



Delaware Medical Marijuana Program Annual Report



2015



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

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Table of Contents

- I. Introduction 1
- II. Overview 1
- III. Education and Outreach 3
- IV. Compliance Activities..... 5
 - Program Development..... 6
 - Procedure and Document Review 6
 - Information Technology Challenges and Solutions 6
 - New Qualifying Medical Condition Proposed..... 7
 - Pilot Compassion Center..... 7
 - Legislation and Regulations 7
 - Program Participation Analysis..... 8
 - Application Volume..... 8
 - Total Applications Received..... 8
 - Application Revenue 9
 - Year End Application Status..... 10
 - Participant Volume 11
 - Active Participant Demographics..... 11
 - Participating Physicians 12
 - Active Patient Debilitating Conditions..... 14
 - Financial Analysis 15
 - Program Revenue 16
 - Employee Expenses 16
 - Non-Employee Expenses..... 16
- V. Interagency Coordination 18
- VI. DPH Initiatives..... 19

Table of Figures

Figure 1: Number of Delaware Medical Marijuana Program Cardholders, July 2015	1
Figure 2: Number of Delaware Medical Marijuana Registration Cards Issued, by State Fiscal Year	2
Figure 3: Delaware Medical Marijuana Program Applications Received Processed, and Approved, FY13 - FY15, Percent Increase	2
Figure 4: Delaware Medical Marijuana Program Applications Received by Application Fee Paid and State Fiscal Year	2
Figure 5: Delaware Medical Marijuana Program Revenue and Expenses, FY13 - FY15	3
Figure 6: Division of Public Health Medical Marijuana Program Website Hits, FY13 - FY15	4
Figure 7: Delaware Medical Marijuana Program Focus, FY15	5
Figure 8: Total Delaware Medical Marijuana Applications Received by State Fiscal Month and Year, FY13 - FY15	8
Figure 9: Delaware Medical Marijuana Application Fees Paid, FY15.....	9
Figure 10: Delaware Medical Marijuana Applications Received by State Fiscal Year and Application Type, FY13 - FY15.....	9
Figure 11: Delaware Medical Marijuana Applications Processed during FY15, as of July 1, 2015	10
Figure 12: Delaware Medical Marijuana Applications Received by State Fiscal Month and Year, FY13 and FY14.....	11
Figure 13: Delaware Medical Marijuana Program Active Patients by County, Gender, and Age, June 30, 2015	12
Figure 14: Delaware Medical Marijuana Program Participating Physicians by County, June 30, 2015.....	13
Figure 15: Participating Physicians by County, Number of Certifications Signed in FY15	13
Figure 16: Active Medical Marijuana Patients by Medical Condition and State Fiscal Year, FY13 - FY14	14
Figure 17: Delaware Medical Marijuana Program Revenue and Expenses by Year, FY13-FY15	17
Figure 18: Delaware Agencies Assisting in the Development of the Medical Marijuana Program in FY15	18

Delaware Medical Marijuana Program Annual Report

Program Year 3

July 1, 2014 - June 30, 2015 (State Fiscal Year 2015)

I. Introduction

This report is a snapshot of Delaware's Medical Marijuana Program (MMP) in its third year. The focus in State Fiscal Year 2015 (FY15) was to facilitate the opening of the state's first compassion center and increase program participation. The compassion center opened in late June 2015 and participation increased significantly. This third annual report explains program participation levels, education and outreach achievements, interagency coordination efforts, and initiatives of the Division of Public Health's (DPH) Office of Medical Marijuana (OMM).

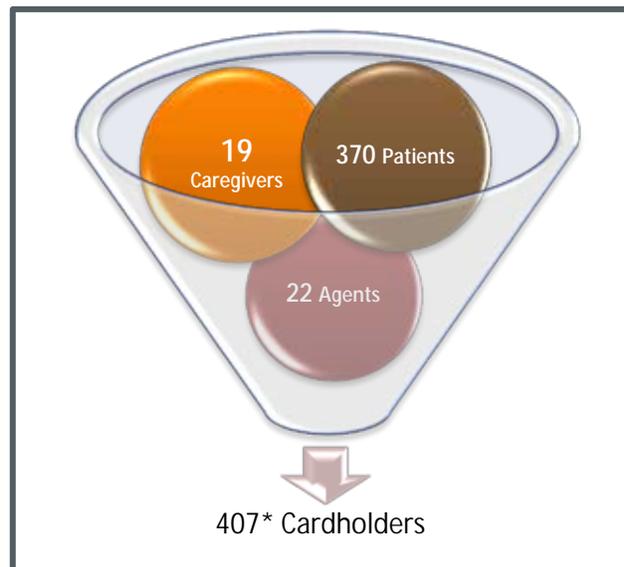
II. Overview

The Delaware Medical Marijuana Act (hereafter referred to as the Act), Chapter 49a of Delaware Code Title 16¹, was approved and signed by Governor Jack A. Markell in May 2011 and took effect in July 2011. The registry card program began in July 2012. Governor Markell lifted the suspension on the compassion centers in August 2013, and the first pilot center opened in June 2015 in Wilmington.

The purpose of this report is to document the development activities of the MMP during its third year, to outline the operating efforts established and maintained during FY15, and to describe the results of those efforts. This report is submitted as required by paragraph §4922A (b)² of the Act.

Number of Delaware Medical Marijuana Program
Cardholders, July 2015

Figure 1.



Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

*Four agents are also patients.

¹ <http://delcode.delaware.gov/title16/c049a/index.shtml>

² <http://delcode.delaware.gov/title16/c049a/index.shtml#4922A>

**Number of Delaware Medical Marijuana Registration
Cards Issued, by State Fiscal Year**

Figure 2.

Cards Issued	FY13	FY14 New	FY14 Renew	FY15 New	FY15 Renew	Totals
Patients	34	56	12	325	50	477
Caregivers	1	5	1	15	4	26
Agents	0	0	0	25	0	25
Total	35	61	13	365	54	528

Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

**Delaware Medical Marijuana Program Applications Received
Processed, and Approved, FY13 - FY15, Percent Increase**

Figure 3.

FY13	Applications	FY14	% Increase	FY15	% Increase
54	Received	124	130%	561	352%
43	Processed	77	79%	440	471%
38	Approved	71	87%	431	507%

Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

**Delaware Medical Marijuana Program
Applications Received by Application Fee
Paid and State Fiscal Year**

Figure 4.

	Paid \$125	Paid less than \$125	% Paid Full Fee
FY 2013	25	29	46%
FY 2014	74	50	60%
FY 2015	420	162	72%

Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

DPH's Health Systems Protection Section (HSP) is responsible for the policy development and operation of the MMP. Its OMM finalized activities in June 2015 to open a pilot compassion center where qualifying registered patients can purchase medical grade marijuana. First State Compassion Center (FSCC) opened in June 2015.

During FY15, OMM issued 325 new patient cards. That is a 164 percent increase over FY 2014. Additionally, 50 patient cards that were previously issued were renewed. That represents a 416 percent increase in renewals over the previous fiscal year. Additionally, registry card applications increased 127 percent over FY14.

While the Act established an economically self-sustaining program, the change in its scope resulted in significant revenue reduction. Opening one pilot compassion center four years after the legislation went into effect meant that OMM did not collect the projected revenue from licensing compassion centers in three counties for the first three years. Furthermore, in addition to the number of fee-paying patients not reaching projections, many patients qualified for a fee waiver based on their income.

The state budget allocated \$480,100 Appropriated Special Fund (ASF) spending authority for annual program operation. Figure 5 shows

Delaware Medical Marijuana Program
Revenue and Expenses, FY13 - FY15

Figure 5.

State FY	Budget	Revenue	Expenses
2013	\$30,000	\$3,500	\$91,000
2014	\$50,000	\$44,320	\$136,100
2015	\$293,300	\$92,900	\$227,200

Source: Delaware's First State Financials (FSF) System, 2015.

program budget, expenses, and revenue for FY13 through FY15. A large portion of the revenue from FY14 (\$35,000) was from the compassion center bid proposals. The compassion center's two-year license accounted for a little less than half of the revenue for FY15 (\$40,000). The rest of the collected revenue was cardholder registration fees. The increase in expenses is largely due to the addition of program personnel, who were required once the compassion center opened. OMM increased its two staff team to four to include an investigator, to do center inspections and card issues to the growing number of homebound

patients, and a management analyst to develop and manage contracts, write reports, and ensure that OMM's financial transactions comply with all applicable rules and regulations.

III. Education and Outreach

OMM maintains two primary methods of contact: a dedicated program phone number and the program's resource e-mail account. Both are accessible via the program's website: <http://dhss.delaware.gov/dhss/dph/hsp/medmarhome.html>

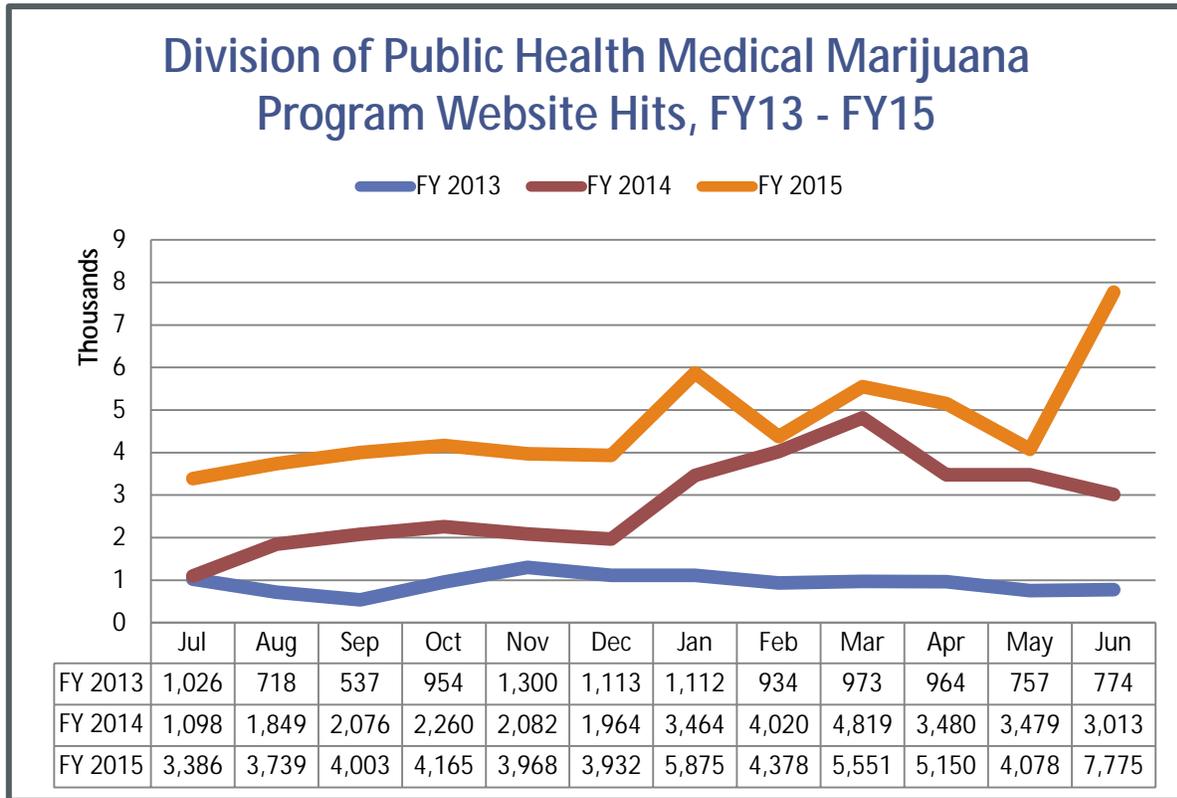
In preparation of the state's first compassion center opening, OMM intensified its efforts to reach out to community groups, patients, physicians, and state leadership to educate them about the progress of Delaware's Medical Marijuana Program. For example, in September 2014, OMM met with Alban Park Civic Association to discuss the center's opening in their area, to answer questions, and to address concerns.

OMM updated written materials, formatting the previously drafted FAQs into audience-specific tri-fold pamphlets for patients, physicians, and law enforcement. OMM also updated the application forms to clear redundancy, reduce the number of pages, and simplify the requested information. These documents are available on the program's website.

OMM received routine contact from various medical marijuana advocacy groups expressing concern about physician participation in the program. The University of Delaware's Center for Drug and Health Studies (UD-CDHS) began working with OMM in FY14 to conduct a survey of medical providers to understand the barriers to physician participation.

The Medical Society of Delaware (MSD) dedicated the November 2014 edition of *The Delaware Medical Journal* to articles about the medical use of marijuana and included the UD-CDHS developed survey. To reduce the hesitation for providers to certify patients for participation, DPH submitted an article explaining the roles and responsibilities of the patient, caregiver, physician, and compassion center in

Figure 6.



Source: Delaware Health and Social Services Internet Site Website Statistics, Fiscal Years 2013 through 2015.

the program, and described the patient application process. The article, survey, and related UD-CDHS analysis are available on the program website.

The survey results showed that physicians wanted more knowledge, research, and data about medical marijuana. They were concerned about potential abuse and misuse of the substance, and they did not feel fully informed about the procedures and requirements of the Act. OMM escalated outreach to Delaware physicians by dispersing the physician-specific tri-fold brochure and staffing vendor tables at events such as the “Wrestling with the Multiple Dimensions of Pain” conference held in April 2015.

In addition to written updates on the program, DPH kept elected officials and state leadership involved in the implementation of the Act and its amendments. OMM included dignitaries in the series of stakeholder tours of the pilot compassion center prior to its opening. The stakeholder groups included law enforcement, local community leadership, and the media.

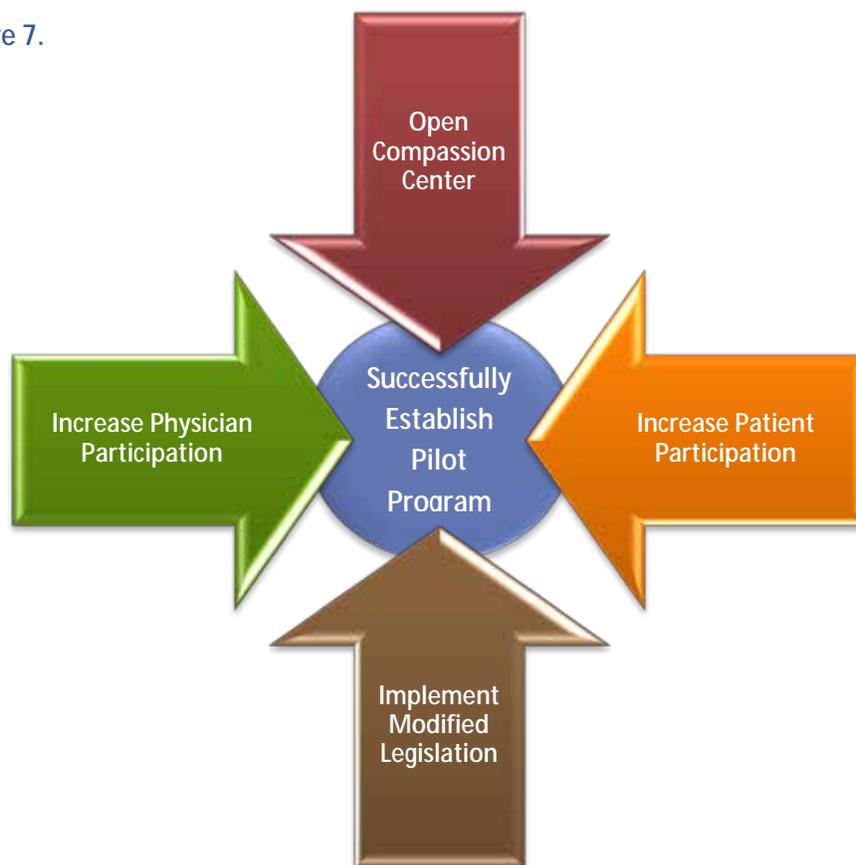
IV. Compliance Activities

The program focus in FY15 was four-fold:

1. Open a pilot compassion center in Delaware for active qualifying patients to access quality medical-grade marijuana safely. The center opened in June 2015.
2. Increase physician participation. Participating physicians increased 59 percent from FY14 (54) to FY15 (131).
3. Increase patient participation. The total number of registration cards issued – including patients, caregivers, and agents – more than doubled (143 percent increase) from FY14 to FY15.
4. Work with modified legislation to produce a more efficient and effective program. OMM is implementing two legislative amendments to the Act that Governor Markell signed on June 16, 2015 (research on medical marijuana) and June 23, 2015 (Rylie's Law).

Delaware Medical Marijuana Program Focus, FY15

Figure 7.



Source: Delaware Medical Marijuana Program

Program Development

OMM hired an administrative specialist in September 2014 to help with the projected increase in volume; the program now has four employees. DPH requested a more robust review of the registration applications to ensure compliance with the Act. OMM continued to explore affordable information technology solutions. The program received a petition to add a qualifying medical condition to the list.

Procedure and Document Review

In August 2014, OMM received several FOIA requests for documents relevant to the FSCC contract. OMM consulted with the Office of Health and Risk Communication (OHRC) and the Deputy Attorney General (DAG), who directed OMM to redact the documents, per the state FOIA regulations, before sharing them with the requesters. OHRC and OMM submitted all redacted documents to the DAG's office in October 2014 for final review before sending them to the requesters.

As the program grew, DPH became increasingly concerned about walk-in health clinics certifying patients for the use of medical marijuana because these facilities were not establishing a traditional physician/patient relationship. Since the Act clearly states "...certification shall be made only in the course of a bona fide physician-patient relationship," OMM modified the application procedures to clarify the definition of a bona fide relationship, and adjusted the physician verification forms accordingly. The change included tightening review of non-specific symptoms and diagnoses, and requesting additional documentation, such as patient progress notes from the physicians during the physician verification process. In FY16, OMM will update its application forms to address this concern.

Information Technology Challenges and Solutions

In FY14, OMM requested access to a Secure File Transfer Protocol (SFTP) folder on the state's network to transfer large application files to DHSS for review and approval. IRM finalized the request in FY15 and the two groups used the new folder successfully for the first time in October 2014.

In January 2015, OMM requested access to the Internet-based cameras at FSCC. OMM obtained access in May 2015 and now monitors the center in real time.

FSCC changed their product tracking software from MJ Freeway to BioTrackTHC in October 2014 due to efficiency concerns. FSCC established the tracking software in their facility in June 2015. While the state business case detailing the secure transfer of eligible cardholder data from OMM to FSCC was complete and approved by required organizations in January 2015, the software change delayed the progress of the eligible cardholder file transfer from OMM to FSCC. The transfer will include updates on new patients, expired patients, and other changes to cardholders' active status. OMM will address this project in FY16.

Prior to the opening of the compassion center, OMM successfully improved the program registration identification cards, from the first year's primitive design, to the more secure card style. The office began issuing the new cards in June 2015. All active patients received a new card by July 31, 2015.

To minimize initial program expense, OMM developed a Microsoft Excel workbook, housed on a network drive, to track and report patient and physician data in the first year of the program (2012). This database is increasingly cumbersome to use, as only one person can access it for updates at one time; also, data entry is prohibitively time-consuming. OMM will review alternatives to this system in FY16.

New Qualifying Medical Condition Proposed

In June 2015, OMM received a petition to add “Autism with Aggressive and/or Self-Injurious Behaviors” to the MMP’s list of acceptable medical conditions. The petition is available for review on the program website. OMM will process this petition in FY16, per the petition process outlined in the regulations.

Pilot Compassion Center

DHSS signed the two-year contract with FSCC in August 2014, with an expectation of the center opening at the end of December 2014. In October 2014, FSCC informed OMM that they had experienced setbacks in the complex development of their facility, which delayed their certificate of occupancy, and they reset the opening date to April 2015. FSCC received the building permit from New Castle County in November 2014 and initiated a phased construction approach, which allowed the completion of three grow-rooms before initiating the remaining 15 rooms. The phased approach allowed growing to begin sooner. OMM issued a provisional permit to grow in December 2014. After FSCC contracted with Gettier Security to provide the required 24/7 guard presence, they began germinating the first marijuana seeds, with barcode identification, in January 2015. In March 2015, FSCC moved the opening date to June 2015 to be certain that they would be ready with enough product to supply the initial demand. OMM conducted inspections of the pilot center between March and June 2015. The center opened to patients on June 26, 2015 and sold 7.7 pounds of medical marijuana to 210 patients that day.

Legislation and Regulations

In April 2015, Governor Markell signed Senate Bill 7 (SB7), with Amendments one (SA1) and two (SA2). SB7 clarified the appointment process for the MMP Oversight Committee and authorized the State Bureau of Investigation (SBI) to complete the state and federal background checks required for prospective caregivers and compassion center agents. SBI received MMP applicants for the multi-jurisdictional check by June 2015. This significantly decreased the wait time for caregivers and compassion center agents, from the four to six months required by the Federal Bureau of Investigation, to just over a week required by SBI.

Two months later, in June 2015, Governor Markell signed Senate Bill 90, with Amendment 2 (SA2). SB90 amended the Act to allow minors with seizure-causing conditions access to only medical marijuana oils, such as cannabidiol (CBD) oil and THC-A oil, which have no psychotropic effects. OMM created a patient application and unique design for registration cards for minors, and two minors applied within the first month. Because producing marijuana oils requires a substantial amount of plant material, FSCC requested an increase in the regulatory 150-plant count in order to produce the oils required by the new law.

Program Participation Analysis

OMM tracks program participation data in two ways: applications received and individual applicants. The application figures relate the volume of OMM work, while the applicant figures give perspective to the number of people who applied for registry cards. Each applicant could have multiple applications submitted because the registration is an annual process. As a result, the number of application instances will never reconcile with the number of applicants; they are two different entities with two different scopes.

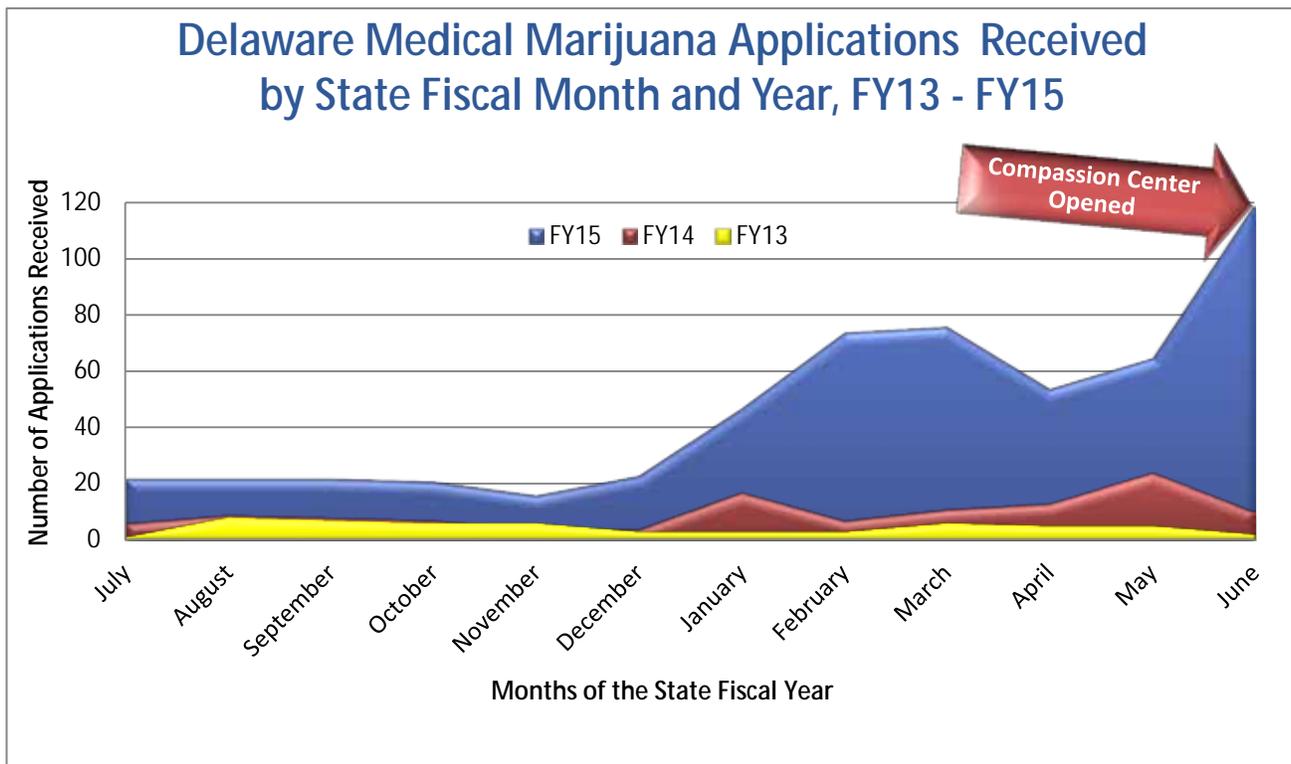
Application Volume

Total Applications Received

OMM received 562 registry card applications in FY15, 368 percent more than in FY14, and 922 percent more than in FY13. In 2015, February and March were busy, but in June, the month the center opened, application volume increased exponentially. Figure 8 depicts the applications received from patients, caregivers, and compassion center agents by year.

Figure 10 shows the same data in a different way. In this chart, the stacked bars itemize application types that make up each of the data points. The first stacked bar in each cluster represents FY13 data.

Figure 8.



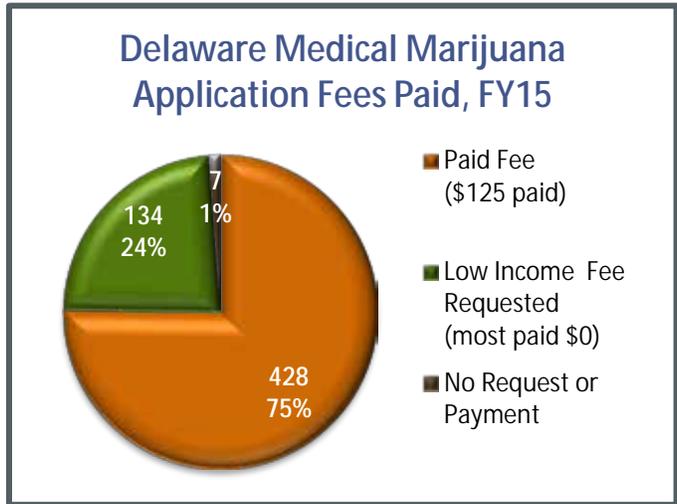
Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

Each color is a different type of application received: patient, caregiver, or agent of the compassion center. The second bar in each cluster is FY14 data. The third shows FY15 data. Each cluster represents a month of the state fiscal year.

Application Revenue

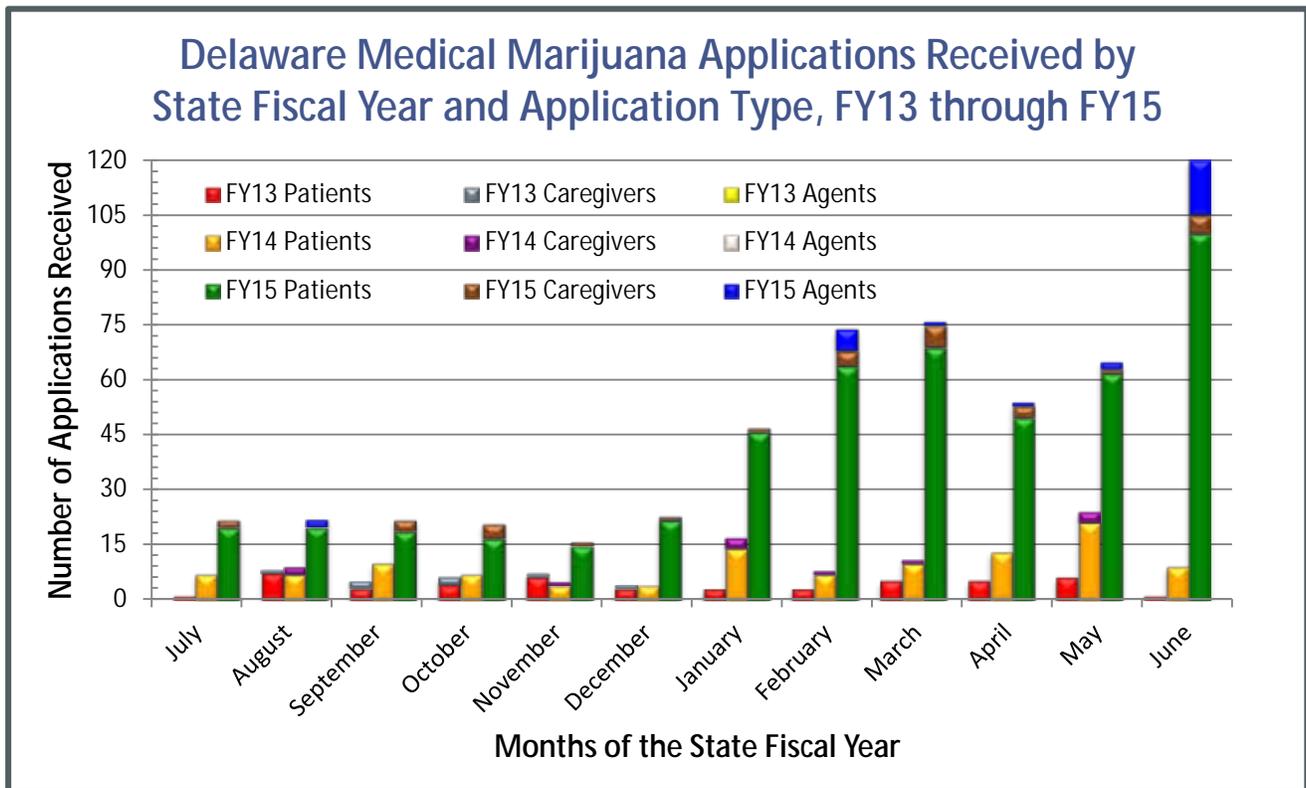
As shown in Figure 9, 75 percent of the applications received during FY15 included the full \$125 application fee. Twenty-four percent included a request for a low-income application fee. Seven applications received had no payment and no requests for low-income consideration. In FY13, OMM processed 54 percent of the applications with no payment; that number declined to 40 percent in FY14, and to 25 percent in FY15.

Figure 9.



Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

Figure 10.



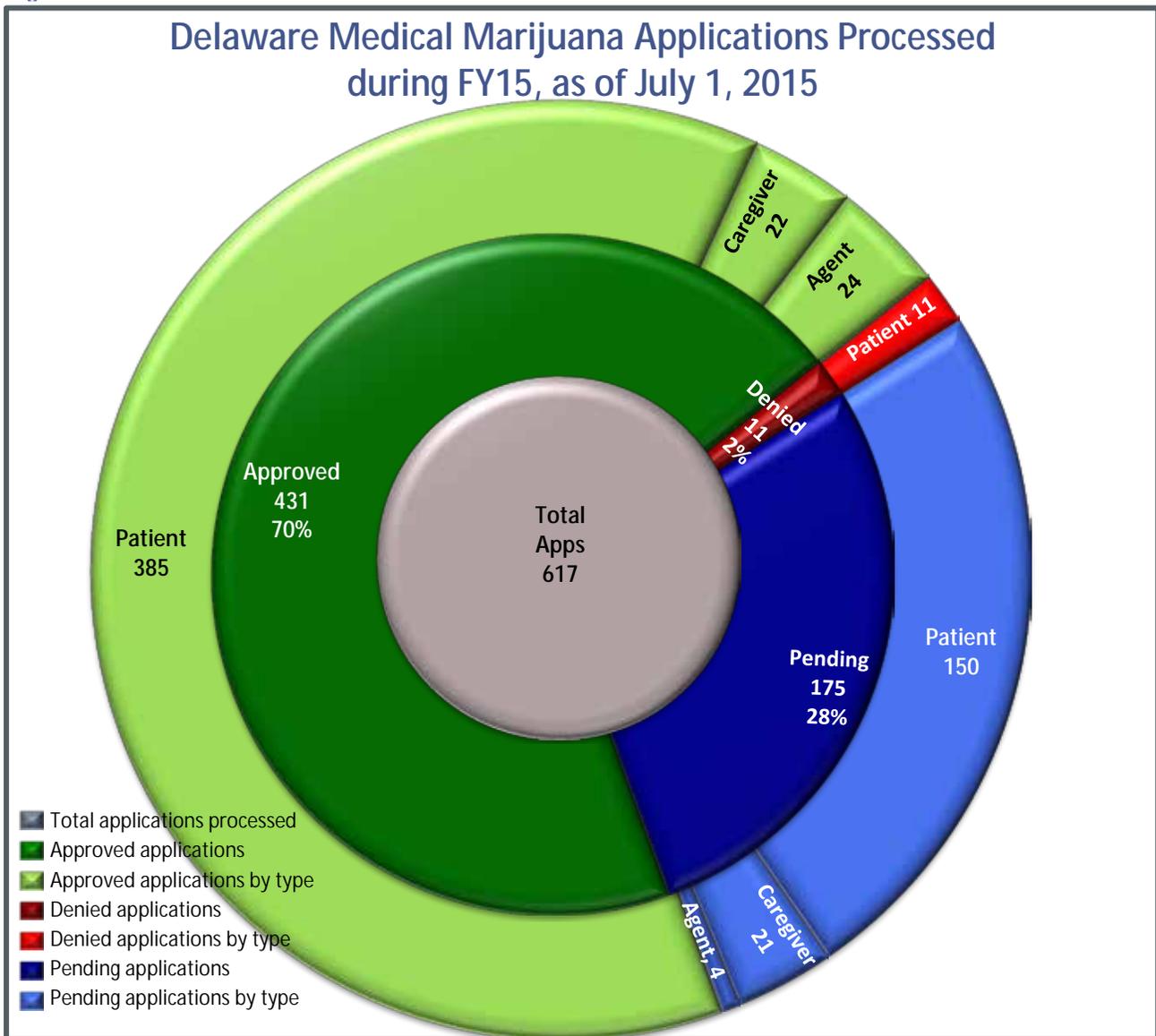
Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

Year End Application Status

Figure 11 shows the status, at the end of FY15, of the total applications processed during FY15. These include applications submitted to OMM during the fiscal year and pending applications from the end of last year. DHSS approved 70 percent of the applications and denied 2 percent. Twenty-eight percent were still in processing on June 30, 2015. Some were waiting for physicians to verify their certification, while others were in the signature process.

The submitted applications varied in type. In FY15, 70 applicants submitted renewal applications (seven were caregivers), 465 applicants submitted new applications (24 were caregivers), and 27 compassion

Figure 11.



Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

center agents submitted new applications to work at the center. One registered patient reported a lost card, which OMM replaced with a new number. OMM received reports from one registered, active patient who passed away during the year and one patient who passed away prior to program approval.

DHSS denied 11 patient applications for various reasons. Some were incomplete; some had unqualified signatures on the physician certification; and others did not have supporting documentation from a physician with whom the patient had a bona fide patient/physician relationship.

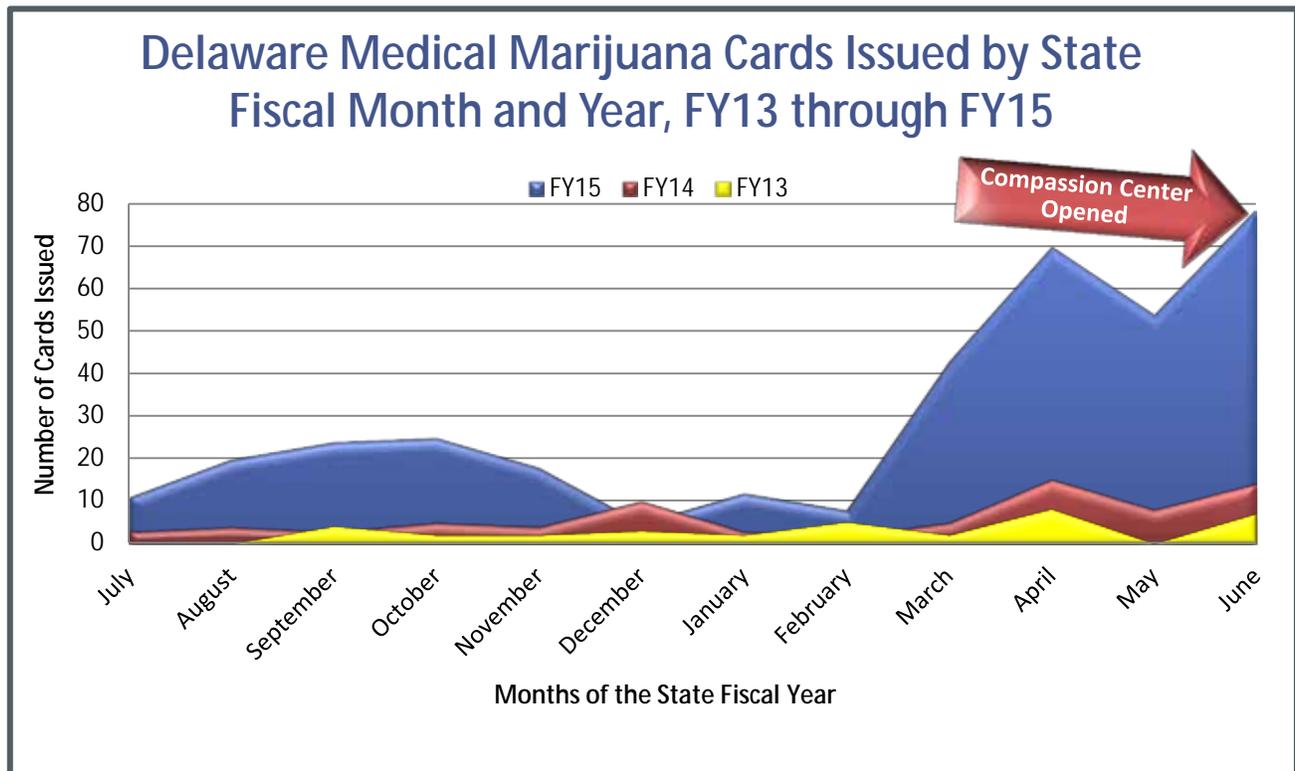
Participant Volume

Active Participant Demographics

Since the beginning of the program in FY13, 661 applicants have applied for MMP registry cards: 569 patients, 44 caregivers, and 24 agents. At the end of FY15, 370 patients, 19 caregivers, and 22 agents were active. Cardholders must renew annually.

Figure 13 shows the 370 active patients at the end of FY15 by county, gender within county, and age within gender. They include residents in all three counties, both genders, and ages 21 to 89. In FY15, 65 percent of the patients live in New Castle County, about the same percentage as FY14. Fifty-six percent

Figure 12.



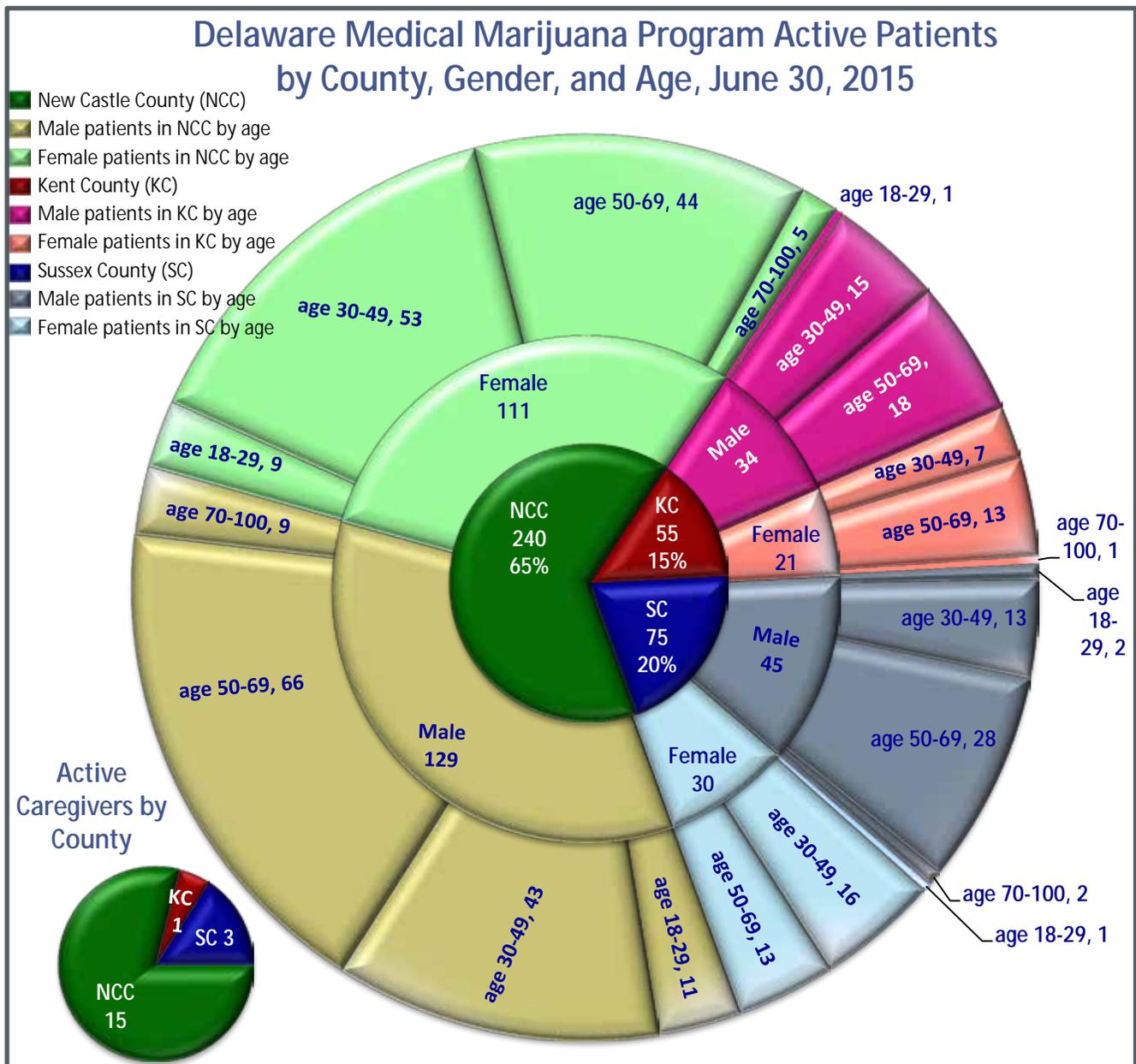
Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

of the FY15 patients are male; in FY14, male patients outnumbered female patients by 2:1. The average patient age is 50 years old, compared to 52 in FY14. The inset to the graph shows active caregivers by county.

Participating Physicians

In FY15, 129 physicians participated in the program by certifying their patients for medical marijuana, an increase of 45 percent over 89 participating physicians in FY14. Sixty-nine doctors each certified one

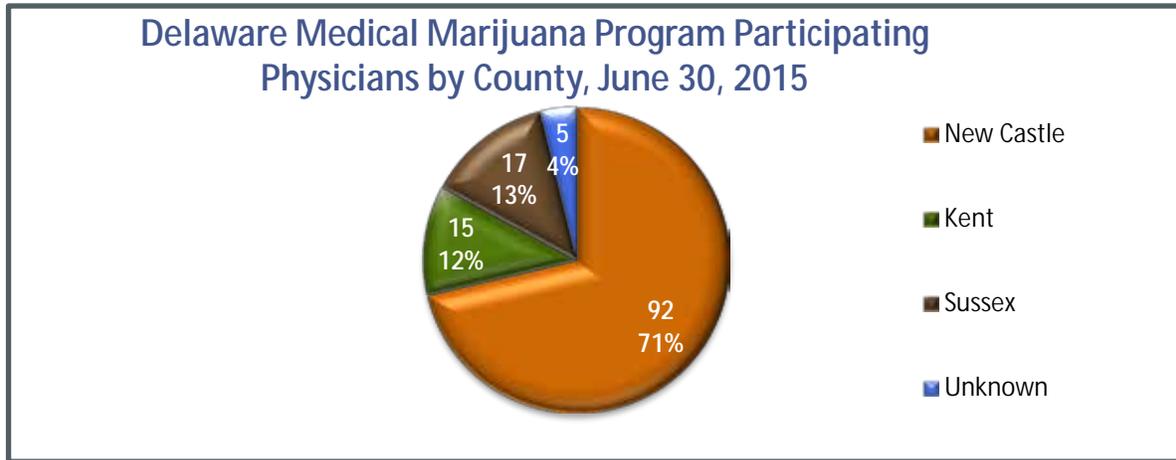
Figure 13.



Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

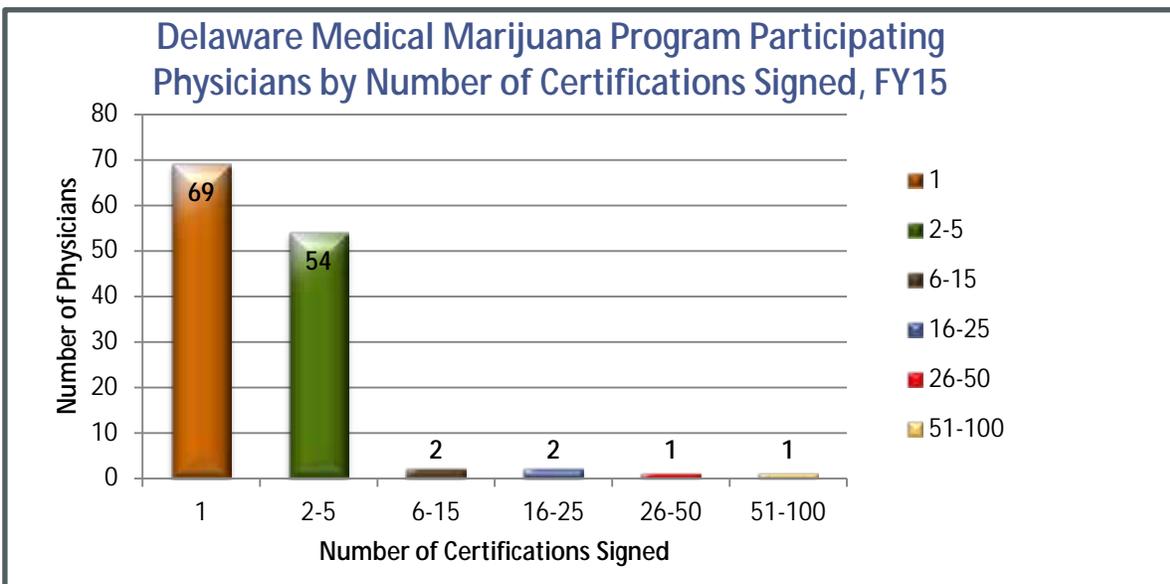
patient. Fifty-four signed between two and five certifications. One doctor signed 34 certifications and another signed 172 patient certifications. Fifteen participating physicians have offices in Kent County, 17 have offices in Sussex County, and 92 have offices in New Castle County. Five medical staff certifications were from doctors out of state or otherwise not eligible to certify patients for the program, such as physician assistants, etc. (DHSS did not approve these applications). (See Figure 14 and Figure 15.)

Figure 14.



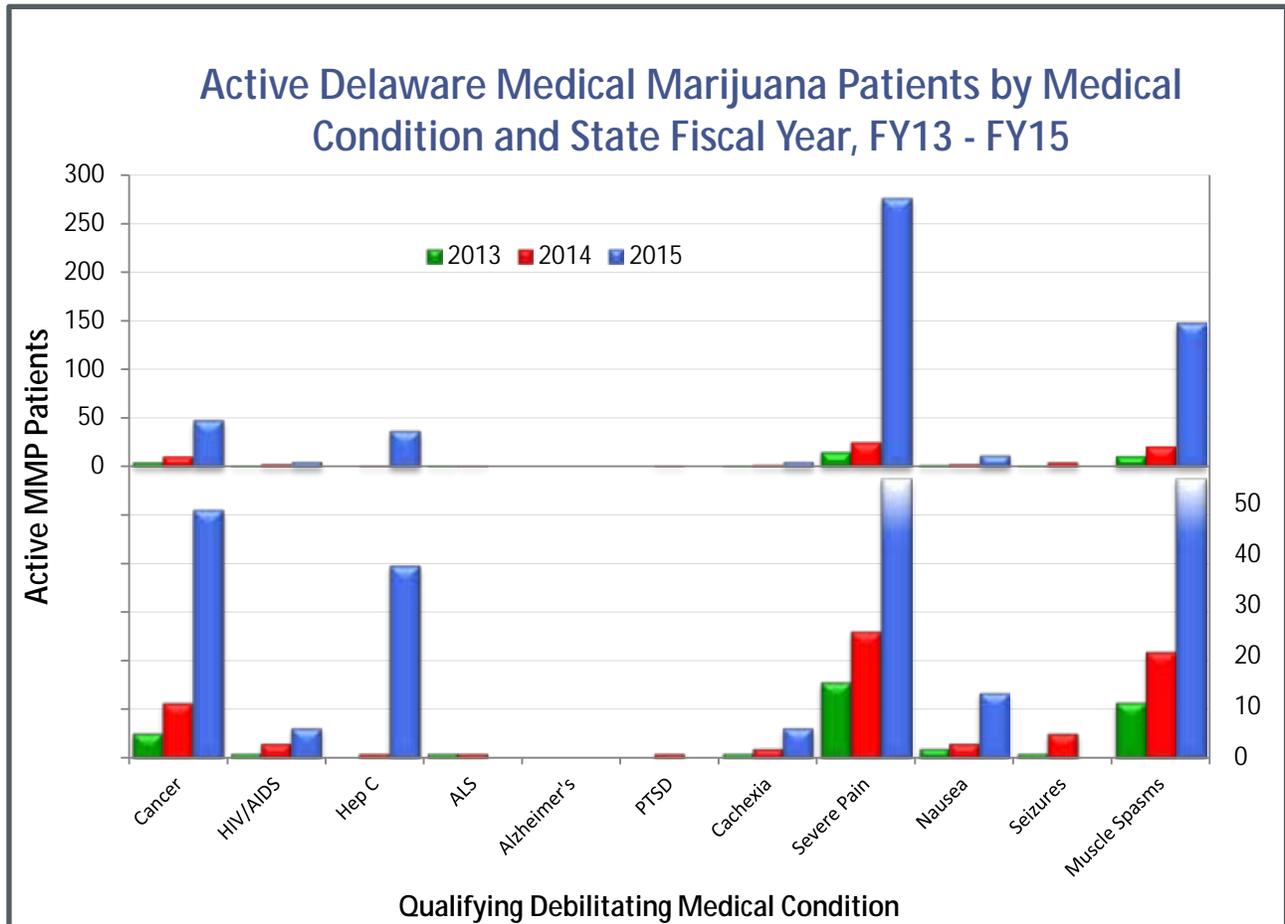
Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

Figure 15.



Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

Figure 16.



Source: Delaware Health and Social Services, Division of Public Health, Medical Marijuana Program Database, July 2015.

Active Patient Debilitating Conditions

Section 2.0 Definitions of the regulations³ lists the MMP qualifying debilitating medical conditions. That list currently includes:

- The following medical conditions or treatment of these conditions:
 - cancer;
 - positive status for human immunodeficiency virus (HIV);

³[http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Systems%20Protection%20\(HSP\)/4470.shtml#1057590](http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Systems%20Protection%20(HSP)/4470.shtml#1057590)

- acquired immune deficiency syndrome (AIDS);
 - decompensated cirrhosis (hepatitis C);
 - amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease);
 - post-traumatic stress disorder (PTSD); and
 - agitation of Alzheimer's disease; or
- a chronic or debilitating disease, medical condition, or its treatment that produces one or more of the following:
 - cachexia or wasting syndrome;
 - severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects;
 - intractable nausea;
 - seizures; or
 - severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

The two most common debilitating medical conditions, by far, among qualifying patients were 1) severe, debilitating pain; and 2) severe, persistent muscle spasms. Figure 16 is a panel bar chart that shows the number of active patients for each of the qualifying debilitating medical conditions for each of the three program years. The top panel shows the overall numbers in relation to each other; the bottom panel is an enlargement of the 0-50 range. It is important to note that patients often have more than one qualifying medical condition.

Financial Analysis

Section §4923A (5)⁴ of the Act stipulates the MMP be a financially self-supported program; however, due to program scope changes, the necessary revenue has not been available. The cost of implementing the program has exceeded available resources. The program structure included issuing registration cards in addition to opening and inspecting three compassion centers and one testing facility. In the first two years, the program received revenue from only card application fees and RFP bid fees. The third year (FY15) yielded a two-year facility license fee and an increase in patient registration fees. The program has yet to reach the break-even point for its revenue to cover expenses. Figure 17 details program revenue and expenses for FY13 - FY15.

⁴ <http://delcode.delaware.gov/title16/c049a/index.shtml#4923A>

Program Revenue

For the first three years of the program, except for the final few days of FY15, there was no compassion center open for patients to purchase medical marijuana legally. In the first year (FY13), OMM collected \$3,500 revenue, all from card application fees. In FY14, MMP revenue increased to \$44,320; RFP application fees generated \$35,000 of that total. In FY15, collected revenue reached \$92,900; \$40,000 of that was the facility license fee. OMM did not levy any fines against cardholders in FY14; however, it collected a few fees for replacement cards (\$20 each).

Employee Expenses

As explained in greater detail in the FY14 annual report, OMM consisted of two employees in its first year (FY13); the state moved both positions to General Funds due to the lack of program revenue. OMM hired two additional employees in the program's second year (FY14). Program revenue covers 100 percent of one employee and 73 percent of the second employee expenses for those two additional positions. General Funds pay the other 27 percent of the second employee expenses until the program collects enough revenue to fund the two additional positions at 100 percent.

FY15 employee expenses totaled \$223,700 split across three appropriations (00137, 00313, and 61702). Program revenue paid \$91,000 of that total.

Non-Employee Expenses

Additional FY15 expenses totaled \$3,500 and included postage, telecommunication, software maintenance, legal notices, and registration card supplies.

Delaware Medical Marijuana Program Revenue and Expenses by Year, FY13-FY15

Figure 17.

FY13	Budget	Revenue	Expense
Registration Card Application Fees Paid – Appropriated Special Funds		\$3,500	
Employee Expenses (2 FTEs) – Appropriation 00137			\$91,000
General Funds – Personnel (00137)	\$30,000		
Totals	\$30,000	\$3,500	\$91,000

FY14	Budget	Revenue	Expense
Registration Card Application and Replacement Fees Paid		\$9,320	
RFP Proposal Fees Paid (7 bids, \$5,000 each)		\$35,000	
Total Revenue (71705)		\$44,320	
Appropriated Special Fund (61702)	\$50,000		
General Funds – Personnel (00137)	\$0		
Total Budget	\$50,000		
Employee Expenses (2.08 FTEs)			\$130,400
<i>General Funds Personnel (00137) Expenses</i>			\$130,400
Communications (postage, telecom, etc.)			\$600
Contract and Professional Services (legal notices, custom design, etc.)			\$4,000
Computer Supplies			\$1,100
<i>Appropriated Special Funds – MMP Revenue (61702) Expenses</i>			\$5,700
Total Program Expenses			\$136,100

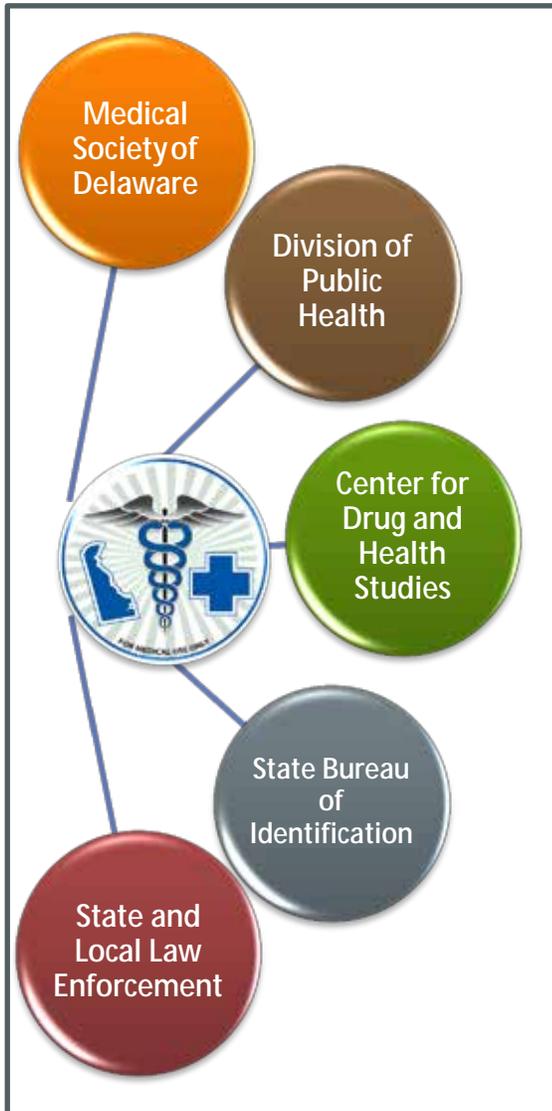
FY15	Budget	Revenue	Expense
Registration Card Application and Replacement Fees Paid		\$52,900	
Compassion Center 2-year License Fee		\$40,000	
Total Revenue (71705)		\$92,900	
Appropriated Special Fund (61702) – up to revenue collected	\$92,900		
General Funds – Personnel (00137)	\$130,400		
General Funds – Medical Marijuana (00313)	\$70,000		
Total Budget	\$293,300		
Employee Expenses (1.85 FTEs)			\$119,000
<i>General Funds Personnel (00137) Expenses</i>			\$119,000
Employee Expenses (0.27 FTEs)			\$13,700
<i>General Funds Medical Marijuana (00313) Expenses</i>			\$13,700
Employee Expenses (1.73 FTEs)			\$91,000
Communications (postage, telecom, etc.)			\$1,500
Contract and Professional Services (legal notices, etc.)			\$1,200
Maintenance and Supplies (software maintenance, card supplies)			\$700
Revenue Refund			\$100
<i>Appropriated Special Funds – MMP Revenue (61702) Expenses</i>			\$94,500
Total Program Expenses			\$227,200

Source: Delaware First State Financials System, June 2015.

V. Interagency Coordination

Delaware Agencies Assisting in the Development of the Medical Marijuana Program, FY15

Figure 18.



Source: Delaware Health and Social Services, Division of Public Health, internal bi-weekly reports, 2014-2015.

Many state organizations collaborated with OMM in FY15 for the success of the MMP (see Figure 18).

OMM enters and edits cardholder data in the Delaware Criminal Justice Information System (DELJIS), which allows law enforcement to verify card validity at any time of day. DELJIS generates a report for OMM of cardholders that interact with law enforcement so OMM can ensure continued cardholder compliance. OMM conducted several presentations for state and local law enforcement agencies during FY15 to explain the program and answer questions about their involvement in policing it.

DPH coordinated efforts with SBI to execute the modification to the law that now allows SBI to do national criminal background reports, in addition to local jurisdictional checks, for caregivers and agents. This change reduced the application processing time by several months.

The MSD coordinated distribution of a UD-CDHS developed physician survey querying doctors' knowledge and opinions on medical marijuana. The survey was part of the November edition of the *Delaware Medical Journal*, which MSD dedicated completely to articles about the use of medical marijuana. UD-CDHS analyzed the results of the survey and submitted recommendations to OMM.

The DHSS Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) provided copies of their client resource publication for OMM to distribute to registered cardholders. This allows OMM's clients to access other available resources in Delaware.

VI. DPH Future Initiatives: FY16

Now that the first pilot compassion center is operational, in FY16 OMM is focused on expanding the program to serve current and future patients more efficiently and effectively. OMM will review petitions, propose regulation edits, streamline the application process, support the Oversight Committee, and work to improve access to patients in the southern part of the state.

At the start of FY16, OMM reviewed a petition to add another qualifying medical condition, Autism with Self-Injurious Behavior, to the existing list set by the Act. The petition was available for review on the program's website through October 5, 2015. DPH added the condition to the qualifying list in November 2015. OMM will post future petitions on the program website, gather comments, and host public hearings prior to reviewing the evidence and making decisions.

All three amendments signed into law by Governor Markell in FY15 required modification to the regulations. OMM proposed the edits and promulgated them in the *Delaware Register of Regulations*. The edits included the testing and research of medical marijuana (Senate Bill 138); allowing minor patients to receive CBD and THC-A oils for specific disorders (Senate Bill 90); and clarifying the Medical Marijuana Act Oversight Committee and criminal background check procedures (Senate Bill 7). DPH gathered public comments and responded to them prior to codifying the final regulations.

In FY16, OMM will research software solutions to process applications more efficiently. To better serve OMM's clients, in early FY16 OMM moved to the first floor of the Jesse Cooper building, located at 417 Federal Street in Dover, Delaware.

The Medical Marijuana Oversight Committee was formed and will meet regularly in 2016. OMM stands ready to support that committee administratively as they begin the work outlined for them in the regulations.

Finally, an RFP was issued for opening compassion centers in Kent and Sussex counties.