



## CREATING A COMPASSIONATE MODEL

To begin I would like to thank you for your tireless efforts & for providing us the opportunity to bring forth concerns and congratulations on a most impressive document.

While the Environmental Impact Report (EIR) proves to be a profound resource, providing a thorough analysis of the production of cannabis and potential impacts on the environment, there is an insensitive omission in the language of the EIR. It is perhaps the single most important factor, all reference to the patients, the people that legalization of cannabis was intended to serve has been omitted. By not including language that pertains to patients we are eliminating all reference to an essential impact on the environment of health.

The EIR addressed the sensory impact on neighbors, both visual and olfactory; it addressed the proximity of cannabis and cannabis products to the general public, children, and animals, but what of the welfare of patients and their safe and affordable access to this phytotherapy? Because language has not been developed to address patient access, by its omission it neglects service to the patients. By the end of 2017 in California alone 246,000 people will become medically bankrupt. How many of those are potential cannabis patients? How many will be underserved should we neglect to provide safeguards? How can our community do what others have neglected to do by avoiding unintended consequences on the very people that cannabis legalization was built to serve?

I present the following questions and supply some recommendations for resolution in the paragraphs that follow:

### **Environmental Impact on Patients**

While regulations define the parameters of cultivation, production, and sales it eliminates any reference to how patients with little or no income will acquire products?

How can we ensure that the people with little or no income will be served?

Who will serve patients with little or no income?

How will this service be provided?

What measures can be taken to assure the viability and sustainability of a program designed for the indigent?

### **Suggestions for Resolving Unintended Consequences**

Mandate a WAMM-like model.

Mandate a percentage of tax directed to a dispensary for the sole purpose of providing services to those with little or no income.

### **Compassion Model**

**“access/production for those who need cannabis medicinally.” County code 7.128**

Monitor the sources from dispensaries for provision for the Compassionate products

- 1) Further define: tax incentive/break/credit goes to the actual supplier of product
- 2) Percentage of gross provisions, reflect percentage of products provided, monitor



quality of products rendered, specifically so that patients do not receive lesser quality products or those that are only donated by vendors

### **Choosing the Model**

- 1) Percentage of **tax revenues** provided for one or more identified collectives to supply the underserved members of the patient community
- 2) Inspire participation through **tax reward** program
- 3) **Tax forgiveness** incentive
- 4) **Donation model** some dispensaries require of their vendors to donate products to for their internal compassion program. This required donation limits access by the patient to products that may better serve her/his medical needs to being the recipient  
whatever is given to be able to sell in the dispensary.

### **Choosing a Working Solution Model & Determining Compassionate Access Eligibility**

Refer to the "*Treatment Model*"

- Survey needs in scientific assessment
- Document needs based on:
  - 1) Health: physical, emotional, social
  - 2) Financial need
- Recommendations for obtaining resources
- Determine the provision of resources

### **Housing**

Many patients are housebound or not ambulatory. Being confined to bed or living with limited mobility is a challenge lost on those without personal experience. But the nature of our lives is that of such fragility. The human condition with its frailties will touch all of us. By ensuring that we How can we ensure that low-income patients who reside in subsidized housing are able to use cannabis in their homes?

We can create an assurance that provides for the use of cannabis in private residences where patients reside. Through defining patients as an elemental part of the environment, the impact that the regulations we instill have the potential to reduce suffering.

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