May 22, 2026

Office of Cannabis Management
P.O. Box 2071
Albany, NY 12220

**RE: Public Comment on Proposed Updates to Part 113 – Medical Cannabis Program Regulations**

Dear Office of Cannabis Management,

At its regularly scheduled **General Board Meeting, held on May 21, 2026, Manhattan Community Board No.9** passed the following Public Comments re**: Updates to Part 113 – Medical Cannabis Program Regulations by unanimous consent with 25 members present:**

On behalf of the Manhattan Community Board 9, West Harlem, we submit these public comments in response to the proposed updates to Part 113 – Medical Cannabis Program regulations. The proposed regulations were published in the New York State Register on March 25, 2026. These proposed updates reflect recent statutory changes under Senate Bill 3294-A and are intended to modernize and expand New York's Medical Cannabis Program to better serve patients, caregivers, and practitioners.

Our community has long experienced **health inequities, limited access to culturally responsive care, and disproportionate impacts from both chronic illness and punitive drug policies**. We approach these regulations through a public **health lens**, prioritizing safe access, patient dignity, workforce diversity, and community trust.

## Overall Position

We **support the intent** of the proposed updates to modernize and expand the Medical Cannabis Program. The changes reflect progress. However, without targeted implementation strategies, these updates risk **failing the very communities most impacted by health disparities**.
We urge the Office of Cannabis Management (OCM) to strengthen these regulations to ensure **equitable access, culturally competent care, and meaningful community integration**.

## Key Recommendations

### 1. Expand and Diversify the Practitioner Workforce

Access to medical cannabis is only as strong as the providers who are willing and prepared to certify patients.

**We recommend:**

- Incentivizing practitioner participation in **underserved communities**, including West Manhattan.
- Requiring **cultural competence and community-informed care training** as part of practitioner registration.

- Supporting recruitment of providers who reflect the communities they serve, including **Black, Latino, and multilingual clinicians**.
- Partnering with community-based organizations and academic institutions to build **trusted referral pipelines**.

**Public Health Rationale:**
Communities are more likely to engage in treatment when providers understand **cultural context, stigma, and lived experience**. Without this, underutilization will persist.

### 2. Address Affordability and Financial Barriers

While expanded possession limits and certification timelines reduce administrative burden, **cost remains a primary barrier**.

**We recommend:**

- Clear pricing transparency requirements for Registered Organizations (ROs).
- Expanded **sliding scale or subsidy programs** for low-income patients.
- Exploration of insurance reimbursement pathways or state-supported assistance programs.

**Public Health Rationale:**
Treatment that is technically available but financially out of reach is not access; it is an exclusion.

### 3. Strengthen Community-Based Access Points

Access should not depend on proximity to a dispensary or hospital system.

**We recommend:**

- Supporting **community-based education and navigation services** to help residents understand eligibility and use.
- Allowing partnerships with trusted local institutions (e.g., community health centers, faith-based organizations) for outreach and enrollment support.
- Expanding geographic distribution requirements for ROs to reduce **service deserts in West Manhattan**.

**Public Health Rationale:**
Community-based models improve uptake, reduce misinformation, and build trust in systems that have historically been viewed with skepticism.

### 4. Integrate Medical Cannabis into Whole-Person Care

Medical cannabis should not operate in isolation from other care systems.

**We recommend:**

- Encouraging integration with **primary care, behavioral health, and pain management services**.
- Providing clinical guidance to practitioners on **safe use, dosing, and interactions**, particularly for patients with complex conditions.
- Supporting training that addresses **co-occurring conditions**, including substance use and mental health.

**Public Health Rationale:**
Fragmented care leads to poorer outcomes. Integration improves safety, adherence, and overall health.

### 5. Protect Against Over-Commercialization and Ensure Patient Focus

Alignment with the adult-use market should not dilute the medical program's purpose.

**We recommend:**

- Maintaining clear distinctions between **medical and adult-use frameworks**, particularly in marketing and product guidance.
- Strengthening restrictions on marketing that may **mislead or target vulnerable populations**.
- Prioritizing patient outcomes over market expansion.

**Public Health Rationale:**

Medical programs must remain grounded in **clinical need, safety, and evidence-based use**, not consumer demand alone.

### 6. Improve Data Transparency and Accountability

Communities need to see whether these policies are working.

**We recommend:**

- Public reporting on:
  - Patient demographics (race/ethnicity, geography)
  - Practitioner distribution
  - Utilization rates by community
- Ongoing evaluation of disparities in access and outcomes.

**Public Health Rationale:**

What gets measured gets addressed. Transparency is essential for equity.

### 7. Maintain Caregiver Eligibility at the Age of 21 or Older

Even though the state strictly regulates caregiver registrations, the caregiver representative should be 21 or older.

**We recommend:**

- The caregiver representative should be 21 or older. Caregiving involves significant responsibilities, including dosing schedules, symptom monitoring, and secure storage. **18-year-olds are often navigating major life transitions** and may lack the consistent environment needed to reliably manage another person's medical regimen.
- Supporting the guidelines by the NYS Department of Health, indicating that the human brain continues to develop until the age of 25. Allowing 18-year-olds to legally purchase, transport, and administer medical cannabis is **a regulatory contradiction that undermines the strict public health messaging NYS promotes to prevent underage cannabis use**.
- Restricting access to **18-year-olds as caregivers because many are still enrolled** in high school. Permitting students to act as caregivers and legally possess and transport cannabis on or near school campuses significantly increases the risk of diversion, peer pressure, and accidental exposure to younger students.

**Public Health Rationale:**

**The human endocannabinoid system and prefrontal cortex continue to develop until the age of 25**. Restricting caregiver eligibility to adults 21 and older limits the exposure and proximity of cannabis to younger, developing minds.

## Conclusion

The proposed updates to Part 113 are a meaningful step forward. However, **policy change without intentional equity strategies will not close gaps; it will widen them**. Upper Manhattan communities, especially West Harlem, are ready to engage, partner, and lead. We urge OCM to ensure that these regulations are implemented in a way that:

- Expands **real access**, not just theoretical eligibility
- Builds a **culturally competent workforce**
- Centers **community trust and lived experience**
- Advances **health equity as a measurable outcome**

We appreciate the opportunity to comment and welcome continued collaboration to ensure the Medical Cannabis Program serves all New Yorkers, especially those who have historically been left out.

If you have any questions, please do not hesitate to contact me or District Manager Eutha Prince at the board office at (646) 355-3172.

Sincerely,

Victor Edwards
Chair

THE CITY OF NEW YORK
**COMMUNITY BOARD 9**
MANHATTAN

Morningside Heights
Manhattanville
Hamilton Heights
Sugar Hill

May 22, 2026

**New York State Office of Cannabis Management**
1220 Washington Avenue
Harriman State Office Campus
Albany, NY 12226

**Attention: Licensing Division**

**RE: APPLICANT: AR Goat, LLC**
**ADDRESS: 1342 Amsterdam Avenue, New York, NYC 10027**
**(off the corner of 125th Street)**
**LICENSE: Adult-Use Retail Dispensary License**

Dear Cannabis Management Authority Representative:

At its regularly scheduled **General Board Meeting, held on May 21, 2026, Manhattan Community Board No.9** passed the following Letter of Support re**:** Adult-Use Retail Dispensary License application for AR Goat LLC at 1342 Amsterdam Avenue, New York, NY, 10027, by **17 in favor, 2 opposed, and 6 abstentions**, with **25** members present.

Manhattan Community Board No. 9 has received notification of the above-referenced cannabis application for an Adult-Use Retail Dispensary License. At this time, we support the issuance of a license at this premise due to the applicant:

- is a legacy operator, and has a CAURD license
- presented a thorough security plan,
- expressed a desire to support local community organizations by providing education and grant funding for local activities, ensuring positive community impact,
- has communicated with the 26th precinct, and
- expressed, making hiring from the West Harlem community a priority.

If you have any questions, please do not hesitate to contact me or District Manager Eutha Prince at the board office at (646) 355-3172.

Sincerely,

Victor Edwads
Chair