

# Advisory Council on Cannabis

INTERIM REPORT

DRAFT

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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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## Introduction

North Carolina’s cannabis marketplace is at a pivotal moment. North Carolina is one of only 10 states and 3 U.S. territories that does not have a regulated adult-use marijuana market or medical marijuana program.<sup>1</sup>

In the absence of a recognized, regulated marijuana market, North Carolina has one of the largest illicit marijuana markets in the United States, with an estimated \$3 billion spent on illegal marijuana in 2022, ranking second in the nation.<sup>2</sup> Additionally, North Carolina’s current market for intoxicating hemp-derived cannabinoid products is robust. These products have proliferated across the state through retail storefronts, vape shops, convenience stores, and online vendors. Intoxicating hemp-derived cannabinoid products, often marketed as legal alternatives to marijuana, are being sold in an environment without any uniform standards for manufacturing, testing, labeling, packaging, or age verification, and absent any enforcement or oversight authority.

As a result, North Carolina’s cannabis marketplace has been characterized as a “wild west” landscape. North Carolinians – including our youth – can legally purchase intoxicating hemp-derived products devoid of any potency limits, standardized laboratory testing, or clear labeling requirements, raising significant and widespread concerns regarding consumer safety, youth access, and public health. The absence of statewide enforcement authority and regulatory guardrails have created uncertainty for consumers, responsible businesses, healthcare providers, educators, parents, and law enforcement and most importantly, have put North Carolinians at risk.

Against this backdrop, Governor Stein issued Executive Order No. 16, establishing the North Carolina Advisory **Council** on Cannabis (“Council”) to study and recommend options for a comprehensive cannabis policy in North Carolina. The Executive Order directs the Council to prioritize protecting youth, supporting public safety, promoting public health considerations, elevating regulatory considerations, advancing justice, and recommending appropriate regulatory structure.

This interim report provides an overview of the current state and federal legal environments of intoxicating cannabis, summarizes marketplace conditions in North Carolina, and identifies key policy issues the Council has studied, including those that require further evaluation. It reflects the Council’s work to date and outlines the foundational considerations necessary to ensure that any future system of cannabis regulation restricts

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<sup>1</sup> Cannabis Regulators Association <https://www.cann-ra.org/>

<sup>2</sup> Cannabis Regulators Association <https://www.cann-ra.org/>

youth access, protects the public, promotes consumer protection, supports legitimate businesses, and provides regulatory clarity.

Ultimately, the authority to bring order to the unregulated, unsafe cannabis market rests with the General Assembly. The role of the Council, therefore, is an advisory one. Simply stated, the real question to the Council is as follows: **If the General Assembly acts to regulate North Carolina's existing intoxicating cannabis market, what is the best framework for our state?**

There are two central questions that drive this work:

1. What substance is being regulated?
2. What type of regulation best serves North Carolina?

The Regulation Matrix provides an explanation of these two questions and the options before the Council.

**INSERT MATRIX HERE**

This interim report reflects the Council's recommendation on question 1: Should the General Assembly pursue cannabis regulation, it should adopt a unified approach that regulates products based on total tetrahydrocannabinol (THC) content and intoxicating potential, rather than creating separate regulatory structures for hemp and marijuana. This approach recognizes that the plant source is irrelevant and should not drive different treatment when the intoxicating compound is the same.

On question 2, the Council co-chairs recommend an adult access market with protections for medical consumers. This regulatory structure recommendation brings accountability and safety to North Carolina's de facto intoxicating cannabis market. It provides a way for the state to oversee and regulate the existing but unregulated market in North Carolina. This model includes medical-grade safeguards including low-THC product options, expanded health warnings, recall authority, and medical consultation access for consumers, among other protections. Of all possible regulation models, an adult access model would bring the most revenue to the state, which could support public health education campaigns and enforcement efforts. There was thoughtful discussion amongst the Council members about the utility of medical programs, the critical importance of public safety considerations, and interest in potential legislative activity in the upcoming short session. The Council continues to discuss the differences between regulatory models and key public safety considerations, which will inform the Council's final report.

A final report, including detailed regulatory recommendations, will be issued in December 2026. That report will incorporate continued stakeholder engagement, data analysis, and

policy development and will present a research-based and data-driven comprehensive framework intended to bring structure, accountability, and public confidence to a future North Carolina cannabis marketplace.

## **Letter from Council Co-Chairs**

Dear Governor Stein,

On behalf of the North Carolina Advisory Council on Cannabis, it is our honor to submit the Council's Interim Report pursuant to Executive Order No. 16, issued June 3, 2025.

In establishing the Council, you charged us with studying and recommending options for a comprehensive statewide approach to cannabis, one that is grounded in public health and public safety, informed by lessons from other states, and focused on protecting North Carolinians, especially our youth. You also recognized the urgent challenges facing our state: an unregulated market for intoxicating THC products, alarming increases in youth emergency department visits, broad public support for reform, and the need to address longstanding justice concerns.

To date, we have spent nearly nine months immersed in this effort.

Since July 2025, the Council has convened bimonthly as a body and engaged a broad cross-section of expertise reflected in its membership, including leaders from public health, public safety, environmental quality, transportation, justice, the courts, the General Assembly, the business and medical communities, agriculture, law enforcement, the Eastern Band of Cherokee Indians, and the Catawba Indian Nation. Staff support from the Department of Health and Human Services and Department of Public Safety have enabled the Council to conduct its work in a thoughtful, transparent, and collaborative manner.

This interim report reflects substantial progress toward the duties outlined in the Executive Order. We are now nearing the completion of Phase 1 of the Council's work. Our three Phase 1 subcommittees – (1) Consumer Safety and Youth Protection, (2) Prevention and Treatment, and (3) Market Structure – have conducted focused analysis ~~within their respective charges~~ and are synthesizing their findings to inform the Council's forthcoming recommendations. To date, the subcommittees have:

- Examined strategies to better protect youth, including age restrictions, advertising limitations, packaging safeguards, and child-resistant standards;
- Analyzed regulatory options such as potency limits, purity standards, retail structures, and flavor restrictions;
- Considered prevention and treatment infrastructure to address cannabis use, especially among young people;

- Evaluated public health frameworks, including education campaigns and data surveillance to monitor impacts; and
- Explored diverse market structure frameworks, carefully considering their implications to determine the model best aligned with North Carolina’s goals and values.

As the Council enters Phase 2, our three new subcommittees – (1) Regulatory Structure, (2) Enforcement and Criminal Justice Reform, and (3) Revenue and Federal Compliance – will consider new policy priorities by:

- Defining regulatory structure, staffing and resource needs, and researching policy considerations for industry inspections, violations and penalties;
- Reviewing public safety tools, including enforcement mechanisms, advanced training for law enforcement related to impaired driving, and training for judges and district attorneys;
- Discussing pathways to advance justice, including potential expungement of prior convictions that no longer align with future policy; and
- Exploring revenue projections and tax structures (to include taxes, license fees and penalties) capable of implementing a balanced framework that protects public health and safety while providing clarity oversight and accountability.

Throughout this process, the Council has studied experiences from other states and engaged stakeholders and members of the General Assembly to ensure that any recommendations are practical, enforceable, and well suited to North Carolina.

We are proud of the seriousness, diligence, and collegial spirit with which members have approached this work. In this report, the Council operates under a consensus model, although this does not always mean unanimity. The Council’s membership represents diverse organizational perspectives and a vote supporting issuance of this report and the recommendations made herein is not intended to be (and should not be) construed as reflecting each organization’s blanket endorsement of each recommendation made herein. Each Council member’s employing or affiliate organization reserves the right to advocate for policy and regulation that serves its organizational mission.

Thank you for your leadership in convening this Council and for your commitment to developing a thoughtful and balanced approach to cannabis policy in North Carolina. We look forward to continuing this important work and to providing further guidance in the months ahead.

Respectfully,

**Lawrence Greenblatt, M.D., FACP**

State Health Director and Chief Medical Officer  
North Carolina Department of Health and Human Services

**Matthew Scott, J.D.**

District Attorney  
Prosecutorial District 20 (Robeson County), North Carolina

**Co-Chairs of the North Carolina Advisory Council on Cannabis**

**Membership**

**Leadership**

**Lawrence H. Greenblatt, MD, FACP**, State Health Director and Chief Medical Officer, North Carolina Department of Health and Human Services

**Matthew Scott**, District Attorney, Prosecutorial District 20 (Robeson County)

**Members**

**David W. Alexander**, Owner and President, Home Run Markets, LLC

**Arthur E. Apolinario, MD, MPH, FAAFP**, 2002-2023 Past President, North Carolina Medical Society; Family Physician, Clinton Medical Clinic

**Joshua C. Batten**, Assistant Director for Special Services, Alcohol Law Enforcement Division, North Carolina Department of Public Safety

**Representative John R. Bell**, North Carolina House of Representatives, District 10

**Carrie L. Brown, MD, MPH, DFAPA**, Deputy Secretary for Facilities, Behavioral Health & IDD and Chief Psychiatrist

**Patrick Brown**, Owner, The Connect Group NC LLC DBA Brown Family Farms

**Mark M. Ezzell**, Director, North Carolina Governor's Highway Safety Program, North Carolina Department of Transportation

**Kris Gardner**, Executive Director / Legal Counsel, North Carolina Beer & Wine Wholesalers Association

**Anca E. Grozav**, Chief Deputy Director, North Carolina Office of State Budget and Management

**Brian Harris**, Chief, Catawba Indian Nation

**Representative Zack A. Hawkins**, North Carolina House of Representatives, District 31

**David Hess**, Police Chief, City of Roxboro Police Department

**Daniel Hirschman**, General Counsel, North Carolina Department of Environmental Quality

**Colonel Freddy L. Johnson, Jr.**, Commander, North Carolina State Highway Patrol

**Kimberly McDonald**, MD, MPH, Chronic Disease and Injury Section Chief, Division of Public Health, North Carolina Department of Health and Human Services

**Patrick Oglesby**, Attorney and Founder, Center for New Revenue

**Forrest G. Parker**, CEO / General Manager, Qualla Enterprises LLC / Great Smoky Cannabis Company

**Senator Bill P. Rabon**, North Carolina Senate, District 8

**Lillie L. Rhodes**, Legislative Counsel, Administrative Office of the Courts

**Gary H. Sikes**, Owner, Bountiful Harvest Farm and Partner, Legacy Fiber Technologies

**Senator Kandie D. Smith**, North Carolina Senate, District 5

**Keith Stone**, Sheriff, Nash County

**Joy Strickland**, Senior Deputy Attorney General, Criminal Bureau of the North Carolina Department of Justice

**Deonte' L. Thomas**, Chief, Wake County Public Defender Office

**Missy P. Welch**, Executive Director, Alcoholic Beverage Control Commission

## **Current State of Cannabis in North Carolina**

### **Marijuana**

Marijuana (cannabis containing a concentration of more than 0.3% of delta-9 THC) remains illegal in North Carolina for all purposes, including both adult and medical use. The state has not enacted a comprehensive medical cannabis program, nor has it legalized recreational marijuana.

North Carolina has, however, taken limited steps toward decriminalization. Possession of one-half ounce (0.5 ounce) or less is classified as a Class 3 misdemeanor,<sup>3</sup> typically resulting in a fine rather than active jail time. While incarceration is unlikely for small

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<sup>3</sup> NCGS § 90-95(a)(3)

amounts, a conviction still results in a criminal misdemeanor record unless subsequently expunged.

An important exception exists on the Qualla Boundary, which is sovereign tribal land governed by the Eastern Band of Cherokee Indians (“EBCI”). Under principles of tribal sovereignty, the EBCI has the authority to enact and enforce its own cannabis laws independent of state policy. In 2024, the tribe opened the Great Smoky Cannabis Company, the first tribally-owned cannabis dispensary in North Carolina. Marijuana is legal under tribal law within the Qualla Boundary; however, it remains illegal under North Carolina state law outside tribal jurisdiction.

## Hemp and Hemp-Derived Cannabinoids

Hemp (defined federally as cannabis containing no more than 0.3% delta-9 THC) is legal in North Carolina.

The federal Agriculture Improvement Act of 2018 (the “Farm Bill”) removed hemp from the federal Controlled Substances Act and legalized its cultivation nationwide under certain conditions. The law defined hemp as cannabis containing no more than 0.3% delta-9 THC on a dry-weight basis and authorized states to regulate hemp production through state or federally approved programs. While the legislation focused primarily on agricultural production, it ultimately contributed to the rapid expansion of hemp-derived intoxicating cannabinoid products in consumer markets.

Following passage of the Farm Bill, North Carolina permanently removed hemp from the state list of controlled substances, aligning with federal law. However, unlike many states, North Carolina did not establish a comprehensive regulatory framework governing the manufacture, testing, labeling, or retail sale of hemp-derived cannabinoid products.

As of April 2025, North Carolina ranks 8th nationally in hemp acreage planted and harvested and 10th in floral hemp production<sup>4</sup>. (Floral hemp production differs from fiber or grain cultivation in that it is intended to produce cannabinoid-rich flower for extraction and processing, rather than hemp grown primarily for industrial fiber or seed.) Estimates value North Carolina’s existing intoxicating hemp-derived cannabinoid industry at approximately \$1 billion.

### Current Regulatory Gaps

The absence of regulation for North Carolina's intoxicating cannabis market raises numerous concerns, including the following:

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<sup>4</sup> Economic feasibility and risk analysis of industrial hemp production: a comparative assessment of floral, fiber, and grain enterprises in North Carolina, USA. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12781740/>

### **No Age Restrictions**

There is no statewide minimum age requirement for the purchase of intoxicating hemp-derived THC products, meaning retailers are not legally obligated to verify age prior to sale. Without a mandated age requirement, youth can legally purchase these products in contrast to regulated marijuana markets in other states, where age verification is strictly enforced.

### **No Packaging or Marketing Restrictions**

There are generally no statutory limitations on advertising practices, cartoon imagery, flavor profiles, or product formats such as candies and gummies that appeal to youth. Without child-resistant packaging requirements or restrictions on youth-oriented branding, intoxicating hemp products may resemble conventional snacks or sweets, even infringing on trademarks. In addition, packaging does not contain standardized warning labels that the product contains THC.

### **No Mandatory Labeling Requirements**

There are no requirements for accurate potency labeling, ingredient disclosure, warning statements, batch numbers, or manufacturer identification. Consumers therefore may not know the THC concentration, serving size, or potential risks associated with a product. The absence of labeling standards also complicates product recalls and enforcement.

### **No Purchase Limits or Serving Size Caps**

There are no limits on milligrams of THC per serving, milligrams per package, or daily purchase quantities. This permits the sale of high-potency products without guardrails, increasing the risk of accidental overconsumption, particularly among inexperienced users.

### **No Licensing Requirements and Unlimited Retail Density**

No specialized state license is required to sell hemp-derived intoxicating products. As a result, these products may be sold in vape shops, smoke shops, gas stations, convenience stores, CBD retailers, wellness boutiques, and even nontraditional outlets such as garden centers or gift shops. There are no caps on the number of retailers, no limits on geographic density, and no vetting process for operators. This unrestricted availability increases product visibility and normalization, particularly among minors.

### **No Zoning or School Buffer Requirements**

There are no mandated setback requirements prohibiting sales near schools, playgrounds, daycare centers, or other youth-centered facilities. In contrast to regulated marijuana programs that commonly impose distance requirements from K–12 schools, intoxicating hemp products may be sold immediately adjacent to locations frequented by children.

### **Public Health and Impaired Driving Concerns**

Widespread access to intoxicating hemp products without required warning labels, standardized dosing guidance, or public education campaigns may contribute to confusion regarding impairment, workplace policies, and driving under the influence laws.

Consumers may mistakenly believe that “hemp-derived” equates to non-intoxicating or risk-free driving.

### **No Mandatory Laboratory Testing Standards**

There are no required testing protocols for potency, heavy metals, pesticides, mold, residual solvents, or synthetic byproducts. This is particularly concerning for products created through chemical conversion processes, such as delta-8 THC and other hemp-derived cannabinoids, where residual solvents or unintended compounds may remain. Without standardized testing, product safety and consistency cannot be assured.

### **Limited Inspection, Recall, and Enforcement Authority**

Without a structured regulatory framework, no agency is responsible for compliance inspections, enforcement checks, or mandatory recalls. This weakens the state’s ability to respond effectively to contaminated or mislabeled products entering the marketplace.

### **No Track-and-Trace System or Supply Chain Oversight**

There is no seed-to-sale tracking system to monitor production, processing, distribution, and retail sales. This absence of oversight limits transparency regarding product origin and manufacturing conditions and reduces the state’s ability to prevent diversion or quickly isolate contaminated batches.

### **Legal Ambiguity and Market Instability**

The lack of clear statutory guardrails creates uncertainty for law enforcement, retailers, consumers, and local governments. This ambiguity can result in inconsistent enforcement, uneven compliance practices, and abrupt market disruption if regulatory changes are enacted.

### **Taxation and Revenue Gaps**

In the absence of a comprehensive licensing and taxation system, the state loses potential revenue that could otherwise support enforcement, substance misuse prevention, public health education, or community reinvestment initiatives.

Compared to regulated marijuana frameworks in other states, this environment presents identifiable risks. While some operators voluntarily implement consumer protection protocols, these safeguards are not required under state law.

## Data on Usage in North Carolina

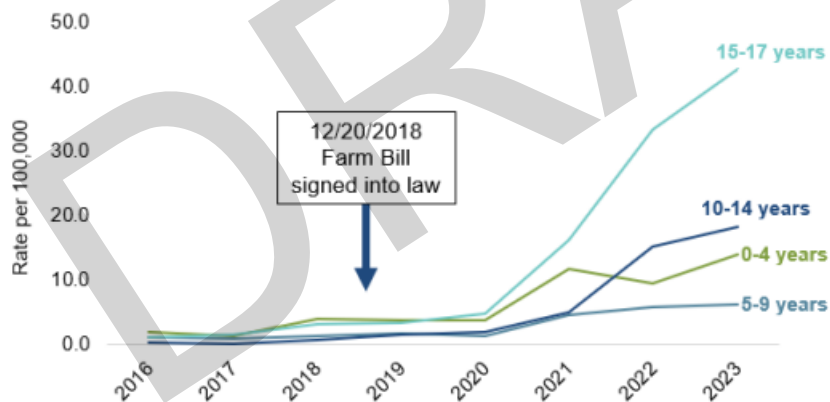
Cannabis is the most commonly used federally illegal drug in the United States: 52.5 million people, or about 19% of Americans, used it at least once in 2021.<sup>5</sup> In North Carolina, an estimated 1.6 million people used cannabis in 2022, an increase from 1.5 million users (approximately 14% of adults) in 2021.<sup>6</sup>

According to the most recent North Carolina Youth Risk Behavior Survey, 15.8% of high school and 3.4% of middle school students reported current (past 30 day) use of marijuana.<sup>7</sup>

In recent years, the rate of emergency department visits in North Carolina for intoxicating cannabis ingestion among children and youth ages 17 and under increased more than 600%; among older teens, the rate increased more than 1,000%.

*Note to the Council: Staff removed a chart from the 2023 U.S. Cannabis Report that was included here for its estimate of current cannabis users in NC. The chart was confusing because it also projected certain states as potential new medical or adult use markets. Because the chart was cited only for the estimate on current cannabis users, staff retained that data and deleted the chart.*

### Emergency Department Visit Rates in NC for THC Ingestion for Kids Ages 0 - 17.<sup>8</sup>



Youth usage is particularly concerning, as young children and youth can have severe reactions to ingesting cannabis, and youth who use intoxicating cannabis can experience

<sup>5</sup> Substance Abuse and Mental Health Services Administration. [Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health](#)

<sup>6</sup> [2023 US Cannabis Report](#)

<sup>7</sup> [NC Youth Risk Behavior Survey Data Table](#)

<sup>8</sup> Source: NC DETECT, 2016-2023 ED Visits; THC Ingestion Case Definition, pulled 11/2024, NC Division of Public Health, NCDHHS (via Child Fatality Task Force Fact Sheet)

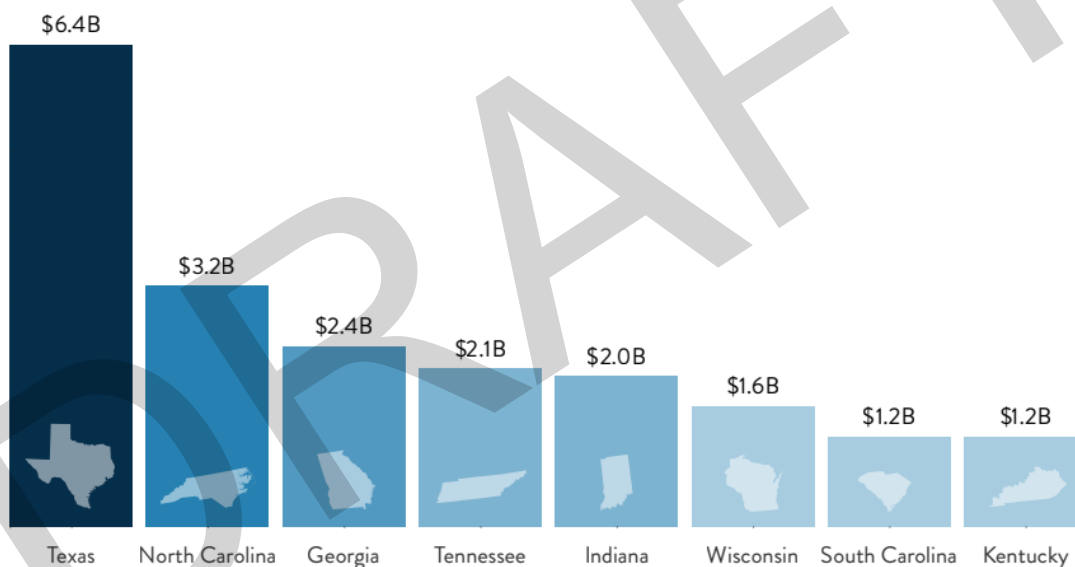
multiple negative impacts including: problems with memory, learning, school and social life; impaired driving; potential for addiction; and increased risk of mental health issues including depression, anxiety, psychosis, schizophrenia, and suicidal behaviors.

## Data on the Illicit Market in North Carolina

According to the [2023 U.S. Cannabis Report](#), without medical or adult-use cannabis sales in place, North Carolina was second in size for the largest estimated illicit markets in 2022. Texas, North Carolina, and Georgia, respectively, represent the three largest, currently unregulated state markets, worth a combined \$12.1 billion in estimated illicit cannabis sales in 2022. Barring any action to legalize cannabis, the combined illicit market in these three states is projected to be worth roughly \$18 billion by 2030.

### Largest Estimated Illicit Markets in 2022

*In states with no legal market*



If a key objective of regulation is to disrupt illicit markets, that end is being achieved by providing people who want to consume cannabis with a legal alternative that protects consumer safety. Even with continued national increases in cannabis consumers, both legal medical and adult-use markets will increasingly erode demand met by illicit sources. In 2022, an estimated 28% of U.S. cannabis sales came through legal channels; by 2030, 48% of total annual U.S. demand will expectedly be met by legal cannabis purchases in the states where cannabis is currently legal. If all 18 of the potential markets legalize within expected timelines, the legal market could capture nearly 60% of total cannabis market demand by 2030.

## **Federal Status Update**

### **Federal Legal Landscape**

Although states retain authority to regulate cannabis within their borders, federal law continues to shape the broader legal and economic environment in which state policies operate. Federal legislation affecting hemp and marijuana influences interstate commerce, enforcement priorities, banking and financial services, and the national marketplace in which North Carolina businesses and consumers participate. As a result, federal policy developments remain highly relevant to North Carolina’s regulatory considerations.

Federal cannabis policy has evolved significantly over the past century, resulting in a complex and at times inconsistent regulatory framework. Under existing federal law, cannabis remains broadly regulated as a controlled substance. Marijuana and its derivatives are classified under the federal Controlled Substances Act (CSA), and unless an explicit exception applies, their manufacture, distribution, and possession are prohibited at the federal level. Since 1970, marijuana has been listed as a Schedule I substance – indicating no accepted medical use and a high potential for abuse – despite a growing number of states establishing lawful medical or adult-use markets within their borders.

#### **The 2018 Farm Bill**

A significant shift occurred with the 2018 Farm Bill, which legalized the production of hemp for the first time in decades. The law created a distinct federal category for hemp, defined as cannabis containing no more than 0.3% delta-9 THC by dry weight. Hemp was excluded from the CSA’s definition of marijuana and thus generally not subject to federal controlled substance prohibitions. This change also enabled the legal cultivation and interstate commerce of hemp as an agricultural commodity.

While lawmakers anticipated the expansion of industrial hemp uses, such as fiber, grain, and non-intoxicating CBD products, the statutory definition created unintended regulatory gaps. Because the law focused narrowly on delta-9 THC concentration, it did not fully account for other intoxicating cannabinoids, the effects of chemical conversion processes, product formulation variables, or measurement methodologies. As a result, intoxicating hemp-derived THC products entered the marketplace outside the regulatory frameworks governing state-licensed marijuana markets. This development has been widely referred to as the “Farm Bill loophole,” and it has led to a rapidly expanding, largely unregulated national market for hemp-derived intoxicants.

## **Federal Hemp Ban and Congressional Responses**

### **November 2025 Appropriations Act**

In response, on November 12, 2025, Congress and the President enacted *An Act Making Continuing Appropriations and Extensions for Fiscal Year 2026* (the “Act”). The Act amends the Agricultural Marketing Act of 1946 to distinguish intoxicating hemp-derived products from industrial hemp. The Act tightens the federal definition of hemp, shifts compliance to a total THC standard, and imposes stricter limits on THC in finished products. The Act effectively closes the “farm bill loopholes” and brings many existing hemp-derived intoxicating products back under federal controlled substance regulation when the law takes effect in November 2026.

### **State Regulatory Response**

State responses to the federal changes have been inconsistent, creating a patchwork of regulatory outcomes across jurisdictions. Some states are aligning their regulatory frameworks with the new federal restrictions. Others are adopting independent regulatory models to govern hemp-derived cannabinoid products. A number of states have signaled resistance to the federal approach.

### **Congressional Response**

Industry stakeholders and certain members of Congress continue to advocate for a regulatory framework rather than a prohibition-based model.

#### **1. HEMP Act (Regulatory Alternative)**

The Hemp Enforcement, Modernization, and Protection (HEMP) Act was introduced as a potential alternative to an outright ban on THC products. The legislation would affirmatively permit the sale of consumable hemp products to adults aged 21 and over, including edibles, beverages, and inhalable products. If enacted, the HEMP Act would impose comprehensive regulatory requirements, including the establishment of a total cannabinoid cap.

#### **2. HPPA (Delay Alternative)**

In contrast, a coalition of alcohol retailers has urged Congress to delay implementation of the federal hemp restrictions. The recently introduced Hemp Planting Predictability Act (HPPA) would postpone the effective date of the THC ban by two years. Proponents argue that a delay would provide the hemp industry additional time to adjust operations and engage in negotiations toward a broader regulatory compromise.

## **Presidential Executive Order to Reschedule Marijuana**

In parallel, the Administration issued an Executive Order in December 2025 directing federal agencies to expedite the process of rescheduling marijuana from Schedule I to Schedule III, a move that would ease research restrictions, reduce certain criminal penalties, and address tax and banking limitations for state-legal cannabis businesses, though it would not federally legalize recreational marijuana. As of March 2026, the U.S.

Department of Justice has not issued a final rule, and marijuana remains a Schedule I substance. The timeline for final action remains uncertain.

The Executive Order also encouraged Congress to revisit the statutory definition of hemp to ensure that full-spectrum CBD remains accessible to patients. Additionally, the President proposed allowing non-intoxicating CBD products to be eligible for Medicare coverage when recommended by a physician, which would provide certain beneficiaries access at no cost.

Together, these developments reflect an ongoing federal reassessment of how marijuana and hemp-derived intoxicating products should be defined, regulated, and distinguished moving forward.

## **Council Meetings**

### **July 29, 2025**

The July Council meeting was held in Raleigh to review the state's legal, regulatory, and enforcement landscape regarding cannabis and hemp products. Speakers included Kaycee Deen, Agency Legal Consultant, Department of Health and Human Services, who outlined federal and state legal definitions and regulatory gaps under the 2018 Farm Bill; Joshua Batten, Assistant Director for Special Services, Alcohol Law Enforcement Division, Department of Public Safety, who detailed North Carolina's challenges with unregulated hemp-derivatives, lack of licensing, and rising concerns over high-potency THC beverages and child safety; and Gillian Schauer, Executive Director, CANNRA, who shared national trends and best practices from other states, emphasizing consumer safety, clear product standards, and centralized oversight. The Council discussed next steps, including defining core regulatory priorities, collecting baseline data, exploring licensing frameworks, and launching public education campaigns. The meeting concluded with plans for continued stakeholder engagement and reconvening on September 30.

### **September 30, 2025**

The September Council meeting featured guest speaker Dr. Cameron Coleman, Chief of Addiction Services at Avance Psychiatry, who presented on "Top 10 Questions: Cannabis and Health." Dr. Coleman highlighted key trends, including record-high cannabis use, rising adolescent consumption, and increased potency (from 2% THC in the 1970s to 15-30% in 2025, with concentrated products reaching 50-80%). He discussed desired effects like relaxation and appetite stimulation, as well as risks such as cognitive impairment, psychosis, and growing emergency department visits among older adults and teens. Risks also outweigh the benefits for a number of groups, including adolescents and those with history of addiction or psychiatric illness. The Council also reviewed responsibilities,

timelines, and subcommittee introductions. The meeting concluded with member updates and next steps.

## November 18, 2025

The Council's primary focus at the November meeting was a presentation on the federal intoxicating hemp ban, followed by a moderated panel exploring regulatory frameworks from Georgia (a medicinal cannabis low-THC patient registry state; hemp-based intoxicants are legal with some regulation under the Department of Agriculture), Maryland (a dual medical and adult-use state with prohibited hemp-based intoxicants), and Nevada (a dual medical and adult-use state with the Department of Agriculture regulating intoxicating hemp; semi-synthetic products are regulated and synthetic products are banned). This comparison set the stage for Council co-chairs to outline the regulation framework options. The session concluded with small group discussions, reports from these discussions, and discussion of next steps toward developing cannabis regulation proposals.

## February 10, 2026

At the February meeting, Council members received a federal regulatory briefing and update. The federal regulatory framework for cannabis is evolving. Hemp is now defined by "total THC" (including tetrahydrocannabinolic acid or THCA) with strict per-container caps under the Continuing Appropriations Act of 2026, effectively banning most intoxicating hemp products as of November 2026. In December 2025, President Trump issued an Executive Order directing the Attorney General and Drug Enforcement Agency to expedite rescheduling marijuana from Schedule I to Schedule III to support medical research, though it did not legalize recreational use. This update was followed by a series of presentations detailing the status and progress of the three subcommittees. The meeting concluded with an all-member discussion on the status of cannabis regulation in North Carolina, emphasizing the need for state-level regulations to improve public safety.

## March 3, 2026

At the March meeting, the Council met virtually for a discussion on the recommendations on cannabis regulation and an overview of the interim report. The Council co-chairs began by noting that North Carolina's unregulated hemp and THC market is unsafe and urgently needs regulation and oversight. While the Council itself is advisory, its charge is to develop recommendations that protect public health and safety. The Council expressed support for regulating intoxicating THC molecules directly rather than distinguishing between hemp and marijuana. The Council discussed the pros and cons of different access markets. Members highlighted the need for continued dialogue on law enforcement and public

safety, with general agreement that a strong, unified regulatory structure is essential to control the illicit market and protect North Carolinians.

## **Subcommittee Work**

### **Consumer Safety and Youth Protection**

The Consumer Safety and Youth Protection Subcommittee engaged in broad, policy-level discussions regarding potential guardrails that would be necessary if cannabis products are regulated in North Carolina. Subcommittee members examined core consumer protection and youth prevention principles that would be relevant under any model.

Discussions focused on age restrictions for intoxicating products, including a minimum purchase age and limited medical exceptions, as well as the need to clearly distinguish intoxicating products from non-intoxicating hemp-derived goods. Members also explored overarching advertising standards designed to reduce youth exposure, including audience composition thresholds, content limitations, restrictions on youth-appealing imagery, constraints on promotional practices, and location-based restrictions near schools and other places where minors commonly congregate. Required disclosures and health warnings were also discussed as critical tools for consumer awareness.

The subcommittee further considered packaging and labeling safeguards intended to promote transparency and prevent accidental or youth access. Topics included child-resistant and opaque packaging, prohibitions on misleading or unsubstantiated health claims, inclusion of universal THC symbols, ingredient disclosures, potency labeling, batch tracking, QR codes linked to certificates of analysis, expiration dates, and clear warning statements. Laboratory testing was identified as a cornerstone of any consumer safety framework. Members discussed whether testing should be conducted by a state-operated laboratory or qualified independent private laboratories subject to state oversight. Testing panels, reporting obligations for nonconforming products, destruction protocols, enhanced standards for inhaled products, and comparisons to regulatory approaches used for tobacco and other regulated products were all examined.

The subcommittee also engaged in substantial discussion regarding purity standards and potency limits but has not reached formal recommendations at this time. Considerations included serving-size limits for edibles, maximum THC per serving and per package caps, potency parameters for flower and concentrates, homogeneity standards to ensure consistent dosing, and which cannabinoids may be permitted. Members also discussed whether different standards might apply in a potential adult-use market versus a medical program. Formal recommendations on these issues will be included in the Council's Final Report.

In the interim, there was general agreement that the public health impact of any approach will depend heavily on the clarity of regulatory infrastructure, adequate and sustained resourcing (notably, funding law enforcement for public safety and regulation compliance, as well as appropriate training), robust data and monitoring systems, and sufficient implementation capacity at launch.

## Prevention and Treatment

The Prevention and Treatment Subcommittee has approached its work by examining cannabis regulation from a public health and implementation readiness viewpoint. The subcommittee received multiple stakeholder presentations, evidence-based guidance from the Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA), Cannabis Regulators Association (CANNRA) materials, public comment, and lessons learned from states that have launched adult use markets and/or medical programs.

The subcommittee's focus is identifying necessary (i.e. minimum) structural elements that must be in place in an adult-use regulatory framework to reduce preventable harms, protect youth, ensure product safety, support impaired-driving prevention, align screening and treatment capacity, and establish early-warning surveillance systems. Key questions underpinning the work include 1) what must exist operationally at launch; 2) how oversight, laboratory integrity, and inspection capacity affect outcomes; 3) how data-monitoring should translate into corrective action; 3) what fiscal and workforce realities shape feasibility in North Carolina, and (4) what the health effects for youth and adults would likely be.

At this time, the subcommittee is gaining consensus around summary findings across Prevention and Treatment focus areas, including regulatory clarity, enforceable safeguards, laboratory oversight, inspection capacity, surveillance infrastructure, and sustainable funding. The subcommittee believes these are foundational focus areas, regardless of market type pursued.

## Market Structure

The Market Structure Subcommittee has undertaken a comprehensive review of regulatory and enforcement frameworks developed and implemented across various legalized cannabis and hemp markets. As part of this effort, the subcommittee has engaged with a broad range of external stakeholders, including academic experts, licensing authorities, compliance and enforcement administrators, legislators, representatives of the Eastern Band of Cherokee Indians, and regulatory bodies from other states.

The subcommittee's analysis has focused on key policy considerations in the following areas:

- Market Structure Models: Evaluation of vertical integration versus segmented market structures
- Licensure Framework:
  - Number of licenses authorized
  - Processes for license issuance
  - License categories (e.g., cultivation, processing, retail)
  - Capital and residency requirements
  - Taxation models
  - State-controlled sales systems
- Market Impacts: Effects on both emerging legal markets and existing legal and illicit markets
- Legal Landscape: Federal legislative, scheduling, and litigation considerations, as well as proposed state-level legislation
- Political and Fiscal Feasibility: Assessment of implementation viability within the current political and economic environment

Looking ahead, the subcommittee seeks additional input from a broader cross-section of market participants, including in-state and out-of-state growers and farmers, retailers operating in legalized hemp and cannabis markets, enforcement agencies, consumers, advocates, and regulatory counterparts in other Southeastern states.

The subcommittee remains committed to conducting a thorough evaluation of best practices, lessons learned, and other critical considerations as it develops its recommendations regarding the most appropriate and effective market structure for North Carolina.

## **The Future of Cannabis in NC**

North Carolina's intoxicating cannabis market currently exists in a dangerous policy gap that is neither true prohibition nor meaningful regulation. Under a traditional prohibition framework, a state enacts clear laws banning a substance and provides law enforcement with the authority, resources, and enforcement tools necessary to carry out that prohibition. Under a regulatory framework, the state establishes rules governing the production, testing, marketing, and sale of products, with enforceable standards designed to protect public health and public safety.

North Carolina has neither system.

The state has not created a comprehensive regulatory structure to oversee these products, but, other than light decriminalization action, it has also not established a prohibition framework that ~~equips law enforcement with the infrastructure needed to effectively prevent their sale~~ provides law enforcement with the appropriate oversight and enforcement authority. As a result, intoxicating cannabinoid products in North Carolina are unsafe, unregulated, and widely available.

The authority to address this issue rests with the North Carolina General Assembly. The question before policymakers – and this Council – is not whether intoxicating cannabinoid products will exist in the marketplace in North Carolina. They already do. Rather, the question is whether the General Assembly will allow intoxicating products to continue to be sold without enforceable state standards, or whether it will establish a regulatory system designed to protect public health and public safety.

There is widespread agreement that the current situation is untenable. As evidenced by the Executive Order, the Governor recognizes the need for thoughtful and comprehensive action. Members of the General Assembly have repeatedly made efforts to tackle this issue through a variety of legislative efforts. Comments received by the public reflect strong interest in bringing order and accountability to the current marketplace. Finally, clear consensus has emerged among the Council that deliberate, informed policymaking is necessary to protect North Carolinians.

Inaction to date is not a reflection of disagreement on the need for ~~movement~~ legislative action. But broad consensus on the necessity of action also does not mean that this task is an easy one; as the Council well understands, this work is both nuanced and sensitive. The Council is deeply concerned by continued reports of North Carolinians, including youth, appearing in emergency rooms after consuming intoxicating products purchased locally and legally, in some cases without realizing the products contained intoxicating cannabinoids. One Council member summarized the sense of urgency by noting that North Carolina faces a medical and public safety crisis caused by the proliferation of unregulated cannabis products and underscored the Council co-chairs' recommendation for a robust regulatory framework to protect consumers and bring order to the current market.

With these concerns in mind, the Council offers the following recommendations based on the work to date and looks forward to its final report in December 2026.

## Council to Advise Recommendations

The Council's role, as established by Executive Order, is advisory. Its responsibility is to provide informed recommendations regarding best practices should the General Assembly

choose to act. In this capacity, the Council serves as a resource to policymakers<sup>9</sup> by examining regulatory models in other states, evaluating emerging policy approaches, and identifying strategies that prioritize the health and safety of North Carolinians.

With the upcoming short legislative session approaching, the Council believes it is important to present its current recommendations should lawmakers consider action in the near term. The Council's work will continue, including a comprehensive final report due in December 2026. That report will provide additional analysis and recommendations for sound governance on this complex and evolving issue.

## What Balanced Regulation Looks Like

The Council endorses the following foundational observations and recommendations:

1. The status quo is unacceptable. Intoxicating cannabinoid products are already widely available across North Carolina in a marketplace that operates with limited oversight.
2. Action is needed to ensure the protection and safety of North Carolinians, especially our youth. Continued inaction allows these products to remain accessible without consistent safeguards related to, among others, youth access, product safety, or consumer transparency.
3. Although the Council is focused on exploring regulatory options, it is worth noting that an effective prohibition or decriminalization market would also require comprehensive action from the General Assembly. A prohibition or decriminalization market in North Carolina would require statutory language banning cannabis and creating legal authority, financial resources, and enforcement tools for law enforcement to respond to a newly prohibited market. Because North Carolina currently has a widely permissive "wild west" intoxicating hemp-derived cannabinoid marketplace, layered on top of a robust illicit marijuana market, law enforcement would need significant support.
4. If the General Assembly chooses to establish a regulatory framework, public health considerations must be central to any regulatory framework. This includes ensuring that products are tested for potency and purity so that consumers understand what they are purchasing and that harmful contaminants (including mold, pesticides, heavy metals and bacterial contaminants) are not present in products sold to the public. A portion of tax revenue should be dedicated to public health education campaigns that provide

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<sup>9</sup> [Executive Order No. 16 Establishing The North Carolina Advisory Council On Cannabis](#)

clear information on issues such as safe storage of intoxicating products, the risks of use for individuals under age 25, those with concurrent mental health conditions, and pregnant individuals, as well as the dangers of impaired driving and other public health concerns.

5. If the General Assembly chooses to establish a regulatory framework, public safety considerations must be central to any regulatory effort. This includes necessary resources for law enforcement, protections related to roadway safety, and resources for judicial training and state laboratory testing, among other considerations.
6. Any regulatory system must prohibit youth access by including minimum age requirements for purchase and retail controls that limit where and how these products are sold. Regulation should include restrictions on packaging and marketing that targets or appeals to minors. Strong enforcement mechanisms and education efforts are also important components of protecting young people.
7. A regulated market should capture revenue from an industry that currently operates largely outside formal oversight. Net revenue from licensing fees and taxes after regulatory expenses for the legal market and enforcement expenses against the illicit market could be used first to support a range of public priorities associated with use of newly regulated intoxicating cannabis, including prevention and public safety campaigns. ~~Analysts estimate that legalizing and taxing marijuana could generate between \$500 million and \$700 million in annual revenue for North Carolina.~~ States that have chosen to regulate adult-use cannabis have usually generated between \$33 million and \$552 million in annual tax revenue (between \$9 and \$47 per capita), once markets are fully operational, though actual collections vary considerably based on tax structure, license fees, market size, and the degree of illicit market competition. These figures reflect gross revenues and do not include the cost of enforcing the new law and regulating the new market.
8. Two core questions underpin the Council's work: first, what is being regulated, and second, what level of market access best serves North Carolina. On the first question, the Council supports Option 2, which would regulate the THC molecule as the intoxicating substance rather than continuing the legal but unworkable distinction between marijuana and hemp.

This recommendation reflects the fact that consumers experience intoxication based on specific cannabinoids, not on the plant's legal classification. Experience from other states demonstrates that separate regulatory systems for hemp-derived and marijuana-derived THC can result in inconsistent rules for products with similar psychoactive effects, complicating enforcement and compliance. Molecule-based ("effect-based") regulation aligns with the Council's guideposts of public safety and public health with the real-world effects of these products on North Carolinians. This molecule-based approach simplifies enforcement, aligns with federal clarification around intoxicating hemp derivatives, and ensures that products with similar psychoactive effects are regulated consistently and fairly.

9. On the second question – what type of regulation is best for North Carolina – the Council agrees that a well-regulated market, including both oversight and enforcement authority, is a safer market. **Based on extensive input from members of the Council, consultations with other states' regulators, review of best practices, and input from medical experts,** the Council co-chairs' preliminary recommendation is Option 5 on the Regulation Matrix, an adult-use regulatory model with built-in protections for medical consumers. Under this framework, adults would be permitted to legally purchase, possess, and use cannabis through state-licensed retail outlets. An adult-use market provides the state with a full regulatory framework and the tools necessary to manage it responsibly. The recommended system also incorporates rigorous medical-grade safeguards, including low-THC product options, comprehensive testing standards, expanded product warnings, recall authority, and access to qualified medical consultation, among others. Importantly, this model would provide the most robust regulatory framework for the state, providing the oversight tools necessary to manage the industry responsibly while generating state revenue. It allows for structured licensing fees and tax revenue to support oversight, the development of clear and enforceable rules, sustained public health messaging grounded in prevention and education, and dedicated resources for compliance and enforcement. This recommendation provides a structure to reign in the rampant hemp market that exists today, while providing necessary guardrails for both public safety and public health.
  
10. There are a variety of concerns with a medical-only program. First, evidence from other states suggests that a strictly medical program can impose significant administrative and financial burdens on the state. Medical products,

unlike adult-use products, are typically not taxed, which would limit funding. The costs of establishing a stand-alone medical cannabis program would likely be substantial and require significant state investment in agency infrastructure and oversight, physician education and certification, law enforcement training, compliance systems, and ongoing administrative support. These are not minor expenditures and represent the creation of an entirely new regulatory framework.

Second, due to North Carolina's rampant intoxicating hemp-derived cannabinoid market, restricting use to medical consumers could fuel an already robust illicit market, without regulation to ensure consumer safety.

Third, a medical-only program is not supported by the medical community, as highlighted by the physician and medical practitioner members of the Council. Practitioners have found current research to support its use far too limited and the adverse effects are too great.

The co-chairs also noted that in other states, medical programs are often structured around relatively modest lists of qualifying conditions, which can place pressure on providers to certify individuals who may not fully meet clinical criteria.

Finally, a medical-only cannabis market can create meaningful access barriers for some patients, particularly those in rural areas, individuals with limited transportation, lower-income patients, older adults, and those undergoing intensive treatment, for whom additional appointments, certifications, and travel requirements may make access to products more difficult.

For these reasons, the Council does not view a medical-only program as an effective interim step or compromise solution, although the availability of medical-consumer protections may be an important component of a broader regulatory structure.

The Council will continue its work in the months ahead, examining these and other issues in greater depth. Further details on specific regulatory structures will be provided in the Council's final report in December 2026. However, the fundamental reality remains clear. Intoxicating cannabinoid products are already widely available across North Carolina. The state now faces a choice about whether to continue allowing this marketplace to operate

without comprehensive oversight or to establish a regulatory framework designed to protect the health, safety, and well-being of North Carolinians.

## The Future of Cannabis in Neighboring States

Policy developments in neighboring states are also relevant for North Carolina. The state shares borders with Virginia, Tennessee, Georgia, and South Carolina, and differences in cannabis policy across these jurisdictions can affect cross-border commerce, consumer behavior, and enforcement realities. If surrounding states adopt regulated cannabis programs while North Carolina does not, the state could effectively become a prohibition jurisdiction situated among regulated markets, a dynamic that may complicate enforcement and influence the flow of products and consumers across state lines. The state updates below reflect the status as of March 19, 2026.

### **VIRGINIA**

In Virginia, an adult can legally grow, possess, and consume cannabis, but commercial sales are restricted. However, as of March 19, 2026, the Virginia General Assembly has passed legislation to establish a regulated, adult-use retail marijuana market, sending the bill to Governor Abigail Spanberger. The law legalizes and regulates adult-use marijuana sales while also increasing the amount of cannabis that adults can possess under the state's current noncommercial legalization law.

Virginia's statutory framework includes strong provisions recognizing tribal participation in the cannabis market, creating pathways that may allow federally recognized tribes greater flexibility to operate and participate economically within the state's regulated system.

The legislation, which is expected to be signed, sets a date for retail sales to begin January 1, 2027.

### **TENNESSEE**

Gov. Bill Lee signed legislation in 2025 that will ban hemp-derived cannabinoid products with THCA and synthetic cannabinoids and prohibit direct-to-consumer sales. The legislation, [House Bill 1376](#), removes the state's Agriculture Department from regulatory duties over hemp-derived cannabinoid products, transferring that authority to the Tennessee Alcoholic Beverage Commission (ABC).

Under the new regulatory structure, hemp-derived cannabinoid product sales will be banned in convenience and grocery stores and instead be restricted to establishments that limit entry to individuals 21 and older or are licensed by the ABC. The new law also

establishes strict regulatory structures for wholesalers and manufacturers and imposes a tax of one cent per milligram of intoxicating cannabinoid.<sup>10</sup>

## GEORGIA

Georgia currently operates one of the most restrictive medical cannabis programs in the country. Under current law, registered patients may purchase only low-THC medical cannabis products containing no more than 5% THC by weight, and possession is limited to 20 fluid ounces of low-THC oil. Raw flower, smokable products, and most edible products remain prohibited, although tinctures, capsules, topicals, and similar processed forms are allowed through licensed dispensaries and participating pharmacies. Georgia Senate Bill 220, “Putting Georgia’s Patients First Act,” intended to expand and modernize Georgia’s limited medical cannabis program, passed the Georgia House and Senate with broad bipartisan support and is moving through the legislative process. The bill replaces the term “low-THC oil” with “medical cannabis,” creates an unlimited allowable THC concentration limit in medical products, permits inhalation through vaporization, and expands qualifying medical conditions.

## SOUTH CAROLINA

Like North Carolina, South Carolina has no effective regulatory system for marijuana. However, in March 2026, the South Carolina Senate passed a compromise bill (HB 5350) regulating hemp-derived THC products. Key measures restrict high THC (10mg) products to licensed liquor stores and allow 5mg THC drinks to be sold behind the counter of licensed retailers. The bill aims to increase age restrictions and establish testing, packaging, and licensing for hemp products.

## Public Opinion

### Citizen Polling

According to recent polling in North Carolina, there is widespread support for legalizing medical marijuana, with 71% in favor and only 19% opposed, and 63% supporting adult recreational use of intoxicating THC.<sup>11</sup>

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<sup>10</sup> [Pub. Ch. 526, 2025 Tenn. Pub. Acts \(HB 1376\)](#)

<sup>11</sup> [Executive Order No. 16 Establishing The North Carolina Advisory Council On Cannabis](#)

## Public Comment Overview

Members of the public have the opportunity to provide commentary on the work of the Council via [an online portal](#). As of February 2026, over 3,000 comments have been received. These comments are compiled and made available to all members of the Council. Staff are currently reviewing the comments and classifying them on a rating scale, ranging from prohibition to legalization, to provide a high-level overview of public sentiment. Additionally, staff is broadly categorizing comments based on general sentiment, either pro-legalization or anti-legalization, where possible.

Due to the nuance of comments reviewed thus far concerning medical use, these comments have been classified into two distinct categories, with some constituents advocating extended medical marijuana eligibility and others proposing a more controlled or regulated structure. Based on an initial sampling of comments, medical necessity has been cited for conditions such as cancer, Post-Traumatic Stress Disorder, Crohn's disease, and chronic pain. Some comments also suggest that cannabis is a safer alternative to alcohol and addictive opioids. Conversely, a smaller group highlights public health risks such as adolescent psychosis and accidental ingestion by young children.

A portion of respondents advocate for a regulated market to displace the illicit "street" market and generate tax revenue for schools and infrastructure. Some comments emphasize maintaining the current status quo to protect small business owners and hemp farmers from potency caps that may render currently legal products uncompetitive against unregulated sources.

As staff continue to review and classify comments, additional information about the breakdown of each category will be made available. The public can continue to submit comments through the remainder of the Council's meetings.

## Acknowledgements

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## **Organizations**

Association of State and Territorial Health Officials (ASTHO)

Cannabis Regulators Association (CANNRA)

Centers for Disease Control and Prevention (CDC)

North Carolina Childhood Fatality Task Force

Substance Abuse and Mental Health Services Administration (SAMHSA)

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APPENDIX A:  
EXECUTIVE ORDER NO. 16

DRAFT

APPENDIX B:  
MEETING AGENDAS

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