

## Nevada Cannabis Advisory Commission – Public Health Subcommittee

### Meeting Minutes September 20, 2021

The Nevada Cannabis Advisory Commission's Subcommittee on Public Health held a virtual public meeting via Zoom, on September 20, 2021, at 10:30 a.m.

#### Public Health Subcommittee Members Present via Zoom:

Jennifer Pearson, Chair

Teresa Hayes

Benjamin Chew

Jillian Nelson

Lauren DiPrete

#### No Public Comment Given

#### Chair Pearson 00:05

The main purpose of today's meeting is to gather information to help us make some recommendations to the CCB, about indoor air quality regulations. So, we have several invited presenters, we have three. And we're going to spend 15 to 20 minutes with each of them. And then we have some time to discuss some recommendations and to make plans for the future. So, we have a very packed two hours. Those of you who are here as members of the public, please, please, please, if you if you do have anything to share any ideas that any anything would like to add at the end of the meeting, I really encourage you to submit public comments, either during this meeting, or also via email to the CAC meetings' email address. So, the first thing we're going to do is we're going to take some just like a brief like I guess, every presentation from Dr. Schick.

#### Suzaynn Schick 02:57

My name is Suzaynn Francine chick, I am an associate professor of medicine at the University of California, San Francisco. My specialty is to study the health effects of air pollution. And I'm a PhD scientist, not a physician. I also as part of studying air pollution, I run my own heating, ventilation, and air conditioning system. So, I have practical experience doing this kind of thing. And in my deep background, I'm the daughter of a professional firefighter in a large city. So, I also have a lot of understanding of the difficulties of inspecting and maintaining a commercial facility to standards. So, I'm, I am going to be presenting what's preliminary data. And I'm just going to give you a very few short slides on my findings. So actually, I'm going to ask really quickly, does anybody want me to quickly go over and define what PM 2.5? Is? So, what's PM 2.5? And why do we care about it? It's particulate material that is less than 2.5 micrometers in diameter. Now, when people think of particles, a lot of times they're thinking of like grains of sand, something that's solid, but particles can be both liquid and solid. And in the case of cannabis smoke and tobacco smoke, most of it is actually sort of liquidy, waxy, oily, that's why it's so sticky. It's why it's yellowy brown when it deposits on surfaces. And we care about small particles in particular, because the smaller particle it is the one more

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likely it is to be able to evade the filtration systems in the upside of our respiratory tracts and actually make the trip all the way down to the bottom of our lungs to our alveoli, where there is the greatest potential for uptake and medical harm. So, this is the grand old image from an EPA report many, many years ago. So, if we visual visualize beach sand that's 90 microns or micrometers in diameter if we visualize a human hair that's 50 to 70. If we visualize dust and pollen that's around 10 Micro micrometers in diameter, and here we have PM, 2.5 2.5 and under. So let me dodge out of that and get over to just I just really threw together some very quick slides. I'm going to stop my share, get my slides right back in order. I've only I only made like six slides here.. And this is in essence, my recommendations to you with and some data from what I've been seeing. I've been studying air pollution in dispensaries in the San Francisco Bay Area for the past four years now. I've also been going out to festivals, concerts, events in the park, cannabis harvest festivals, and I'm taking a team of people and measuring PM 2.5 in the air. And I'm going to be focusing on our dispensary research because it's the most germane to how you control PM 2.5 and all of the other smoke chemicals. I'm going quick and dirty here just focusing on the one that we have the most strong health information on. And the Health Information essentially tells us that almost no level of PM 2.5 is safe. Just this week, the results of yet another really large epidemiological study this time in Europe showed that as little as a five microgram per cubic meter increase in PM 2.5 is associated with additional mortality, additional cases of asthma, additional heart attacks and additional strokes across the population. So, keep in mind that right now the EPA is 24 air standard, our average air standard PM 2.5 conference concentration that safe is considered to be 12 micrograms per cubic meter. So three different dispensaries that we visited; we did different kinds of experiments in the different dispensaries were there for different amounts of times. And these are just really preliminary data. Some of its out in a publication, some of its going to be submitted and some of its way to pilot to be published right now. So, I'm in the first dispensary. I'll be talking about 93% of the patrons' smoke, as opposed to if and only 7% of them vaporizer dab. We visited there nine times. And when our first four visits, they really had what I would consider very minimal H vac system and looked to me, and I didn't get behind the scenes. These experiments were conducted surreptitiously, we went in as customers with someone who purchased and consumed cannabis as a member of our party and carried our instruments in backpacks. So, we had a total of 10 hours of data over two years. And we made a total of nine visits. So, our first four visits, all they basically had it looked like was maybe a furnace and then one tiny little box fan sitting up on a shelf in the consumption room, circulating the air but not removing any of it. When we got there for fifth visit, they'd installed a big duct along the ceiling of the consumption area. And so, we did five more visits and looked and compared so overall the average PM 2.5 mile concentration in that room while we visited there and we visited there in the afternoons in early evenings when it was busiest was 842 micrograms per cubic meter. That is extremely high and that is associated with a very high probability of respiratory and cardiovascular disease and symptoms and an increased exposure to carcinogens. The effects of the HVAC were really minimal. We saw a 14.5% decrease in the PM 2.5 Comparing our four visits before two or five visits after our experiment wasn't really designed to show a difference because we were unable to go there often enough and control and know enough about the circumstances, but it was 970 micrograms per cubic meter before they installed the HDX system, and 784 micrograms per cubic meter after the install. We saw both our lowest and our highest particulate concentrations for a single experiment after they installed the HDX system. And we didn't see huge differences in the number of people in the room, the number of people or the number of people actively consuming or their overall preference for smoking as opposed to a noncombustible method. So that's a 14.5% decrease for probably something that was quite expensive. In dispensary number two, we actually had this they actually collaborated with us, so we were able to collect 35 entire days, 24 hours a day of data. Plus, we did five shorter visits to this dispensary and if you average the PM 2.5 over the entire business day, so from busy times to quiet times, in a dispensary where only vaporizing and dabbing were allowed the average PM 2.5 was 85 micrograms per cubic meter substantially lower, like tenfold lower than in the dispensary that allowed smoking, but they had fewer patrons in there at a given time. Normally, they didn't have as much space for people to consume and so they weren't able to accommodate as many active users. So, it isn't a simple single factor reason. But I

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do think that you do have lower emissions with vaporizing and dabbing simply because there isn't a side stream constantly smoldering, you're making an emission with dabbing usually when someone's exhaling and then when they're basically burning off the unused material from the surface of the fabric. And with vaporizing it depends on the rig it can be either only exhaled or in this place, they were using volcano vaporizers. And sometimes people would fill in a volcano vaporizes; you fill a bag and then inhale from the aerosol from the bag. And sometimes people wouldn't inhale the whole bag and they'd squeeze the aerosol out back from the bag into the air when they were done. We also saw emissions when they were changing out fresh cannabis material for spent cannabis material in the desktop vaporizers. Then dispensary three, we were only in there once before the pandemic shut everything down. This place was the first dispensary in the area to have a custom-built heating HVAC system. And they had separate rooms for dabbing, vaporizing, and smoking. And they hike and they each have they had doors between them. And there were big glass windows. So hypothetically, the staff could monitor these areas to a certain degree without entering them. And there we were one of only two parties in one of their rooms. But when we were there, the doors were open between the rooms, and they weren't enforcing any of their hypothetical rules around what you did in what room. So, people were smoking in the vaporizing room and in the smoking room. And then they were dabbing in the dabbing room. And there weren't that many people there and we still saw 234 micrograms per cubic meter PM 2.5 in a place with an incredibly expensive highly specialized ventilation system and hypothetically the physical and policy type structures that would separate and reduce exposure. So, this is what that dispensary three's vaporizing room looked like the peaks are when people were actually actively, you know, at our table consuming but the background is what was in the room from our table. And like there were really only one or two other people consuming in there in the entire half hour. I also want to show you, so this is some of the data from the dispensary that we that had no combustion, no smoking, just vaporizing and dabbing. And this is what it looked like the dark bars are when the business was closed, the light bars are the entire you know 12 hours when they were open. And although the average across what was 35 entire days, this was just the first two weeks of our sampling the average over that time was 85 micrograms per cubic meter. You can see that on Sundays the entire days average was over 200 micrograms per cubic meter. And this is that same dispensary you know, and this is just we've studied where we were able to study easily it's not like this dispensary was especially terrifying or egregious. But this was like their busiest day of the year in a room where there was only vaporizing allowed in here, we're getting an average of 564 micrograms per cubic meter. Now again, this dispensary didn't have any special a trach was in a building that was probably built to house restaurants and offices in the 1960s. But it did have some normal air circulation going on. And they also had air conditioners in their windows to maintain cooling, but there wasn't any extra air being pumped in through the air conditioners. So, I don't really think based on my data that you can achieve anything approaching safe levels of exposure to PM 2.5. Merely by saying that you can't smoke you can only vaporizer gab or saying that, you know, installing top of the line H vac systems that have a higher air exchange rate and more filtration than normal. And, and or by like, structurally separating different kinds of consumption and behavior because those separations don't work across all the working conditions of a typical dispensary when they're short staffed, when they're not busy, they aren't able to like be that picky. And that in a staff things to control them that carefully. That's with our observation. So just a reminder, this is the PA the air quality index, like if it was outdoor air and the 24-hour exposure. And all, all of our averages were up in the unhealthy range. And what that means is that there's a strong increased risk of heart attacks and respiratory symptoms in anybody who's vulnerable and at increased risk for people who are just normal and healthy. So, I know that your task is to take something that's really not that great having how do we, you know, allow people to do something that's dangerous in a public space. So, what I can recommend is really a strong combination approach. And I make this recommendation, knowing that we don't have in the field test case scenarios where it's working. There is a dispensary in our area that had very good sort of exhaust hood coverage and only permitted noncombustible methods. But we couldn't go in there because it was so quiet in there that our instruments could not be concealed or instruments home and make a fair amount of noise, we needed a noisy place to study if we're doing it on the sneak.

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So, you really can't do it through one method alone ventilation alone, even if you spend a boatload of money on it, can't do it. And so noncombustible methods alone can't do it. So, you really strongly recommend that you your policy include a combination approach, where you have to take one item at least from each column. So, reducing means either limiting capacity that reduces the total number of emissions or limiting, you know, not allowing smoking, allowing only noncombustible inhalation methods like vaporizing vape pens, and dabbing. Still not perfectly emissions free but lower emissions containment. That means, actually, like if you're doing it with a vent hood, the vent hood is all the way above and over every individual who is consuming. Nobody's out near the edge. They're all right in the middle covered by a hood over though that's drawing in air to a ventilation system. I would recommend frankly, further than that would be an enclosed one-person booth like a glass telephone booth. And this whole, Oh, it's just like a lovely social interaction. We're all relaxed and collegial. We're hanging out talking to each other, that's exposing more people. And the more people you have in a consumption area, the more times you have to send your employees in there to empty ashtrays, answer questions, tidy up, mediate disputes, and supervise behavior. And then finally removing it definitely ventilated and ventilated hard, or take it outside. But that alone is not enough. And remember taking it outside is a simple recommendation, but your neighbors will talk to you about the stink and the potential other exposures. So really short, really sweet. I could give you a lot more data, but I didn't tell them today and I didn't want to on this. So, I'll stop sharing and I'd be happy to take any questions or wait until later until everyone else has done their thing.

**Chair Pearson** 19:55

Well, I think that uh oh, a Commissioner Chew has a question. Yes, Commissioner Chew

**Member Chew** 20:01

Hi, this is Ben Chew. I'm just curious as to how this compares to general tobacco smoking. If you've done any work

**Suzaynn Schick** 20:11

The concentrations of PM 2.5 that we observed in the first dispensary with smoking are equal to the very highest recorded concentrations for smoking in public places that are published in the scientific literature, absolutely the highest. So, you know, we're talking, bingo parlors, and an airport, you know, smoking areas where, you know, it's when we look at the behavior in there, if you're looking at a normal cloud crowd relaxing in a bar or restaurant back in the in, you know, in the day before we had smoking bans for tobacco, about one person in 10 would actually be smoking at any given time. When you create a smoking lounge where your job is to smoke and leaves and you have a limited period of time, then about 40 or 50% of the people in there at any given time will be consuming and emitting. So, it's really gnarly.

**Chair Pearson** 21:08

Can I just follow up on that and just ask briefly, is there any reason to believe that PM 2.5 from tobacco smoke and PM 2.5 from marijuana or cannabis consumption are different?

**Suzaynn Schick** 21:21

Absolutely not, not at this concentration. Now I know that the cannabinoids have strong medicinal effects, and it can be very beneficial. They have a lot of properties, but our THC concentrations in dispensary number one with the highest particulate concentration averaged THC concentrations were in the micro gram range. And THC dosage is in the milligram range. CBD concentrations were in the nanogram range, and CBD dosage ranges are in the milligram to gram range depending on what you're treating with it. So, we didn't get a second-hand high, nobody's going to be getting the medicinal benefits of cannabinoids through secondhand exposure. You're just getting all of the bad stuff.

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**Chair Pearson** 22:21

Thank you. Commissioner DiPrete?

**Member DiPrete** 22:26

Thank you for your presentation. My question is I'm curious about the accessibility of the equipment that you use to measure PM 2.5. Is that affordable? Is that accessible? Is that something that could be placed into consumption lounges, so people could see a real time readout?

**Suzaynn Schick** 22:45

Yes, it's getting better and better and cheaper and cheaper. But you can't just grab it and read it and understand exactly what it means. Because say we're getting more and more real low cost like individually available. PM 2.5 monitors, the monitors I use are professional grade, but cheap. So, they're around three to \$6,000 apiece. But you can now buy purple air monitors a bunch of different things that are only around two to \$300 apiece. The downside of an inexpensive monitor is calibration. Because all of these monitors are based on basically light and lasers. They get calibrated to one kind of aerosol, and they read accurately for one kind of aerosol. And you have to change your calibration factor for every different kind of aerosol you're seeing. So, it's doable, but it needs support. And it needs the understanding that she does, you know, don't hand it off to someone who's uneducated, give him a box, tell him to read it. And it's all good. It takes a little bit of extra support to do that. But as you know, compared to 10, even 10 years ago, it's hugely more accessible. And I do strongly recommend these things if they have the right support and understanding.

**Chair Pearson** 24:03

Thank you, Commissioner Nelson.

**Member Nelson** 24:07

Hi, good morning. I just had a question on the days that you guys ran the test of the air quality within the dispensaries. Obviously with the wildfires being so prevalent as a frequent, I was wondering on what was the air quality index of the days that you ran those tests. And if that had any impact on your findings of what the air quality was indoors?

**Suzaynn Schick** 24:32

we always measure background PM 2.5 concentration with every single experiment we do. And the average PM 2.5 concentration during our experiments was usually around four. That's the outdoor air or the air in a similar business in the same area like a coffee shop on the exact same block.

**Member Nelson** 24:52

Awesome. Thank you. Yeah.

**Chair Pearson** 24:55

And then I just have one question from a time attendees. We have a question how high were the ceilings in these three venues?

**Suzaynn Schick** 25:10

They varied in dispensary number one that building was built in 1907 and the ceilings were about 14 High 14 feet. In dispensary number two, that building was built in the 1960s ceilings were around 12. And in dispensary number three

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that was again around 14 feet high. And we always calculated measure the area of and in a volume of the space. So that data is always available.

**Chair Pearson** 25:39

Okay, well, I'm looking at the time. And I you know, I promised you 20 minutes of your very busy day. And so, I just want to thank you so much for coming and sharing this information. I wonder if you wouldn't mind sharing the slides with us? I think we'll find them.

**Suzaynn Schick** 25:54

I'm not going to give you the exact ones. This was a real rush job this morning. I'll have a more polished set that I'm creating for a presentation on Wednesday. Okay, I'm happy to share those that I would like you to consider these more as preliminary.

**Chair Pearson** 26:07

I would love. I would love to see - the Wednesday ones would be great. My understand. And that yeah, that thank you. Just I really appreciate your time and I would like to move on to Dr. Matt Springer. Who was our second speaker. Dr. Springer. Would you mind briefly introducing yourself?

**Matt Springer** 26:28

Certainly. So good morning, everyone. I'm Matt Springer. I'm also at the University of California, San Francisco. Actually, Susanna and I have collaborated many times in the past. And I think this might be the first time I heard that you were the daughter of a firefighter. I don't know if he ever mentioned that to me before. But that was an excellent, excellent presentation. Suzaynn. Thank you, Anna, it really sets the stage for what I want to tell you about, which is more along the health effects. I mean, you know that the PM 2.5 Is there from cannabis smoke, why do we care? Is it really affecting health? And I had said initially to Jenni that I was going to just do an informal discussion those slides necessary. Then I said, well, let's have a couple of visual aids. And then of course, one thing led to another, and I've got a little mini slideshow. So let me let me share my screen, but it is very informal. I'm not doing the acknowledgments, and you know, all that stuff. So, I am a professor of medicine, I'm not clinical, but neither Suzaynn nor I are clinical. And what I'm going to show you in the next few minutes are just a few points that I've pulled out of presentations that I do make, that I think are really salient to the job that you have in front of you, which is to look at dispensaries and determine what are the concerns and considerations for onsite use. So, first of all, and I don't have slides about this, but I will just tell you that tobacco smoke, cannabis smoke, both active smoking and secondhand smoke exposure. They impair endothelial function as the ability of the blood vessels to pass more blood when they need to. They increase blood clotting. So, leading to increased chance of strokes, they impair cardiac function, your heart's ability to pump well, and they increase the susceptibility to arrhythmias, which means the heart rhythms get all wacky. All of these things happen. And the tobacco This is known actually, I think, Okay, well, let me tell you the other points I'm going to make and then I'll get back to this first one. One other point that you need to be aware of is that even though people think of cannabis, they think THC, they think a drug, it's not a drug, it's a smoke, the drug is there, but most of it is smoke. And the third and last point that we'll talk about today is that for the cardiovascular effects, we might be more concerned with the length of time of exposure than the total amount of, of smoke that you're being exposed to. So, the one thing I want to point out about this first point is that the effects of tobacco, we know this in both humans and in rats. And we've really pioneered I think a lot of these rat techniques that let us study the same things that we see in humans. So, we keep seeing the same effects in rats that people see in humans. For cannabis. We have looked at all of these things in rats, and there's limited information about the effects of humans, but the effects of tobacco smoke in rats and humans are so similar. And the effects of tobacco and cannabis smoke in

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rats are very similar. So, it's pretty easy extrapolation that the effects in humans will probably be similar to and at the ends. I will get into that a little bit. So, you know, I do whole presentations about how the health effects work. But I think for this purpose, just be aware that all of these cardiovascular effects are occurring from both tobacco and cannabis. So now here's one of the issues that people really get caught up on, especially if you start to express concern about the smoke from marijuana from cannabis, is that a lot of people assume that it's just THC and CBD, see all the smoke there and they ignore it. They say, what are the effects of THC? What are the effects of CBD and how do we regulate it? Well, let's take alcohol as our model. You shouldn't do that. Because marijuana is much more than THC and CBD. It is a whole host 1000s of chemicals. And you don't have to read this. This is just a graphic that I like to show. To give you an example, one of you had asked what the similarities between marijuana and tobacco smoke. And you might not even be able to see this on your screen. But these are comparisons of tobacco smoke and marijuana smoke under two different conditions. They look both at the smoke that people actively inhale. And they look at the side stream smoke that comes off of the burning tip for lots of chemicals. And basically, what you see is that other than the nicotine and one of the cannabinoids and other the chemicals that are there and one are there and the other the different amounts, but you see a similar profile. And you can assume that if you're inhaling smoke, you are inhaling a whole chemistry lab of chemicals. Many of these are toxic. So, it doesn't matter whether it's tobacco, marijuana, wildfires, etc. All this stuff is there. So that's one point that I think is very important. And regulators frequently get sort of sidetrack with the alcohol model. But you know, people who drink alcohol aren't forcing the people around them to drink alcohol to right. So, you really have to be concerned about the smoke effect. Specific for dispensary use. And I'm going to keep the slide part of this relatively short because I want to leave time for discussion for dispensaries. Something that I hear a lot and I'm sure you hear it all the time is our employees. Why should we care about what our employees are being exposed to? Because they're all smoke smoking anyways, they all use marijuana. So, who cares? Right? Well, let's say and just for the purposes of this talk late last night, I made an extremely juvenile cartoonish picture of what someone like that might be exposed to, if this is smoke exposure. This is the time of day someone smokes a joint then they go into work, they work in dispensary all day long, Suzaynn's traces look much better. And then at the end of the day, they smoke another joint. And then that's it. Okay. Now, if your concern was cancer, you're concerned about the accumulation of the toxins that people are taking in you really looking at the cumulative effect. And you might say, well, the total amount they got exposed to it, the dispensary really what didn't move the needle all that much, it didn't really increase their total exposure over what they get, because they're smoking joints, and they're taking in huge amounts of smoke by doing that, however, for cardiovascular effects, and I should mention that for tobacco smoke, cardiovascular problems kill more people than cancer. That's what is thought, at least for secondhand smoke exposure. It's cardiovascular. For cardiovascular effects, we're not necessarily looking at cumulative effects. It's more a matter of there being a threshold, anything above a certain level has similar effects. And we've seen that as we've exposed rats to all kinds of things that all kinds of levels. And they all have similar reductions of endothelial function, for example, similar cardiac problems, doesn't even matter if some of them are more exposure than others. So, once you get beyond a certain point, you have a problem. And so, in a model like that, if you have a threshold, and this is a bit hypothetical here, right, that if your threshold is below the level of the constant exposure that they're seeing during the day, then it's not that this is just a little bit extra, this is actually the majority of the exposure time they're getting that length of exposure. And so, the argument that employees don't, you don't need to be concerned about employees because they're smoking joints, doesn't necessarily hold true for the cardiovascular effects. One last thing that I want to say and this I just plucked these out of talks, so it's you don't really have to look at everything here. But what do we know about the effects of cannabis smoking cannabis use in humans? We've seen a lot of effects in rats. What do we know in humans? There have been a history of little studies, little and mid-sized studies before about 2016 and there was a highly publicized report from the National Academies of Science, Engineering, and medicine in 2017 that found inconclusive evidence of harmful human cardiovascular effects and the marijuana industry in the cannabis advocates will quote this to you ad nauseam. However, note 2017 That's when the

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report came out. That's based on literature 2016 and before in 2017, we had a couple of large you know, millions of people studies you Conferences showing increased heart attacks, increased heart failure, increased stroke, for marijuana users, and an ah a scientific statement American Heart Association scientific statement just last year, that essentially updates that previous report that I showed you. They had a chart that I found very, very compelling. They reported 18 of what they described as seminal human study. So, they're not even looking at animal studies, like ours, seminal human studies, enter before 2016. So, they had more of them before that, but of their seminal human studies, 18 of them were after or in 2016. So, they're not reflected in that previous report he showed you 11 of those studies showed adverse effects of marijuana smoking, so that NASEM report was a little bit premature. And of the studies that they saw that they reported, increased cardiac deaths, increased blood pressure, hardening of the arteries, pre diabetes, heart attack, stroke, heart failure, it's all there. And it gets a little bit messy, because one of them actually reported a higher incidence of heart attacks, but lower mortality rate, so maybe the cannabinoids are doing something beneficial. We don't know. Remember, this is all for active use. And so, as Suzaynn, very saliently pointed out, if you're actively using it, you might be getting beneficial effects of the cannabinoids. If you're exposed to lower levels, from secondhand exposure, you're not, you're probably not getting the beneficial effects of the cannabinoids, that you are getting the cardiovascular adverse effects of the smoke. So that is the visual aid and that's all that I prepared? Well, okay, you know, conclusion, anything other than clean air is not clean air. It's a shame, we have to say. But I think that this gets glossed over a lot in these discussions. So let me quit out of that I'm going to stop this screen share. And just wanted to add one extra thing without visual aid that I think will be relevant, which is that if you're looking at what is the long-term effects of the short term exposures, it's been known since the 1990s, that humans who are chronic smokers have poor endothelial function, poor vascular function, and that humans who are exposed over and over again to secondhand smoke in their life have poor vascular function. And yet, various groups, including a group that Suzaynn played a major role in this, I played a minor role in it, we had a paper together with other Stan glands and others. We and other people have shown that if you expose someone to secondhand smoke from a cigarette, just briefly, that their endothelial function goes down temporarily, and then it gets better again, comes back. So, the idea is that a short-term exposure temporarily impairs your blood vessel function. But if that happens over and over again, it turns into a long-term problem that you have poor blood vessel function, even if you're not being exposed to the time. So, your people who are going into these dispensaries and getting exposed and exposed and exposed to secondhand smoke, this is a probably going to happen to them from the cannabis smoke as well. So far, and the last thing I'll say about this is that everything, almost everything that we've done in my own group has been in rats as a very easy to study system that reflects the physiology of humans. But we do have just starting up a study in humans in which we will study chronic, or we are studying chronic cannabis smokers. People who avoid smoke who are exposed to a lot of secondhand cannabis, chronic cannabis vapors, vaporizer users that is, et cetera, et cetera, bring them in and see what their vascular cardiovascular function is in several different ways. And so, we're finally going to get a chance to see whether what is known in the humans and what we see in the rats for acute exposure actually affects chronic cannabis users. So that's all I have to show you directly and we can open it up for questions and discussion.

**Chair Pearson** 39:10

Thank you so much, Dr. Springer. So, I have one question that I feel like it's just probably on people's minds. So just a general question. If cannabis smoke or marijuana smoke is so harmful then why don't we see all the cannabis smokers dying from lung cancer for example.

**Matt Springer** 39:31

So, lung cancer is different. And remember what I what I had said that the cube root when you're talking to cancer, you're talking cumulative effects. So, people who use cannabis to smoke cannabis tend to change smoke much less than people who smoke tobacco so you're not going to see as much of an effect among the smokers. And in terms of

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the secondhand smoke. Well, we don't know if people haven't really done the studies. It's been very difficult to do. And that's why I think that the approach that we're using in my group looking at the health effects and the approach that Suzaynn's doing where you see is the smoke really there are going to be very important for this. A lot of this, we just don't know. So, we're excited to be able to finally be able to ask the questions. And I should mention that when we expose rats to the secondhand smoke, from marijuana, that's the side stream smoke from the burning tip. We can control the particle levels, the levels of PM 2.5, to which they're exposed. And when we did our initial studies, we made an educated guess. We based it on what people are exposed to in tobacco, you know, situations, restaurants that allowed smoking and our high level was 600 micrograms per cubic meter. And we did a lot of okay, you know, we didn't hide it. We said, this is a guess. This has been extrapolating from tobacco. It'll be interesting to see what's actually out there. And thank goodness for Suzaynn, because now we know that they're really relevant studies in terms of the exposure levels.

**Chair Pearson** 41:04

Do any of the commissioners have any questions for Dr. Springer? Well, while you're thinking, I've got another question for you. So, listening to your talk, to me, it sounds like from a public health perspective, we should be most concerned about the exposures for people who are working in the cannabis consumption lounges. They are the ones that are going to have chronic exposure, they are the ones that are at risk of hitting that. That potential ceiling of cardiovascular effects multiple times throughout their day. And I see Dr. Schiff has joined us as well. Do you do agree with that? What are what are your feelings about which groups we should kind of consider most when we're thinking about our indoor air quality regulations?

**Matt Springer** 41:55

Well, I mean, if I take that, first, I'd say the employees who are working there who are being exposed constantly, I'm assuming the customers come and leave. So, if a customer has come to actively use it, they're probably not getting exposed to all that much more by being there during that period of time. But the employees are being exposed to it. And Jenni, you and I were talking about this by email just recently, the people who come there who don't use inhalable forms, the people who are there to get edibles that ordinarily wouldn't be exposed to this. They're being good and avoiding smoke and aerosol from cannabis. Why should they be exposed to which if they're going to get their edibles?

**Suzaynn Schick** 42:34

Yeah, I would like to concur with that. I'm always most concerned about the employees that people are having the day in day out exposure, but I would add, who comes to dispensaries often it is someone who's coming there to pick up something from medical use, now the sickest people are getting it delivered. But there's a lot of people, you know, basically over the age of 50, having some cardiovascular risk factors, those are the people who are primed to have a heart attack, when they're encountering high PM 2.5 concentrations. That's, you know, our old our epidemiological data come from transient increases in outdoor air concentrate, you know, PM 2.5 concentrations, and it doesn't take a long time to send somebody who's already, you know, teetering on the brink of a heart attack has got that that little itty bitty fragment is something that's about ready to drift loose and clog up a you know, a vessel for you know, then you lose, then you have this influx of toxins, your clotting changes, everything gets worse for you for that 30 to 50 minutes. I also the reason I turn this on is I want to remind people that there are very few studies of the health effects in smokers of smoking bans. There's a couple studies of people who worked in bars before and after bans. And yes, they're hellaciously difficult studies to do. But they did two of the studies did see improvements in health in the smokers. Improvements in respiratory symptoms, fewer stinging eyes, less congestion, less coughing, and in one study an actual tangible improvement in lung function when they were testing forced expiratory volume. Those there aren't

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many of those studies on the ground, but it's not because nobody's interested in the question. It's because getting the buy in from the employer and the employees and finding the employees, you know, when you need to do the tests. It's just one of those experiments way out there on the difficulty scale practically speaking. So, and I also want to add that in my time in dispensaries talking informally with the people who work in there are nonsmokers who work in dispensaries. People whose only consumption is edibles. And I think as dispensaries become more common in our state, we're going to see people who work in them who don't use cannabis at all because it's a job and they need a job. We already see people who are exposed to occupationally who were working as staff, in concerts and in bars and restaurants where, you know, there's outdoor smoking areas, and cannabis is consumed. You know, without, you know, legal approval,

**Matt Springer** 45:27

you also have to be concerned about the people who are emptying the garbage cleaning the floors, if the police ever have to come in for some reason they walk in there, if it's in another build, you know, a unit and a multi-unit building, what what's getting into the adjoining units. And personally, I think that the approach that the San Francisco has, has taken Jenni that you mentioned, which you know, I don't really, I'm a little bit behind in that in their actual policies, but separating between different kinds of use in different kinds of rooms, things like that. My ideal situation would be just to treat smoking marijuana, like smoking tobacco, the places you can smoke tobacco, you can smoke marijuana, if it hasn't been causing a problem with tobacco all this time. It won't cause a problem with marijuana. Unfortunately, people aren't looking at that cannabis as a smoke you're looking at as a drug. And that's why this is occurring. And so, it's all been forced indoors. And then you have these problems.

**Chair Pearson** 46:27

Commissioner Nelson, do you have a question?

**Member Nelson** 46:29

Yes, actually a kind of just a general question for either of our experts to chime in on but are there any forms of personal protective equipment such as respirators or face masks that would offer any form of protection for employees working in a smoke environment? I'll leave that to

**Suzaynn Schick** 46:48

Suzaynn. Okay. Um, yes, and they are uncomfortable, and they make you look weird. Now, we're all have a lot of experience recently with masks. So, an n95 mask will filter out the PM 2.5, but not the volatile organic compounds, you want to go there. You're talking about something where you're wearing a big heavy battery pack around your waist on a belt, and you've got a Tyvek hood like a spaceman over your head. And you've got a big filter apparatus and a blower, or you've got a gas mask with, you know, capsules on it. But that is an extremely uncomfortable thing to wear. You don't want to wear it very long. For business. No. And yeah, I mean, businesses are trying to make this seem comfortable and normal and wearing PPE scotches that it can be done. It certainly can be done when I'm running smoke experiments. I encourage my employees to wear the PPE when they're in a in an in a space that's going to be smoking not when we're doing our dispensary surreptitious experiments that would be kind of counterproductive for sneaking in. But we only do those maybe once a month. And we Yeah, you don't have to do this when you work in my lab.

**Chair Pearson** 48:18

Thank you so much. I'm also just from my own reading of the literature, getting the impression that we don't really need to be worried about unintentional highs when it comes to exposure. Yeah. Okay. Great. So, you know, we've

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talked about this a little bit previously being concerned about, you know, you know, people who are serving, getting unintentionally high that impeding their ability to, you know, do their jobs. Well. So that's, that's not something we need to be concerned about.

**Suzaynn Schick** 48:47

No, but I you know, it Yeah, it really doesn't seem to be there's the best study in the scientific literature other than the one we're working on right now, where we, you know, basically, not many people have measured THC in secondhand smoke. It's just been technically difficult. Not many labs can do it. So, somebody did a chamber experiment where they literally had six people in a 12 cubic centimeter a cubic meter room, so like a tiny room. Yeah, really smell all packed in together and the windows and doors taped shut. And the smokers in there, that was actually six smokers and six nonsmokers sitting around a table intermingled, and they smoked 14 One-gram joints in one hour. And they were managed. They did double. They did see some mild psychoactive symptoms in the nonsmokers, but we've been in a lot of places, and we find a lot of really polluted places and we still haven't seen that, you know, and we just got the data on the THC concentrations and ran the math recently. So, I did an I actually did an uptake of a two-hour exposure at the concentrations we're seeing, and you will inhale, you know, with tidal volume sitting still 35 micrograms in two hours. And that's not enough to get anybody high, my micro dose is one milligram and a standard serving dose is 10 milligrams. And then we also just perceptually we don't feel high. And some of us know what the feeling high feels like some of us don't working in these really smoky, when it's really bad and really smoky, you feel shitty at the end of even a four-hour experiment. That's the longest any of ours run. It is a strong stressor. It's like working in a really, really noisy concert hall. It just wears you out. And then you go home, and you stink.

Commented [ST1]: ???

**Matt Springer** 50:47

the issue of the second hand high, it's again, it's this red herring that it really creates a big messaging problem. Because if you go on online, and you look for people asking the question, is it bad to be exposed to someone else smoking cannabis? And the answer is that you will see, other than the ones who are enlightened to have seen our research, the answers that you'll see is no, don't worry about it, you won't get high. And they looked to see if people who use cannabis get lung cancer and they don't, so you'll be fine. Those that you know, hi, no lung cancer, so you're fine. They completely ignore everything else. Vascular, you

**Suzaynn Schick** 51:26

also worry a lot about positive drug tests, a huge amount of the literature surrounds that. And the standard drug tests like the simplest, cheapest one is 50 nanograms of THC or metabolite per mil of urine or deciliter of urine. And it's you. Secondhand exposure doesn't see that you have to use a much more sensitive, much more expensive test to see metabolites after even a fairly long secondhand exposure. And that doesn't correlate with getting high at all. Right. Okay. People sometimes think they're having a second hand high if they've never been high before and they're like nervous and they're in a different environment. But we don't see it and there's no and pharmacologically. There's no reason to see it.

**Chair Pearson** 52:14

Are there any more questions from the commissioners for our experts? I have one last question for you. Um, you mentioned Dr. Chicken, your presentation, outdoor consumption. But you said that you would also recommend pulling from your two other columns. So, imagining an outdoor concert

**Member Nelson** 52:46

venue

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**Chair Pearson** 52:51

and I'm having a hard time imagining outdoor concert venue in Vegas for example. I'm, I'm I can imagine allowing cannabis use at an outdoor concert venue. And you know, has other obviously many other regulations in place.

**Suzaynn Schick** 53:12

But I'm holding up a slide set right now where I was actually at an outdoor concert in the Bay Area. Just a minute. All righty share screen. And here we go share. Let me navigate on down to the right slide. Come on you. Alright, right. PM 2.5. At the Lauryn Hill concert. outdoor concert background average 5.4 micrograms per cubic meter event average nearly 50. And this is mixed use. It's not all cannabis, but most of it appeared to be cannabis.

**Chair Pearson** 53:57

And this was this taken in the crowd. Yeah, we were

**Suzaynn Schick** 54:01

in the sorry, in the event. Let me see if I've got an image out. Yeah. And this is what, sorry. This is what it looked like here. This is a package it wasn't even that crowded. I've been in so many concerts indoors and outdoors. And there were a lot more crap. We weren't in the mosh pit at the front, but we weren't way at the back either.

**Matt Springer** 54:20

Where's that Suzaynn?

**Suzaynn Schick** 54:22

That's at the Shoreline Amphitheater down south. Okay. All right. Yep.

**Chair Pearson** 54:29

Thank you for that.

**Suzaynn Schick** 54:34

Ken has slides.

**Chair Pearson** 54:36

I wish the answer was here's exactly what you should do. Too bad. Looks like it's going to be way more complicated than that. So

**Suzaynn Schick** 54:44

sorry. I know this is hard for you guys. It's a burden. I wish we had an easy one. But we don't and the only thing I can say is that you're likely to achieve something that makes everyone a lot happier if you combine approaches.

**Chair Pearson** 54:58

Yes. That's good. I also I also keep very much in mind valuing, you know? Well, I don't want to take any more of your time. So, I recognize we have one more expert we need to speak to. So, I just want to thank both of you so much for donating your time to us. You are incredibly busy people. And you're just really added a lot to our conversation

**Suzaynn Schick** 55:26

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I think we both feel really honored by being invited you do the work, you're the ones who actually putting it in action at the ground, you're exactly who we want to talk to. So, thank you so much.

**Matt Springer** 55:37

Yeah, we do the research and then hope someone cares about it.

**Chair Pearson** 55:41

You know, I care. I definitely. Well, wonderful. I'm sure that we'll be in touch and thanks again.

**Matt Springer** 55:51

Great, bye bye, everybody.

**Chair Pearson** 55:55

So, moving on to the last experts. In our last meeting we had talked a lot about being kind of confused about where the Nevada cleaner Indoor Air Act, and the dispensary lounges are often sorry, the canvas lounges, legislation overlap and what one set about the other and just kind of trying to understand if we should even address tobacco smoking and nicotine vaping in these locations, or if that's completely off the table, not really understanding. So, we have Tom McCoy here to speak with us. I'm wondering, Mr. McCoy, could you briefly introduce yourself?

**Tom McCoy** 56:38

Sure. Thank you. Before I do that, I just I learned something that I won't get high with a little help from my customers. So little take off on the Beatles there. Yeah, I'm Tom McCoy. I am the policy chair for the Nevada Tobacco Prevention Coalition. I do that on a voluntary basis. I'm the Executive Director of the Nevada Chronic Care Collaborative. And for 12 years, I was the Government Relations Director for the American Cancer Society in Nevada. And in that role, I was very actively involved in the evolution if you will, of the Nevada Clean Indoor Air law. Our cleaner indoor air law in Nevada is now a teenager. It was passed in 2006. So, we're coming up on its 15th anniversary was voted in by the folks because we tried to get it passed through the legislature to no avail, as you might imagine. And so, we took it to a public voting initiative in 2006, the general election, and it passed, and kind of an interesting side note that a lot of people don't remember, or they weren't here to be involved in it. There was a countermeasure question for which was put together by the gaming folks that attempted to show that they were really going to take care of Clean Indoor Air. And we won. Anyway, our question five past question four did not pass. So that's why we have a law. And it's only been amended twice by the other side, and really amended by those of us who support Clean Indoor Air once and I'll go into that in just a second. So as the as the initiative, question, five became law. It's now NRS. Two Oh, 2.2483. It set out. And this is very clear. And it gets back to what Suzaynn was talking about. And Dr. Springer, and that is we're talking about employees. So, the language talks about and I'll mention the first version and what happened then in 2019, NRS, 2022 43, started out by saying, smoking tobacco, and it would read as this except as otherwise provided in subsection three, which are the exceptions, smoking tobacco in any form is prohibited within the indoor places of employment. And I won't go through the listing that they have there. But the exceptions were initially completely enclosed areas within standalone bars, taverns, and saloons in which patrons under 21 years age are prohibited. areas within casinos were following were loitering by minors as is already prohibited by state law, so forth and so on. And the reason I wanted to give you what it read up through December 31, 2019. Is that importantly, because right there, I can tell you No smoking tobacco. In a cannabis consumption lounge? It's not it's not authorized by the Clean Indoor Air law. That's clear. The question would have been prior to January of 2020. Well, could you do a little vaping? Could you do a little electronic smoking device? And the answer is probably so even though we didn't have consumption lounges. So, what happened in the 2019 legislature, as we passed, SB 263,

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Nevada Tobacco Prevention Coalition helped put that through, and what it now reads after the language and Senate Bill 263. And now reads, smoking prohibited not smoking, tobacco, smoking prohibited in certain areas, except as otherwise provided in subsection three, those were the exceptions. Smoking in any form is in any form is prohibited within indoor places of employment, and including without a list of places. And I want to move to something that we'll talk about preemption. Just second, I'm going to go to the definition, if you will, of smoking. This becomes very important that I think it's interesting of our conversation today. Smoking means including, I'm sorry, smoking means inhaling, exhaling, burning, or carrying any liquid, or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco, or plant product. Are we talking about a plant product here, folks? Intended for inhalation in any manner in any form. And the term includes the use of electronic smoking devices, that creates an aerosol or vapor in any manner or in any form, and the use of any oral smoking device, then they Define electronic smoking devices. So, I asked you, the commissioners, are we talking about a plant product here? If so, I don't think you can do what you want to think that you're talking about having to worry about. I mean, that's just a general statement. But the folks that were setting up all this cannabis work, cannabis consumption lounges, from what I can recall, did not address the Nevada Clean Indoor Air Law

**Chair Pearson** 1:02:50

Well, that would really make our jobs a lot easier when it would.

**Tom McCoy** 1:02:53

And that's why, you know, I'm certainly not the expert on this. And maybe, maybe Suzaynn's got some thoughts. But when I saw the plant product, I said, well, what are we really talking about? Are we talking about, you know, sunflowers? What are we talking about here?

**Chair Pearson** 1:03:12

Yes, that's that is a very good question. And I think we need some legal analysis.

**Tom McCoy** 1:03:26

I don't know what they're pretty old studies. But Dr. Springer mentioned the cardiovascular. There was a study done in Northern Nevada, casino casinos, by Stanford and Tuft dealing strictly with cardiovascular and it talked about the fact that after a certain period of time, increase blood pressure, so forth and so on. And it gave me the thought that we probably ought to have a sign out in the front of casinos that say, warning of exposure beyond 90 minutes could endanger your health, your heart health. I was just making a little joke there. But the reality is of that study was clearly cardiovascular and was tobacco was secondhand smoke in casinos. And then also you're probably familiar with the NIOSH study, National Institute of Occupational and Safety Health, which was done in Southern Nevada in 2009. That report was dealing with the effect on employees from exposure to secondhand smoke. It's pretty extensive, and the recommendation was that all casinos should be smoke free. Just a couple of reports in Nevada, a couple of studies that you may or may not be aware of the NIOSH study came out in 2009. We tried to use it with the legislature when They were trying to make some amendments. It was basically ignored. In the two amendments that were passed by the legislature, one in 2009. Allowed convenience, the convenience stores or tobacco industry to have conventions in Nevada for that particular purpose. We took that to the Supreme Court, and we lost in 2011. Standalone bars where food is served was carved out as a new exemption as long as it was age restricted or basically keeping kids out. So those are the two exemptions that were passed into law by the legislature. And that's about it. I just thought that plant product would be of interest for the commissioners to mull around.

**Chair Pearson** 1:05:57

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Yeah, that is very interesting. So just to forgive my ignorance on this, but the carve outs. So, what I'm confused about is, so for example, a bar that serves food and does not allow people under I believe it's under 21 To enter, right. How is that definition achieved? And could a cannabis lounge, for example, tick all the boxes that a bar needs to tick, and therefore, they're able to allow smoking to plant material?

**Tom McCoy** 1:06:46

Okay, so specifically, there's no exception that talks about cannabis consumption lounges. So, the argument would be made That I would make anyway is because the law, you know, look at look at 341, AB341. Very specifically talks about cannabis consumption lounges, I would say that they created in AB 341. A class of businesses. And if so, it's not exempt.

**Chair Pearson** 1:07:25

So, it's not possible to be a member of two different classes of businesses.

**Tom McCoy** 1:07:32

A hybrid, right. Yeah, well, I think that would be an argument that we could get into. And that's something maybe the Attorney General's Office can give you some direction, or legislative counsel bureau. But I guess the question I have is, are they going to permit the sale of alcohol in these consumption lounges? And if so, then that that category Jenni, that you talked about, could not be adapted for that. So. So as far as tobacco is concerned, whether it's aerosol or whether it's traditional, combustible smoking, the Clean Indoor Air law would say, you can't do it, you know, cannabis consumption lounge, as the law is now established, they didn't bother to mess with that in passing AB 341. Go ahead, please. No. And also keep in mind that the cleaner indoor air law provides local jurisdictions to go beyond what's in the Clean Indoor Air law with higher standards. So, there would be some options I think, that county Commissions, county health district could get involved in.

**Chair Pearson** 1:08:49

So um, do you know or is it? Is it clear and the cleaner Indoor Air Act as to whether dabbing would be considered smoking? Or I guess closer to

**Tom McCoy** 1:09:04

Does it fall into the definition of smoking? Is it and I can't answer that I am not a dabbing expert

**Chair Pearson** 1:09:12

derived from plant material, but I would argue it's not plant material.

**Tom Mc Coy** 1:09:19

That would probably be a need for interpretation if this came down to a discussion as to what can or can't be done.

**Chair Pearson** 1:09:31

All right. Are there any questions from the commissioners? Commissioner DiPrete.

**Member DiPrete** 1:09:40

Thank you again, for a great presentation. All of these presenters, it's been very eye opening for some of the things that's really important for us. More of a clarification, I think, for me, it sounds like especially after this last presentation, it's not clear about smoking cannabis or smoking tobacco or vaping, either of those and the

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consumption lounges, though it is the intent of the consumption lounge, I think for for very much of it to allow some of that. So, I just wanted to make a note that I know that there is a request into the public health law, public health policy center, public health law Policy Center, there it is all of them together. So that we'll look at the NCAA and the consumption lounges and can give us more of a definitive kind of answered on this, because I think it's going to be murky for a minute. But I think for our intentions for this group, maybe this is a discussion topic for later. Do we continue down this path of if these are allowable, these are the recommendations we would make for safety. And then if it comes down later on that some or some of those are not allowed, then we can just scrap that from our recommendations.

**Tom McCoy** 1:11:05

Well, I mean, you can look at it from a couple of standpoints. One is that you want to explore all options, all possibilities and in, in making suggestions on regulations. And that, again, you could short circuit, some of these potentials by, you know, looking at the Clean Indoor Air law I, you know, I'm a regulatory attorney. But I worked for the Federal Communications Commission. So as not clinical, not medical, but I, I have pretty extensive experience as a regulatory attorney. And you know, I looked at this in a much more cut and dry kind of a situation where the Clean Indoor law obviously does not carve out an exception for something new called a cannabis consumption lounges. I don't think they fall into any category. They're not gaming. They're not brothels, et cetera, et cetera, et cetera, are the exceptions that are carved out. And therefore, my position would be that tobacco in any form of combustible and noncombustible would not be allowable under the cleaner indoor air law, because it is a place of employment and place of public accommodation. So, the question as to whether you could actually smoke marijuana, or aerosol marijuana gets down to that little note that I made about, does it fall into our definition of smoking? And I think that's a real murky area. I don't know if that helps you or not, Lauren, but get my position is the Clean Indoor Air Law would not provide the option for smoking tobacco products.

**Member DiPrete** 1:12:53

Yeah, I want to clarify, I agree, I think you made it very clear that tobacco does not appear smoking tobacco does not appear illegal, the consumption lounges and that it's murky for cannabis. Thank you.

**Chair Pearson** 1:13:07

Any other questions from the commissioners?

**Tom McCoy** 1:13:18

Thank you so much. Thanks for the opportunity. I really got a lot out of Suzaynn and Matt's presentation. So, this was, this was a good education for me. Thanks. Appreciate it.

**Chair Pearson** 1:13:30

Me too. So, thank you so much for applying. I know, it's very valuable and short. So, this has been wonderful. Thank you.

**Tom McCoy** 1:13:37

Thank you.

**Chair Pearson** 1:13:41

Okay, well, um, so I think that helped in some ways, and really did not help noise. Right. So, um, let's take a step back. So, we as a subcommittee, need to make recommendations to the CCB on October 19. Which, I guess, you know,

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a month ago seemed like, you know, forever, but now it's 29 days from now 23rd for many days, I'm in September, but it's soon. Um, so I know, I originally had this vision that we were going to be able to have two to three hours to dedicate to kind of each large bucket of regulatory concerns and we were going to be able to something like this and gather people together and how they can I still think we can continue to do this, but perhaps on a on a smaller level. And, and also, I think we should remember that we are not going to dissolve after October 19. Right, like we can make we can continue to make recommendations as we learn and you know, companies' situations come up that we think need to be handled, but keeping in mind that we have a goal of Helping the CCB make the best recommendations possible to maximize benefits and minimize harm to public health. Given consumption lounges are now legal in Nevada, I have an idea of kind of going forward that I would like to put to all of you. And that is that, you know, we'll spend the remaining time today, I guess, maybe like 20 minutes, kind of discussing what our feelings are going forward when it comes to recommendation recommendations for air regulations. But then I would like to go back to that document that we were working on last time. And, you know, we had assigned areas to everyone, what I would like to do is, next meeting, which I believe I asked you to, to have three hours available, I would like for each Commissioner, to come to that meeting with recommendations for your area. And if you would like to also bring in an expert or to kind of explain or kind of address some questions that you still have lingering. We can talk about that and make sure there's room in the agenda. But we're probably only going to have two more meetings before we need to have some finalized recommendations to the CCB. And so, I'd like to get kind of first draft recommendations out and discussed at the next meeting. And then the last meeting before the 19th is Let's nail down what we can agree on. And, and that means I think there's going to be more kind of work on your own. Bring it back to the group. What do you all think about that? Yes, okay. Great. So, I am going to open up just on my own computer, not going to share my screen. But so, what I'm going to do for the next meeting, is I'm going to come with more information about what the heck does the Clean Indoor Air Act say about smoking and vaporizing and dabbing cannabis conditioning to Preet I do recommend? I do agree with you that we should probably have like a you know, here's one option. Here's another option. Right? If it does turn out that like there's the brakes are put on indoor consumption of burns materials, because there's a conflict between these two laws, then okay, fine. But I really do anticipate that that if that is there, there's going to be actually legislature I do, I do think that's going to happen. And I'm sure that there will be a live discussion and perhaps a little bit of a fight there. But you know, we are still in a position where we're going to need to make recommendations. So, I'm going to move forward trying to get more information about that. But then also moving forward with some concrete recommendations. I'm going to bring that to the next meeting. But we're going to discuss a little bit more right now to Commissioner Nelson, you had said that you were going to take the lead on the health notices and disclosures. And I know they said you actually have already done some work on that. So perhaps you could come with some solid recommendations in that area. Next meeting. Wonderful. And I'm imagining like a couple of slides, maybe just so it's easier for people to kind of look at it. You know, that digest. Some of us are visual learners. Some of us are not. You got it. Great. Thank you for ready to consume products. Now. I didn't take notes on who was going to do what I really should have. Was it a combination of commissioners Nelson and Chew, is that right?

**Member Nelson** 1:19:13

I had offered assistance to Ben if you wanted, yes.

**Chair Pearson** 1:19:19

Is that so? Commissioner Chew? . You know, I'm still new to this. And I think we're all pretty new to this. But I also want to make sure that we are not violating any of Nevada's open meeting laws. And so, because of that, I don't think that that you too, should be kind of working on something together outside of the public eye. So, what I'd like to do is

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put that in one or the other person's wheelhouse with the intention that you know, whoever ends up taking the lead the other person will have some heavy comments at the next meeting? Given your background? Is that?

**Member Chew** 1:20:07

Yes, if I understand the Open Meeting Law, I think it's as long as you don't have a quorum.

**Chair Pearson** 1:20:14

I'm honestly not sure,

**Member Chew** 1:20:15

Yeah, I think I'm going to ask the member, about this clarification by thought. As long as basically what we are five people? Yes. Like me. I think if only two of us have some minor discussions, I think it's okay. Once you get that third person's then it's a quorum and that's a problem.

**Chair Pearson** 1:20:45

Can anyone from CCB help us out there? Is it okay, if two commissioners kind of come to the next meeting with some collaborative work on recommendations?

**Rosalie Bordelove** 1:21:06

So, if two are going to work together, to come back with recommendations, you run the risk of being a subcommittee into the Open Meeting Law, it might be a little better off for, for members to work individually. But members can always work individually and come back. If some were to end up talking to each other. It's not the end of the world. But to the extent that you're kind of delegating them to go work together. That's, that's where you run into the subcommittee definition.

**Chair Pearson** 1:21:47

Okay. All right. So, I'm going to sit again, you know, one of you could take the lead, and the other one, again, comes with heavy reading, ready to give heavy recommendations, given your background and expertise. So, given that, maybe, Commissioner Chew, could you take that on?

**Member Chew** 1:22:01

Yes. So, this was the prepackaged ready to eat stuff, right, as opposed to anything being made on?

**Chair Pearson** 1:22:07

Right, correct. Yep. And I can share the notes that we I mean, this is all up on the website, also. And I also it was sent around to the commission, but I can share it again. And then we have occupational health and training and inspections. And I see we have Commissioner Hayes with us, which is fabulous, just in time, so that you weren't going to be voluntold to do anything.

**Member Hayes** 1:22:32

Sorry, I just didn't think anybody could see or hear me. I didn't have any buttons here.

**Chair Pearson** 1:22:37

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Ah, you know, you were probably on just on the wrong side of the webinars. So, there's two different links, there's a link for the public. And there's a link for the commissioners. So, you have a public side.

**Member Hayes** 1:22:48

I'm new to zoom. I'm

**Chair Pearson** 1:22:51

sorry. Okay, we are here now. I mean, that means you that you heard the experts. Yeah.

**Member Hayes** 1:22:57

I heard some of the air and, and all of the, the guy with the smoking law, which I had already thought of, and I, I just assumed people were taking care of that because it would be complete violation of the smoking law.

**Chair Pearson** 1:23:13

Turns out it was. This is one of the things that I've always found amazing is that, you know, at some point, you assume other people are taking care of it. But once you get to a certain point in life and leadership, it's actually you, you're the one taking care of it. So, it's as far as I understand, unless there's something happening, I don't know about.

**Member Hayes** 1:23:32

So, it's not totally off base. And I have done some homework on the training. There. There is no guidance that is out there, because it's so illegal at a national level. So, if we're going to make up training, we're going to have to make up our own training.

**Chair Pearson** 1:23:49

Or we can also take inspiration from other jurisdictions, right. Yes. So. So I guess that's all so as I'm moving through kind of the topics of things to assign. Does that mean that was your Hayes were you going to take the lead on the Occupational Health and training? Is that right?

**Member Hayes** 1:24:07

The, how we trained people to inspect this kind of facility? I'm happy to do that.

**Chair Pearson** 1:24:12

Ah, okay. Well, then I would put that under inspections. Okay. Okay. And then that means, Commissioner DiPrete, you are more occupational health insurance. Is that, is that correct?

**Member DiPrete** 1:24:26

Honestly, I don't have the notes in front of me. And so, if you tell me what you need, we can

**Chair Pearson** 1:24:34

I think your background and expertise would, it would work quite well. And I actually was looking around at other jurisdictions that allow cannabis lounges and there are some, this is the area where it's like, you know, how do we train employees to identify people who are at risk of sexual violence, for example, and like there are a few places already have some ideas go in there. So, I can One of the things I'm going to do this week is, is also create some way to share a lot of the materials that I have been gathering the past couple of weeks with all of you, because I think you'll find them useful. And so, you don't have to, there's no duplication of work, that for example, I have, you know, links to

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San Francisco's regulations about consumption in dispensaries, and you know, Palm Springs, and Colorado's and Massachusetts and so you can kind of see what they've already done. And a lot of there is a lot of overlap. But I think that we can, we don't have to, we don't have to reinvent the wheel, but we can make a better wheel. We can make a carbon wheel for those of you who are into cycling, we're going to have a well performing wheel.

**Member Nelson** 1:26:24

Oh, sorry, Jenni. I'm sorry to interrupt. I had a quick question. So just to kind of loop back to the section that you guys want me to be working on with regard to health notices, information, and disclosures. Does that also include the disclosures for employees? Because based on my last meeting notes, I was volunteering for section Two-A. But obviously, if you guys want me to help handle the employee side of that as well, I can totally do that.

**Chair Pearson** 1:26:55

I can see that going under I think that has significant overlap with the occupational health and training section. Commissioner DiPrete, which one would you prefer?

**Member DiPrete** 1:27:07

Could you share the screen because I don't have the outline in front of me. Thank you.

**Chair Pearson** 1:27:29

So here is the section two with the health notices. And here's section two a that's the health notices for patrons. And then what was just mentioned, is the health notices for employees, which I think does have significant overlap.

**Member DiPrete** 1:27:51

Okay, so I'll can handle that as well to be so health notices for employees. Yeah, that's what I remember. Going to me last time

**Chair Pearson** 1:28:05

And another thing that was brought up in public comments that I just want to make sure is in someone's section, I believe. It might be in ready to consume products, but I don't know that there's a real clear place is the question of, should we allow people to bring in their own devices? And if not, or should we? I guess they're separate questions, should we allow people to bring in their own, you know, pipes and vapes, etc.? And then additionally, if, if consumption lounges provide those for people, what are the cleaning standards? And I'm just looking at this at the top, I don't see.

**Member Hayes** 1:29:03

So, I have a comment about that. So, we don't even allow people at this point to bring in a cup to a Starbucks to be refilled with potentially hazardous food. And the same is like a tattoo parlor. You can't bring in your own device in order to get a tattoo. So, we already have some assumptions about that. Right? Yeah, that may color you know, the device conversation.

**Chair Pearson** 1:29:41

Well, guess I'm going to put that in your section. Okay.

**Member DiPrete** 1:29:48

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That could cut that that could bring up a really interesting discussion when we go to hash that out though, because if we look at the risk, is it riskier for someone to help health risk is it riskier for someone to bring in their own device? Or is it riskier to share devices between patrons? That'd be interesting to see.

**Member Hayes** 1:30:10

So, I think I think it's about, you know, like it being a single service, you know, article. So, if it's yours, and you fill it and you smoke it, there wouldn't be an issue. But if you're getting a pair of a bowling shoes, and you have people ever have every walk of life, where those bowling shoes, how do you clean the bowling shoes before giving it to the next patron? Is it completely broken down? Is it single service? Is there such a thing as a single service? Whatever that they can use that you could just throw in the garbage after?

**Chair Pearson** 1:30:52

I mean, yes, it would be wasteful, but yes. Okay, well, these are all see, these are all the, we're going to have to discuss. So great question. You know, I think, as you are thinking about questions like this, also, we also need to think about something that's constantly on my mind is how if we allow people to bring in devices, I'm just thinking about like baits. And we and we say, okay, you can bring it in your vape, and it has a tank, and you have to buy the fluid to fill the tank in the consumption lounge. People are creative, and sneaky, they're really good. I can just think back to my own days as a young adult, and you know how, perhaps you didn't want to pay me for the drink in the bar. So, you would figure out a way to get alcohol into the bar, right? I am imagining that if we were to say, allow people to bring in their own devices, we're also opening the door to non-products that were not purchased on site being consumed on site, whether they are cannabis, or tobacco, or nicotine containing or something else. So, you know, that's not going to be a public health question. It's more like an enforcement's kind of question, though. I think it has public health implications. But just as we're thinking about these things, you know, there's multiple dimensions. Commissioner DiPrete, do you have something to add there?

**Member DiPrete** 1:32:34

Oh, no, I was just agreeing with you. That's a good point, I could definitely see that happening.

**Chair Pearson** 1:32:38

Thinking back thinking back to 20 years ago. Um, okay, so I'm going to stop sharing the screen. For now, it's easier for me to look at your faces. So, for the next 10-15 minutes, I want to just kind of get your thoughts on what we learned today. And I'm going to start so in my own research, looking at what other jurisdictions have done when it comes to smoking, vaping, and dabbing indoors, and I should say, this is assuming that something happens, this is assuming that either there's no conflict with the Clean Indoor Air Act, or that there is but then later on, you know, the next legislative session, it's something happens and it's, it's allowed. What I am leaning towards is something that that San Francisco is doing right now, though, I should say, with better indoor air quality standards and enforcement because clearly as Dr. Schick's data shows, it's not great. Is requiring separate smoking rooms for the consumption of burns material, and separate vaping and dabbing rooms for the inhalation of aerosolized but not burnt material. The reason for that is I can't imagine a situation where if we had just one large consumption room, that room wouldn't just turn into a smoking room. It's not a place where people who only want to consume edibles can go, it will not be a place where people with preexisting health conditions can go, and certainly we will not be able to control reduce exposure to as Dr. Springer was showing the harmful effects of long-term cumulative exposure to PM 2.5. Without segregating smoking to rooms that have separate H vac systems that have that are sealed, where the door closes on medically, I can think of several other things that we would need to recommend. I'm also thinking that it would be important to keep the smoking and the vaping. And the dabbing separately, because while vaping and dabbing is not

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safe, it's not, it's not going to create a, you know, an environment where the PM 2.5 is at, you know, 12 micrograms per cubic meter, it's not going to do that, but it's certainly going to be less polluting than smoking. And so, you know, if you are someone who has said, I want to vape and one of the reasons I vape, is because I'm concerned about like, the cardiovascular and like, respiratory effects of smoking that, you know, again, the smoking determines the risk, to a large degree for the room, not completely, but for a large degree. So that's where I'm leading right now. I would like to hear what you all think about that. Yeah, Commissioner Nelson?

**Member Nelson** 1:36:06

Hey, um, so I guess I just have a question. If we had two separate rooms, and a consumption lounge, and one was exclusively for smoking, like burnt material. And the other one was for dabbing, or for vaping. What would consumers do if they put if they potentially wanted to participate in both? And what happens if you had a mixed party that showed up to the consumption lounge? And some people wanted to dab, and some people wanted to smoke, but ultimately, they wanted to table together? Would they have to be separated?

**Chair Pearson** 1:36:38

I think probably they would, I could imagine a situation where we could have some private party rooms, we could say, if there's a group of people who are only going to stick together, and they would like to have several different modes of, of administration, when I say modes, that's like my science-y way of just saying like smoking data and vaping or edibles, right? If there's a group of people who want to stick together, and there's mixed modes of administration, okay, you can, here's a, here's a private party room, right? Where you guys get to go off and be on your own. Yeah, that's, I can imagine that.

**Member Hayes** 1:37:20

Hi, it's Teresa. Um, we already have those issues. When we are creating smoking and nonsmoking areas in places, we permit access to the bathroom becomes an issue, you know, when you open a door into a common area, and then you know, have to go the bathroom or somebody has to walk through a smoking room in order to get to the only bathroom in the building. Those are challenges that we now deal with, and I don't see them going away with this. So, we would have to be very clear about access to bathrooms.

**Chair Pearson** 1:38:01

You know, I think we can do that. It's the beautiful thing right now is that we're kind of starting from scratch, you don't have to work around, you know, preexisting kind of situations for casinos, for example, we can say, hey, you know, let's imagine a person who has chosen to vape who lives in an apartment where they're not able to legally vape and who needs a place to vape cannabis off site? What are we going to do in order to make the consumption lounges legal and healthy? You know, choice for them an option for them? And so, I think we could say the bathroom has to be accessible through like not like a clean through clean indoor air through perhaps the room where they were edibles are allowed that would be okay. Right. People aren't five is there? Is there is they're consuming edible cannabis. But

**Member Hayes** 1:38:57

princes, I mean, right now, you know, those smoking rooms have to have separate entrances from the outside, not the inside. So now you have two doors. Yeah. So, um, and I, I don't people really, when they created the smoking, you know, rules. I don't really think they thought about buildings, especially if they were historical buildings that could not be modified. or for other reasons, they could not be modified where the plumbing was, it became too expensive. Now we're looking at variances for those people who, you know, I should be able to have a business in this location, but I

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can't do this. And I don't really think it's that important. I think we need to get ahead of that curve, as opposed to coming in behind it like we did with the smoking rule.

**Chair Pearson** 1:39:45

Yep. I agree with you, you know, if, if, for example, if we can, if we recommend that smoking rooms should only be accessible from the outside and then, you know, people want to build on historic building. Well, those two things don't go together. Right. Sorry. Okay. Commissioner Chew.

**Member Chew** 1:40:06

Hi. Um, yes, I do agree with you that we do need to make recommendations for eventually having smoking or vaping available. That's, it'd be unfair to people designing these places to change on them in two years, right, when they're going to come back, and then they have to go back. And it can be very, very expensive to do something like that. I guess the other question that's out, there's, as I mentioned before, is the secondhand smoke for the employees, and how we're kind of dealing with that. So, I think that's part of it. And, you know, I think we, you know, Teresa's recommendations based on the, you know, the casino areas, you know, how do you deal with the, you know, the waitresses, or later sample the waitstaff they're running through the bars that are still I do all smoking? What do you do? employees don't smoke.

**Chair Pearson** 1:41:02

I so for I mean, I would not say that, that the casinos are the best practices in the situation? Because I mean, this is seriously, it's really, I am I know, I've said this before, but I am amazed that there have not been more lawsuits. On the behalf of the employees, those casinos that allow smoking are not safe places for employees to work. They're not. So, I do not clap, clap, clap. I do not want. I do not want consumption lounge employees to be at the same level of risk as could see no employees, that's just to me, that's unacceptable. So, you know, I think we can do it, we could do it. I believe in us. So, um, I like, I agree with you. My number one concern is employees. I, I can imagine almost like bank teller types of interactions, you know, when you drive up, and there's glass, and there's like a little thing where you actually don't know this is really doesn't happen as much anymore. But you know, like a little place where you can, you know, put through your money. And I can imagine something like that, to minimize employee exposure to secondhand smoke into PM 2.5. You know, occasionally they might have to enter the room. But that could be where, you know, PPE is appropriate. And again, as Matt said, it's all about exposure, cumulative exposure, well Judo exposure, I should say cumulate exposure for cancer, momentary exposure for pushing you into cardiac and respiratory event risk. So yeah, I can imagine I can imagine several different scenarios. And I will come at the next meeting with some of those scenarios kind of thought through. Commissioner Nelson, do you still is your hands still up? And on purpose? Are you one? Okay. And then yes, um,

**Member Nelson** 1:43:08

so, I guess with the idea of having let me back up. So, what this essentially would your idea be a mandate that consumption lounges all has to have three rooms, like an edible room adapt room and a smoking room?

**Chair Pearson** 1:43:22

Okay, so if they intend to allow all of those votes, right, they could say we're an edible only place or we're vaping only place I suppose. And that they wouldn't need to do that necessarily.

**Member Nelson** 1:43:35

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So, like, essentially, you could have at the Twitter a cannabis lounge would be like a, they could have the choice of being a smokers only lounge and they essentially wouldn't be able to serve edibles or vapes there because they've elected to do, they've elected to serve only smokeable material, correct?

**Chair Pearson** 1:43:53

I think so. I think that would make sense. But we have to remember that you still we still have to think about the employee exposure. So, I Oh, of course, there would need to be segregation of this smoked area versus where the employees are, where they spend most of their time. But I don't see any reason why we would have to require three different rooms of the consumption lounge didn't want to sell three different modes.

**Member Nelson** 1:44:19

Okay. All right. And if that makes sense, um, I guess I'm just looking at it from the perspective of like, if this becomes like a social sort of thing, and you have parties that they willingly like, walk into these, these consumption lounges together, and you have some people that they smoke, some people that want to do edibles, and you have a group of like, you know, three people that all want to do it at the same table. I guess my concern is that seems like it's limiting these, it limits the social aspects of the consumption lounge, when, to a certain extent, these people are accepting the risk of going to a consumption lounge in the first place. So, I, I guess, just from my socialist Various with cannabis like being able to allow consumption lounges to have the option to, you know, collectively serve as they want. Obviously, I really respect the idea of having smoking only sections. But if somebody wants to eat an edible in that smoking section, and they make that choice for themselves, I'm not sure if that's our place to stop it, you know?

**Chair Pearson** 1:45:18

Yeah, no, I think that makes sense. I think it. So, the kind of the thinking that I'm doing that I'm making here is that kind of smoking dominates any other mode of administration, right. So, if there's one person smoking in a room, where everyone else is consuming edibles, that person determines the risk profile of that room. Right. So, it's, so that's why I'm thinking about explicitly segregating the modes of administration in that way. However, if someone if, you know, if I'm a group of five people, five people want to go the smoking room, I want to do edibles, and I don't mind hanging out in the secondhand smoke, I think it's perfectly fine. For the low harm mode to go into the high harm. What I don't want is the other way around. So, I could see like, edibles going into the vaping, or the smoking or for dabbing and, and vaping going into the smoking, but not smoking going into the vaping of animals. I'm saying,

**Member Nelson** 1:46:23

yeah, it makes perfect sense.

**Chair Pearson** 1:46:27

Okay, we are okay, Commissioner to free and then we need to leave some time for public comment. So,

**Member DiPrete** 1:46:34

um, a few things I wanted to touch on one I like, I like what you just said about the low harm moving into the higher harm rooms, I think that makes a lot of sense. Also, I think, in the absence of that, I was kind of envisioning it as like bar hopping downtown, like you can go to a brewery and then you take turns, you go to the brewery for the guy who likes beer, and then you go next door to the cocktail lounge for the guy who likes cocktails. And you know, you just rotate. Also, I wanted to say as far as ideas for recommendations, I really liked that slide that Dr. Scheck posted of like the red, or the green, yellow, that sort of thing for the PM 2.5, I think that would be a good signage to have out. And then I like the idea, if it's feasible of having a PM 2.5 meter in the edible area, or like the main entry area before you go

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off into a consumption area. So that the employees can monitor their risk, and then folks coming in and out can understand their risk as well. I don't think it's necessary for inside the smoking areas or the vaping areas because you know, you know that your risk would be more included and, or your risk would be higher. And also, that's that'll be a bigger financial ask of these locations. But I think having a PM 2.5 meter and having that knowledge for the employees in that main area would be really helpful as far as protecting the employees. And then, you know, for the, for the consumption areas, I could see you know, just having service up at a bar front or a counter front or something like that. And then if people need something else, they can come back to the front, grab it, and then go back, not necessarily having like, service out there. And then I think there's a difference too, between if they're offering edibles that are like I'm going to eat a gummy, and then I'll go sit in one of the consumption lounges with my friends, whatever is appropriate, or if they want to sit down and have a five-course meal. Like I think that's a different, you know, setting as well. So really a lot to consider as we move forward.

**Chair Pearson 1:48:42**

Yeah, absolutely. And I'm also imagining that consumption managers will have specialties right. So, I don't think anyone lounge will be the place where people go to do everything, except for maybe a few. I mean, there might be a few, like, make allowances out there where we do all the things, but I can imagine places that are kind of more the spot for folks who are, you know, medical card holders to go versus people who are, you know, not particularly experienced users, but go someplace on a, you know, a Friday to relax, I could see all these things happening. So, thank you, all of you for your feedback. This has been really helpful.

**No Public Comment Given**

Okay, so moving forward, just commissioners, just the last summary. So at our next meeting, we are going to all come with a set of recommendations recommended regulations for our areas, and I think it would be best to come with a couple of slides, but you know, you do you, and so at the next meeting, we will discuss, I'm sure we probably won't finalize any recommendations, but at least we'll be able to discuss and perhaps identify additional areas where we need to do a little bit more digging. Questions, comments from the commissioners? Nope. Thank you for your participation.

**Meeting Adjourned**

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