



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, 11<sup>th</sup> 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](http://www.mass.gov/medicalmarijuana)

February 9, 2016

Re: Request for Information

This letter is to inform you that the Department of Public Health ("Department") has reviewed Healthwise Foundation, Inc.'s *Management and Operations Profile* (Application 2 of 3). The *Management and Operations Profile* requires the following information before the Department may complete its evaluation:

1. In its response to Question D.17, applicant states that [REDACTED] currently employed at Bukharian Communities Center of Jamaica Estates, but this experience is not included in his Employment and Education Form. Please have him include this experience in his Employment and Education Form and resubmit the form.
2. In response to Question B.8, you have submitted a "Business Entity Summary." Please submit the applicant's Articles of Incorporation as requested in the Application Instructions.
3. In your response to Question C.12, you describe proposed agreements with related parties. Please submit a copy of the agreements. Please also submit an independent legal opinion that the agreement described in your response to Question C.12 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. As you are aware, you submitted an update to your response to Question C.12 prior to the Program reviewing it and noted that the information provided was submitted in addition to the information

originally submitted. Please resubmit your response to Question C.12, so that all the responsive information submitted is contained within one form.

5. As you are aware, you submitted an update to your response to Question C.14 prior to the Program reviewing it. It is unclear whether and noted that the information provided in the update was submitted in addition to the information originally submitted. Please resubmit your response to Question C.14, so that all the responsive information submitted is contained within one form.
6. In response to Question E.32, applicant states, "If a patient is denied, their *prescribing* [emphasis added] physician shall be immediately notified....Each patient shall be escorted by a trained Dispensary Agent who can determine the best treatment protocols for the patient's specific abilities, needs, and *prescription* [emphasis added]....Transactions shall be limited to the approved amounts as outlined in 105 CMR 725.004 or as otherwise validly designated by *prescription* [emphasis added]." It is unclear what prescriptions the applicant is referring to since controlled substances, such as marijuana for medical use, cannot be prescribed under federal law. Applicant must resubmit a completed response to Question E.32 that complies with the Regulations.
7. In the response to Question E.36, it is not clear whether the applicant intends to include eligibility factors that comply with 105 CMR 725.004 which defines "Verified Financial Hardship" to mean "that an individual is a recipient of MassHealth, or Supplemental Security Income, or the individual's income does not exceed 300% of the federal poverty level, adjusted for family size." Applicant must resubmit a completed response to Question E.36 that complies with the definition of Verified Financial Hardship.
8. Applicant's response to Question E.40 does not adequately demonstrate compliance with 105 CMR 725.105(Q). Applicant must resubmit a complete response to Question E.40, including factual information demonstrating compliance with the requirements of 105 CMR 725.105(Q).

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, 11<sup>th</sup> 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](mailto:RMDapplication@state.ma.us).

Sincerely,

A handwritten signature in blue ink, appearing to read 'E. Sheehan'.

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