicted of a felony crime involving fraud, deceit or embezzlement within the 20 years prior to their date of application.

      iv. The applicant or any of its officers, directors or owners had been sanction by a local or state authority for unauthorized commercial cannabis activities on public lands.

SECTION 6. BANKING AND CURRENCY TRANSACTIONS

Historically, banking related functions within the cannabis industry, licensed or not, have been a challenge. Cannabis is mostly a cash business and the amount of cash generated and trying to get that cash into mainstream financial institutions has been a major headache for the cannabis industry. The

DCA will authorize a unique crypto-currency to be known as DCA-Bucks to be used for any transactions that occur within and by those DCA licensed operations.

1) The DCA will identify those banking institutions that will convert DCA-Bucks into traditional currency and what their rate of exchange will be.

2) If the market is slow to react the DCA may create their own credit unions to service those regional licensees with converting DCA-BUCKS into traditional currencies.

SECTION 7. REPORTING AND RECORD KEEPING

The DCA would request that all licensees provide product manifests to the DCA website that would reconcile the amount of product being cultivated (based on sq-ft values) to the amount being taken by distribution. Ultimately that product is tracked through the retail cannabis dispensary and the values should reconcile. If they do not, the DCA reserves the right to open an investigation and determine through audit processes where the failure has occurred. Other records that the DCA would require be submitted electronically for public viewing would be;

1) Collective Members Records

2) Two years of tax returns

3) Local government operational licenses

SECTION 8. INDUSTRIAL HEMP

The DCA shall have an Industrial Hemp Advisory Board (DCA-IHAB) that will work to establish programs to incentivize the use of hemp for industrial applications and bioremediation projects.

1) The DCA will issue annual licenses to industrial hemp Licensees at a cost of $1.00 per acre for **Bio-Remediation Hemp Licenses (DCA-BRH).**

2) The DCA will issue annual licenses for industrial hemp for all other **Full Market Hemp (DCA-FMH)** applications at a cost of $300 per acre per year.

3) The DCA will issue annual licenses for industrial **Hemp Research and Educational (DCA-HRD)** applications at $ 100 per acre.

4) All Licensees must maintain industrial hemp crops at tested levels below three-tenths of 1 percent.

5) The DCA shall limit the licensing of hemp to those applications received for sites which are a minimum of 10 miles away from any DCA-Licensed cultivator of high (>0.03%) THC cannabis. While research has shown that pollen can travel much farther than 10 miles, the amount of pollen

transported between these crops decreases logarithmically with increasing distance from the source.

SECTION 9. LOCAL LAW AND REGULATION

The DCA website will act as the central portal to ascertain that all licensing requirements as have been described herein have been met. All city, town or county governments (LOCAL) will have internal communication access for direct communication with DCA regarding general or specific licensing issues. The DCA will allow specific licensee issues that are actionable to be uploaded to the DCA Licensee account to be time stamped and if actionable will be tracked for action and response by the appropriate DCA agency under the following conditions;

1) Local governments will have their own fee-based licensing requirement. They will not collect tases for any portion of the licensed cannabis industry.

2) The DCA Licensee agrees to pay these fees and stay current with payments being made directly to those LOCAL governments.

3) The DCA Licensee agrees to obey all LOCAL rules and regulations for the operation of the license.

4) The LOCAL government would agree to not take any specific action against a DCA licensee that has not been accompanied by notice to the DCA that action is being taken which would prevent that Licensee from operating in accordance with the Licensees state authorized AOAL.

    a. The Local government will issue any **DCA- Local Government Licensing (LGL**) that would maintain the Licensees state authorized AOAL.

    b. Require any Local government that had voted yes on Prop 64 and would make it unlawful to license medical cannabis within their regional control to pass a local ordinance opting out of cannabis licensing as defined under the new DCA guidelines.

SECTION 10: MEDICAL CANNABIS RESEARCH AND SCIENCE

With the rising numbers of prescription overdoses, addiction and side-effects that are worse than what the medication causing them is supposed to treat, we owe it to humanity to understand what other options are available to us.

At present, those of us seeking to expand our knowledge of how medical cannabis can be used to treat certain conditions are standing on the edge of the Grand Canyon, blindfolded and hooded, on a pitch-black night, firing a shotgun and hoping we'll find something to cook for breakfast when we climb down to the bottom.

When considering the state of cannabis research, that is not an overly broad analogy. We know that cannabis works best when the terpenes, terpenoids, cannabinoids, etc. are present in the correct levels relative to each other.

In Chemistry, when chemical work together to produce an effect none of them have by themselves this is referred to as a "synergistic effect." (The cannabis science pioneer—Dr. Raphael Mechoulam and his associate—Ethan Russo have mislabeled this "the entourage effect." The phrase has caught on in the world of cannabis chemistry, but if we aren't going to use the proper chemical term, at least let's use proper English. We stand with Dr. Lester Grinspoon in calling this "The Ensemble Effect." Entourages follow a star around and ensembles work together to create something.)

Adding to the challenge in this is that, because of genetic or biochemical factors, each patient may react differently to the same Medical Cannabis Chemical Ensemble (MCCE). This is referred to as "patient individuation." This makes our search for ailment specific therapeutic regimens MUCH tougher than if we were hunting for single molecule medications. We seek to understand how and why these patient/cannabis experiences have seemed just shy of unique because one of the things which Allopathic ("Western") medicine has required before relying on a medication is the ability to give a quantifiable dose with repeatable effects.

The reader may be wondering what this has to do with striking down Prop 64/SB94 and replacing it with a system of cannabis regulation which: a) is not in positive conflict with federal and international law; b) allows almost universal access to cannabis for those who need it; c) provides a way to protect our legacy, multi-generational and artisanal growers and d) will advance our knowledge of the therapeutic effects of cannabis by, at the rate we've been going, decades per year for at least the next 5-10 years. (Be patient just a little longer and it will all be made clear.)

DCA will, as part of its mission, work to make and keep California in the forefront of medical cannabis research. DCA recognizes that much of this research has been done without the help of government approval and authority. DCA also recognizes that this is important work and is determined to see that the government to academic research corridors be open to those who would contribute to a better understanding of the complex nature these ensemble effects affect given medical conditions. In recognition of California's decades long contributions towards the research and science of medical cannabis cultivation, genetics development and extractions the DCA will endeavor to make research and science more accessible to those institutions that wish to pursue this science.

Suffice it to say federal and state government, law and regulation has not been a part of the collaborative medical cannabis research which this highly complex field demands. As a result of these undercoordinated research efforts, the majority of recommendations regarding the therapeutic use of medical cannabis currently being made are about what "Indica" or "Sativa" do. At a very slightly more advanced level we might hear a particular "strain" mentioned as being effective with a particular condition. These anecdotal reports get gathered into collections like "Grannie Storm Crow's List." These collections are a step in the right direction and have led to several specific strains being recommended for specific conditions and even a few being looked at

for pre-clinical studies. **However, relying on this approach at the current pace we won't have a close to complete picture of which MCCE work best in treating what symptoms of which diseases and for which patients, in under 100 years, give or take a decade.**

For research to be meaningful the data it's based on must be valid. This goes lab accuracy and reliance on reported results. So, one axiom for any proposed research is that uniform protocols and/or calibrated standards must be used in all testing. For this reason, ANY/ALL cannabis used in DCA-MCRS research shall be tested for both active ingredients and contaminants--biological chemical or minerals. It is in the best interests of both those who would federally seek to regulate cannabis (the FDA/DEA) and those who seek to research its potentials to have uniform, industry-wide testing standards. These standards need to be at least as high as those currently imposed on the nutraceutical/dietary supplement and pharmaceutical industries. This has not appeared to be possible where “for-profit” labs have been competing for the same pool of customers. The DCA intends enforce either standardized protocols for each metho by testing labs, or to operate testing labs at non-profit, actual cost, and centered in the 11 U of Cal. institutions.

The DCA also recognizes that under current state Prop 64 cannabis law, the for profit, “recreational” aspects of licensing cannabis puts the state and those licensees in "Positive Conflict" with federal law under the **Controlled Substances Act (CSA)** and the USA's treaty obligations under the United Nations' "Single Convention Treaty for the Control of Dangerous Narcotics," under the terms of which only medical and research uses of cannabis with a THC content > 0.03% are permitted; and which the United States of America is bound to comply with as a signatory nation.

The DCA, through its **Medical Cannabis Research and Science (DCA-MCRS)** licensing intends to coordinate with those federal agencies licensing requirements to see that this research meets research guidelines when it comes to medical cannabis cultivation, genetics development and extractions. Among other benefits of coordinated research licensing is that those multi-generational and "legacy" cannabis growers willing to comply with the FDA's rules governing security of facilities for the manufacture of controlled substances would be able to do so as contracted vendors under one of several advanced studies to be conducted at U of Cal’s 11 major institutions, including but not limited to, **"How Epi-genetic Factors Influence Chemo-typical Expression in known Genotypes of Cannabis."** To that end the DCA will be petitioning the Administrator of the FDA to change a technical rule to allow the subjects of a formal study to pay an "Administration Fee" each time they receive a sample.

The coordination of this research licensing would help to determine the relative levels of cannabinoids, thiols, terpenes, flavonoids present in determining how a particular “vintage” of cannabis will affect a particular patient. The percentage by dry weight of the dose's mass which is comprised of these active ingredients frequently determines the strength of the dose's effects.

This research would systematically collect Patients’ Subjective Reports of Effect, collate them and mine them for data useful in advancing our knowledge of cannabis therapeutics. In order to know how different MCCEs affect different conditions we will need thousands of growers, growing thousands of kinds, thousands of different ways in order to determine the

MCCE influence, if any, based on assignment of appellation (region). In order for the region to be terroir would the epigenetic factors that shape terpene percentage and terpene levels as terpenes may be primarily responsible for cannabis medical with the cannabinoids being the potentiating synergistic ensemble have an influence in patient response? We just don't know. Essentially what we are describing here is akin to the wine industry where soil, sun, water, temperatures, local micro-climates shape the characteristics of that vintage cannabis. Additional DCA-MCRS research will expand upon this area.

There is no legitimate reason, except for the current federal legal status of non-medical cannabis, that testing for potency and contaminants are being done by labs which are not ISO-certified. Many ISO certified labs have not been willing to do analytical testing on cannabis because of its status as a Schedule I Controlled Substance. This will not be the case when a DEA license for the "Manufacture a Controlled Substance for Research Purposes" is in place and coordinated through DCA licensing.

This research would systematically collect Patients' Subjective Reports of Effect, collate them and mine them for data useful in advancing our knowledge of cannabis therapeutics. In order to know how different MCCEs affect different conditions we will need thousands of growers, growing thousands of kinds, thousands of different ways in order to determine how epigenetic factors influence chemo-typical expression. This would apply to cannabis grown exclusively under lights, in light supplemented greenhouses, in non-supplemented Greenhouses and entirely sungrown from the beginning of the vegetative stage until the end of flowering, outdoors.

Additionally, the DCA will establish and maintain a system for assigning an optional Appellation to purely sun-grown cannabis. This system would be based on how Appelations are assigned to wines. Essentially what we are describing here is akin to the wine industry where soil, sun, water, temperatures, local micro-climates shape the characteristics of that vintage cannabis. Additional DCA-MCRS research will expand upon this area. To be assigned a regional Appellation will require that the 100% of the crop have originated within the geographic confines of said Appellation. Besides the Appellation, cultivators will be required to list the kind or kinds which are in that particular batch and to list what inputs were used in growing it on the DCA Patient Website. These last two requirements apply to all DCA-registered products. Each outdoor cannabis plantation within an Appellation may also use a brand name

There is no legitimate reason, except for the current federal legal status of non-medical cannabis, that testing for potency and contaminants are being done by labs which are not ISO-certified. Many ISO certified labs have not been willing to do analytical testing on cannabis because of its status as a Schedule I Controlled Substance. This will not be the case when a DEA license for the "Manufacture a Controlled Substance for Research Purposes" is in place and coordinated through DCA licensing.

What is the solution to this conundrum? Wide-spread, focused, research that should be at the heart of what the world has come to know as: The California Cannabis Experience.

To that end DCA shall actively work to create a research collaborative, centered in the University of California system to determine, among other things, which MCCE might merit further study in treating

specific conditions or symptoms. DCA will reach out to all cannabi-centric organizations, government agencies concerned with regulating cannabis, currently functioning cannabis testing labs and researchers to facilitate the development and acceptance of uniform testing protocols. The particular area where the need for such a collaborative is strongest is gathering the information on which to base future studies of particular MCCE interactions. The FDA/DEA is almost certainly going to impose regulations requiring testing to a stricter standard than most states are currently requiring. Those who don't conform won't be able to get the necessary permits to do legal cannabis research. The DCA intends on being at the forefront of these standards and regulatory requirements.

"What would it look like?"

DCA-MCRS members will be associated with the University of California system and other Universities and/or state Departments of Agriculture. Other members would include leading and lesser-known cannabinologists, researchers in closely related fields and every physician currently working with cannabis in patient treatments. DCA-MCRS physicians will register their patients with us in return for the right to access the information as to which MCCE, in the dynamic database, are indicated for which conditions/symptoms. As more and more "questionnaires" are answered, our information will get more and more accurate. Patients will be able to find the closest thing available to what they need through the sample location/questionnaire app. Science and medicine will receive a flood of information that will allow us to start pre-clinical studies on treating hundreds of specific symptoms/disorders with specific MCCE.

"How will it work?"

As previously defined in the RA, Retail Cannabis Dispensaries (RCD) will function as "sample distribution points" to distribute known samples whose MCCE have been determined using standardized testing protocols to patients enrolled by their doctors as part of qualifying study to be held under their care. Medical cannabis patients who are participating in MCCE research would be required to undergo a thorough physical workup. This is done so we can follow up on the data gathered when the patients fill out their electronic questionnaires about how the random MCCE they pick up at participating RCD affected their symptoms. The patient takes home the "samples" they've picked out and prior to accepting their next "sample study" they must fill in the information on what they got and how they reacted.

Patients will be asked a number of questions, how the sample affected their symptoms, how and how often they administer it. etc. Patients will be able to use the app to locate the MCCE genetics available in their area which are closest to what they need.

"Why do we need it?"

We need at least 30,000 of these to begin datamining for the clusters of patients who report relief from specific symptoms and/or diseases. Let's say that of 30,000 patients tested 1700 report a particular range of similar MCCE reduces their spasticity and another 500 report that a different range helps them. The

first thing we look to determine is what the two ranges have in common? The second we wish to understand would be to find out what the members of each group has in common with each other and what the two groups have that distinguishes them from each other. Is the benefit limited to those with only one condition or is the benefit to all who suffer a particular symptom, regardless of the underlying disease? The coordinated research work that the DCA-MCRS licensees does will enable many dead end studies to be avoided before the time and money of going down them is spent.

"Who will manage this portion of the DCA?"

As has been previously defined in SECTION 1, Para 2 (c)(i-ii) of the RA, there will be a 16-member Cannabis Advisory Panel (DCA-CAP) that will serve the state over 4 distinct regions. The DCA-MCRS division will be comprised of an additional 4-member **MCRS Advisory Group (MCRS-AG)** that will meet to coordinate all research and science licensing directly under their own DCA-MCRS Deputy Director. DCA-MCRS licensing will be conducted and coordinated statewide by the MCRS-AG and that supervising Deputy Director to facilitate the regional and statewide research that this division of the DCA will promulgate.

"Who will fund this research?"

The DCA-MCRS licensees will be self-funded through their traditional grant writing processes. In addition, the DCA will work to provide an investment pool opportunity whereby investors can contribute to a fund that is managed by the MCRS-AG and given to those licensees that have exhibited a need for capitalization which could benefit the overall goals of this research. There will be strict protocols associated with DCA grant money that the licensee must abide by. Any financial irregularities by the licensee may jeopardize their standing throughout the DCA programs.

ACRONYM LIST

RA	The Restoration Act	Page 1
DCA	Department of Cannabis Administration	Page 1
DCC	Department of Cannabis Control	Page 1
BCC	Bureau of Cannabis Control	Page 1
DCA-CAP	Cannabis Advisory Panel	Page 2 & 7
DCA-BCF	Baseline Cultivation Fee	Page 4
DCA-CU	Compassionate Use	Page 4
DCA-ADD	Anti-Diversion Division	Page 4
DCA-F/I	Indoor Farms Cultivation License	Page 5
CEQA	California Environmental Quality Act	Page 5
DCA-F/GH	Greenhouse Farms Cultivation License	Page 5
DCA-F/O	Outdoor Farms Cultivation License	Page 5
DCA-M	Manufacturing License	Page 6
DCA-D	Distribution License	Page 6
DCA-T	3rd Party Testing License	Page 6

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IN DEDICATION TO: All those who have been pure of heart and worked to advance the benefits of non-opioid treatments, such as medical cannabis, to enhance the quality of life for those afflicted with medical conditions in which certain strains of cannabis have shown to improve homeostasis. To all the researchers, activists, to those who have fought to keep their properties from an onslaught of government might and authority when there have been thousands of these farms that were not commercial enterprises but existed to provide the medical cannabis patient the medicine that they needed and to those who have fought the monopolization of cannabis by resisting the enactment of law and regulation that would allow only a select few to participate in an industry that by its legacy should be inclusive and fairly controlled for all. It has been your stories, and your work, that has been the inspiration for the RESTORATION ACT.