MN CANN
MINNESOTA CANNABIS & DRUG POLICY
RESOURCE CENTER

March 23, 2026

Re: Senate File 4145
Supply chain unification, patient consultations, and license parity

Dear Chair Klein and Members of the Committee:

The Minnesota Cannabis and Drug Policy Resource Center (MN Cann) works to advance safe, equitable, and sustainable cannabis policy in Minnesota. We serve as a resource to policymakers, businesses, and consumers through education, advocacy, and strategic guidance. Through efforts like the Minnesota Medical Cannabis Access Initiative, we focus on protecting patient rights, expanding access, and ensuring Minnesota's laws reflect real patient needs—not just market dynamics.

Supply Chain Unification

MN Cann strongly supports Senate File 4541 as a long-overdue structural fix to Minnesota's cannabis supply chain. Aligning medical and adult-use supply – until the point of sale – is essential to improving patient access. Patients should not be restricted to a narrower, more expensive, and less diverse product market than adult-use consumers.

Supply chain unification, and all negotiations around it, must center medical cannabis patients, their needs, and access to medical cannabis products. For too long, patients have been secondary to business interests in the design of Minnesota's cannabis market. We appreciate that OCM has elevated patient feedback in its recommendations, and that focus must continue through final passage.

Patient Consultation Requirements

MN Cann understands that OCM did not modify the current patient consultation requirements. Under existing law, patients must complete a consultation with a

pharmacist or medical cannabis consultant—employed by the retailer—prior to making a purchase.

In practice, this creates significant barriers. These consultations can delay access, are often duplicative, and for many patients, provide limited clinical value. Because they are conducted by retailer-employed staff, they can also function more like sales interactions than patient-centered guidance. Additionally, when patients switch retailers, they are typically required to repeat the consultation process, adding further friction.

Patients will not wait for access. Adult patients facing these barriers will turn to the adult-use market, where no such requirements exist. Minors may be pushed toward the illicit market. In both cases, patients lose the protections of the medical program—becoming subject to possession limits and the 15% cannabis tax that medical patients are otherwise exempt from.

This dynamic also has broader consequences. It can erode trust between patients and their healthcare providers, particularly as confusion persists around the differences between medical and adult-use cannabis. As stigma increases, patients may become less willing to disclose their cannabis use, undermining continuity of care.

MN Cann supports the use of consultations where they provide clear value—particularly for pediatric patients and individuals with complex pharmacological needs. However, the current one-size-fits-all requirement is unnecessarily burdensome and counterproductive to patient access.

We welcome continued discussion on how to modernize this requirement and are prepared to offer solutions that preserve clinical support without restricting access.

Cannabis Macrobusiness

OCM's proposal to transition Medical Cannabis Combination Business (MCCB) licenses into Cannabis Macrobusiness licenses is a pragmatic compromise.

Minnesota's medical program was built as a tightly controlled duopoly. Chapter 342 expanded the market but preserved structural advantages for these original operators through the MCCB license, including disproportionate canopy allowances and vertical integration.

SF 4541 reduces canopy limits while removing product-type restrictions, requiring macro businesses to continue serving medical patients across all retail locations. This strikes a workable middle ground—even if it leaves no stakeholder fully satisfied, which is often the sign of a real compromise.

Macro Business - Feedback

However, SF 4541 stops short of addressing the long-term structural imbalance created by these oversized licenses.

MN Cann convened stakeholders in 2025—including patients, medical operators, and social equity micro businesses—and developed a consensus-based approach that was adopted by the Cannabis Advisory Council but not included in this bill.

That approach would:

- Cap MCCB licenses at current levels
- Require minimum medical sales thresholds
- Sunset licenses that fail to operationalize or meet performance standards

Over time, this would transition Minnesota away from a legacy duopoly toward the competitive, small-business-driven market envisioned in Chapter 342—without destabilizing patient access in the short term.

License Endorsement Parity

SF 4541 makes important progress in aligning endorsements across license types, particularly for delivery and transportation. This is a meaningful step toward equity.

However, a major imbalance remains under Section 342.13. Macro businesses are exempt from local retail registration limits, while other operators with medical endorsements are not.

This directly impacts patient access, especially in smaller or rural communities.

MN Cann recommends one of the following fixes:

- Insert “cannabis macro businesses with a retail operations endorsement” at line 10.4; or

- Preferably, after the period on line 10.6, add:
  "This limitation must not apply to cannabis businesses with a medical cannabis retail endorsement."

This is a straightforward correction that would materially improve access and fairness across the system.

Closing

Minnesota has an opportunity to correct foundational flaws in its cannabis system—but only if patient access remains the north star. SF 4541 is a strong step forward. With targeted improvements, it can deliver on both equity and access.

We urge you to move this bill forward and ensure that, in every compromise, patients come first.

Best Regards,



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