



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana


April 20, 2016



Re: Request for Information



This letter is to inform you that the Department of Public Health ("Department") has reviewed the additional or revised information submitted for Healthwise Foundation, Inc.'s *Management and Operations Profile* (Application 1 of 3). The *Management and Operations Profile* requires the following information before the Department may complete its evaluation:

1. The promissory note with  appears to be unsecured. Please confirm that is accurate or submit any agreement for collateral or security.
2. Please note that the applicant has not yet submitted the agreement with Smith Associates, P.C. Please be advised that the applicant must submit this agreement prior to receiving a Provisional Certificate of Registration. An application will not be deemed complete until all materials requested by the Department are submitted.
3. In your revised response to Question C.12, you describe a proposed agreement IJU Agency. Please submit a copy of the agreement. Please also submit an independent legal opinion that the agreement is in compliance with the non-profit requirements of 105 CMR 725.100(A)(1) and the Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance(<http://www.mass.gov/eohhs/docs/dph/quality/medical-marijuana/applications/non-profit-compliance-guidance.pdf>). If you do not yet have a copy of the agreement, please be advised that you will need to submit the agreement and an independent legal opinion that it is compliant with the Non-Profit Guidance prior to receiving a Provisional Certificate of Registration.

4. In its revised response to Question E.32, applicant states, “In addition, *or if a patient does not have their valid card* [emphasis added], a Dispensary Agent *may* [emphasis added] either access the Department of Public Health’s online database of Medical Marijuana Program participants or call the Department of Public Health to confirm the good standing of the patient.” The response does not appear compliant with 105 CMR 725.105(F)(1)(a) which states, “A RMD shall refuse to sell marijuana to any registered qualifying patient or personal caregiver who is unable to produce a registration card and valid proof of identification, or who does not have a valid certification in the Department supported interoperable database.” Please resubmit a completed response to Question E.32 that is in compliance with 105 CMR 725.105(F)(1)(a).
5. In its revised response to Question E.36, applicant does not describe the eligibility factors for its Healthy Soul Initiative, but rather cites the Regulations. Applicant must resubmit a completed response to Question E.36 that fully describes the eligibility factors for its Healthy Soul Initiative demonstrating compliance with the definition of “Verified Financial Hardship” at 105 CMR 725.004.

If the applicant has been requested to resubmit their response to a question, please do so using the page on the application form for that particular question, and include an initialed attestation at the bottom of the page. The applicant need not resubmit the entire application and may submit only the page for the particular question that needs to be submitted.

Please remember to type all responses in the information or materials resubmitted to the Department, other than any required signatures, as well as include the name of the Applicant Non-Profit Corporation *and* the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

Department of Public Health
Medical Use of Marijuana Program
RMD Applications
99 Chauncy Street, 11th Floor
Boston, MA 02111

Upon receipt, the Department will review the information and will notify the applicant if it is invited to submit a *Siting Profile* or if further information is required before the applicant may proceed.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or RMDapplication@state.ma.us.

Sincerely,


Eric Sheehan, J.D.
Interim Bureau Director
Bureau of Health Care Safety and Quality
Massachusetts Department of Public Health