



Chairman Stephenson and Committee Members,

I was in line to testify today but time ran out so please accept the following written testimony. My name is Joanne Madrid and I am a 58 year old woman of color, mother, grandmother, and social entrepreneur. I am founder and president of Highlife Consulting LLC, a licensed realtor in the state of MN, and have 5 years of executive level experience working in legal medical and recreational cannabis. I was an industry representative for the CO Dept. of Transportation's 'Don't Drive High' campaign. I have been a cannabis consumer for most of my life and am in full support of HF 600.

I broke my back in 4 places while doing gymnastics in elementary school P.E. class at 12 years of age. I lived in pain for more than 26 years when I was finally diagnosed, and subsequently received an emergency 3-level spinal fusion. I had secretly consumed cannabis for pain control but did not want to pursue a medical cannabis license once it was legalized in Colorado, for fear of losing my job(s) in healthcare and non-profit leadership.

Not everyone who NEEDS cannabis wants, or is able to safely apply for, a medical license. Having the option to purchase and responsibly consume recreational cannabis legally, instead of using opiates (which is what my providers wanted to give me, beginning in my teen years) would help many people like me.

I respectfully ask the committee to consider the following modifications to this bill.

Addressing Article 1:

Sec. 17.

**[342.20] ADULT-USE CANNABIS BUSINESS; GENERAL OWNERSHIP
DISQUALIFICATIONS AND REQUIREMENTS.**

Subd. 2, Para (6) states:

(6) if the applicant or license holder is a business entity, at least 75 percent of the business must be owned by Minnesota residents;...



I believe that only businesses that have 100% MN ownership should be awarded licenses in the first 2 years of legalization.

We should not just support the 'MN Grown' ethos but also embrace 'MN Owned' businesses. Other states have the head start, the capitol, and experience to insert themselves into our programs for what should be our residents' profits.

I regularly receive calls from out-of-state cannabis business owners who want information on predictions around the future MN market, as they are considering 'moving into' the state's program, once legalized.

Sec. 24.

[342.27] CANNABIS RETAILER OPERATIONS.

Subd. 11. Prohibitions.

A cannabis retailer shall not:

(6) sell cannabis or cannabis products if the cannabis retailer knows that any required security or statewide monitoring systems are not operational.

We should not prohibit product sales when the proposed statewide monitoring system is down but instead allow for an alternative manual tracking method.

My real-life experience working with METRC, the most common seed-to-sale monitoring system, along with experience operating a variety of POS systems, is that this software is prone to failing during times of high-volume sales. Preventing sales would harm retail operations and the industry as a whole.

Subd. 12.

(a) A licensed cannabis retailer that is also a licensed medical cannabis business may sell medical cannabis and medical cannabis products on a portion of its premises.

(b) The portion of the premises in which medical cannabis and medical cannabis products are sold must be definite and distinct from all other areas of the cannabis retailer, must be accessed through a distinct entrance, and must provide an appropriate space for a pharmacist employee

Having worked in retail locations selling medical and recreational cannabis, I do not believe a distinct entrance is necessary to provide privacy for medical consults and that a distance of 20 feet from a recreational sales counter is sufficient. Having a separate room will increase costs of opening compliant retail locations to no real advantage or risk of privacy to the customer.

Sec. 55.



[342.70] SOCIAL EQUITY APPLICANTS.

An individual qualifies as a social equity applicant if the individual is:

- (1) a military veteran who lost honorable status due to a cannabis-related offense; or
- (2) a resident for the last five years of one or more census tracts where, as reported in the most recently completed decennial census published by the United States Bureau of the Census, either:
 - (i) the poverty rate was 20 percent or more; or
 - (ii) the median family income did not exceed 80 percent of statewide median family income or, if in a metropolitan area, did not exceed the greater of 80 percent of the statewide median family income or 80 percent of the median family income for that metropolitan area.

I agree with this language but I would like to see the definition of ‘social equity applicant’, when referring to an individual receiving preference for any program or grant, be expanded to include a maximum income level or income guideline that determine an individual’s eligibility, based on need. My concern is that someone who does not need the financial assistance would be deemed eligible just because they live in, or move to, an area defined in paragraph 2.

Addressing Article 4:

I am in strong support of all ‘CAN-do’ programs called out in Article 4 and believe that any delay in providing equity in ownership amongst disparately impacted individuals and communities would nullify any ‘leveling of the playing field’ that Article 4 might provide.

My own family and friends have been victims of cannabis prohibition and have paid with their freedom, time, money, experienced community stigmatization, and loss of work opportunities, all because of outdated cannabis laws.

I suggest the committee add language outlining a time-based order of program funding, placing social equity measures ahead of other initiatives, and immediately following revenue paid for general program administration costs, should tax revenue be insufficient for covering everything in this bill.

Thank you for your consideration of this testimony. I am happy to answer any further questions.

Best regards,
Joanne ‘Jo’ Madrid
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