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WELHEALTH™

PUBLIC-HEALTH EFFICIENCIES, COST SAVINGS, AND BETTER OUTCOMES WITH PLATFORM-BASED SOCIAL-IMPACT and MEDICAL-CANNABIS WELLNESS PROGRAMS

Introduction

This paper shows how two health-and-wellness software service solutions—EM2P2's WelHealth and CannaLnx programs—can reduce healthcare costs while enhancing medical and wellness outcomes and align with and enable implementation of Make America Healthy Again (MAHA) and Department of Government Efficiency (DOGE) policy imperatives.

The programs' biometric monitoring and HIPAA-compliant data analytics track/correlate the impact of specific treatments and behavior on wellness outcomes—for integration into healthcare frameworks. This integration helps address pressing public-health challenges—chronic disease, opioid dependence, and veteran mental health—while lowering costs for healthcare systems, payors, and patients. Readers learn how these programs achieve cost efficiencies, improve patient health outcomes, provide data-driven solutions, and support evidence-based policy reforms.

CannaLnx and WelHealth improve wellness outcomes and lower healthcare costs by:

- Addressing root causes of chronic conditions.
- Informing patient medical choices and health-related behavior—through wellness management services and data-driven insights (through data-generating/organizing capabilities and enhanced information/analytics).
- Reducing patients' need for and reliance on costly medical interventions, hospitalizations, and emergency room visits through structured guidance on effective use and impact of alternative treatments as evidence-based healing solutions for specific health conditions.
- Enhancing patients' *behaviors*, personal responsibility and life control, and understanding of health remedies through engaged monitoring.
- Fostering access to health insurance benefits for alternative wellness treatments/services.
- Aligning with MAHA's preventive health focus and engaging patients in preventative practices.

These are scalable solutions for policymakers and government agencies implementing MAHA and DOGE policy objectives. They're models for data-driven governance and advance MAHA's evidence-based health reforms. They support DOGE's focus on cost-efficient government operations in healthcare, MAHA's goal of reducing patient reliance on costly medical/ pharmaceutical interventions and both initiatives' calls for increased use of health information technology to improve care coordination and data-sharing across providers.

To attain DOGE and MAHA objectives (including an accountability culture in health solutions), government agencies and institutions will need to reach into the private sector, collaborate with innovators, and adopt available service programs and technologies designed for these purposes (fostering/enabling lower costs and better outcomes through information innovation).

By successfully addressing systemic healthcare challenges, CannaLnx and WelHealth provide actionable solutions for implementing MAHA- and DOGE-aligned programs, and fostering healthier, more cost-efficient communities. This paper walks readers through how these powerful programs are part of a practical and productive path forward.

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Healthcare Costs vs. Health Outcomes

U.S. government agencies, including the Veterans' Administration, and state and local governments, spend extraordinary amounts on healthcare annually. These costs continue to rise unabated year after year.

Americans are told by industry and government leaders that our healthcare system is the best in the world, but overregulation and other anti-market interventions make it inefficient.[1] The inefficiencies reduce health and wellness, and drive unending increases in health-related costs for patients, institutions, and governments.

In fiscal year 2023, the U.S. Department of Veterans Affairs (VA) expended approximately $301 billion, marking a significant increase from $180 billion in 2013.[2] This upward trend reflects the growing demand for veterans' healthcare services and benefits. Looking ahead, the VA has requested a budget of $369.3 billion for fiscal year 2025, representing a 9.8% increase over the estimated fiscal year 2024 budget.[3]

Overall, U.S. healthcare spending reached $4.5 trillion in 2022, with federal, state, and local governments collectively accounting for a substantial portion of these expenditures.[4] In fiscal year (FY) 2023, the U.S. federal government allocated approximately $1.9 trillion to domestic and global health programs and services, representing 29% of net federal outlays.[5] In 2021, state and local governments alone spent $377 billion on health and hospital services, constituting 10% of their direct general spending.[6] In 2023, state and local government health spending reached $761.3 billion, marking an 11.6% increase from the previous year.[7] This allocation underscores the critical role of state and local governments in funding and managing public health services, including Medicaid programs, public hospitals, and other health initiatives.

The combined healthcare expenditures by federal, state, and local governments highlight the significant financial commitment required to support the nation's health infrastructure. As healthcare costs continue to rise, these expenditures are expected to increase, posing ongoing challenges for budget planning and resource allocation across all levels of government.

Despite significant and rising healthcare costs, improvements in Americans' health outcomes are not broadly commensurate—with no consistent correlation between rising healthcare costs and increases in health and wellness. In fact, in recent years, health and wellness outcomes in the United States have shown concerning trends, with several key indicators either stagnating or worsening.

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[1] Leonidas Zelmanovitz, **The Best Medicine in the World**, January 1 2025, Law&Liberty, https://lawliberty.org/the-best-medicine-in-the-world/?mc_cid=5c4f0dc70e&mc_eid=55d6d919b8.

[2] USAFacts, "How Much Does the VA Spend?" USAFacts. Accessed January 8, 2025. https://usafacts.org/articles/how-much-does-the-va-spend.

[3] Department of Veterans Affairs. "Budget Request for Fiscal Year 2025." *U.S. Department of Veterans Affairs*. Accessed January 8, 2025. https://department.va.gov/administrations-and-offices/management/budget.

[4] Centers for Medicare & Medicaid Services. "National Health Expenditures 2022 Highlights." *CMS*. Accessed January 8, 2025. https://www.cms.gov/newsroom/fact-sheets/national-health-expenditures-2022-highlights.

[5] Juliette Cubanski, Jeannie Fuglesten Biniek, and Tricia Neuman, **FAQs on Health Spending, the Federal Budget, and Budget Enforcement Tools**, March 20,2023, KFF, https://www.kff.org/medicare/issue-brief/faqs-on-health-spending-the-federal-budget-and-budget-enforcement-tools/.

[6] Urban Institute. "Health and Hospital Expenditures." *Urban Institute*. Accessed January 8, 2025. https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/health-and-hospital-expenditures.

[7] Anne B. Martin et al, **National Health Expenditures In 2023: Faster Growth As Insurance Coverage And Utilization Increased**, December 18, 2024, Health Affairs, Accessed January 10, 2025. https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.01375.

- **Life Expectancy and Mortality Rates —** The U.S. continues to experience lower life expectancy compared to other high-income countries. As of 2024, life expectancy in the U.S. is more than four years below the average of ten comparable countries. Additionally, the U.S. ranks last on four out of five health outcome measures, indicating significant room for improvement.[8]
- **Healthcare Expenditure vs. Outcomes —** Despite spending nearly 18% of its GDP on healthcare, the highest among high-income nations, the U.S. does not achieve commensurate health outcomes. Americans die younger and experience higher rates of chronic diseases compared to residents of other affluent countries.[9]
- **Chronic Health Conditions —** The prevalence of chronic health conditions such as obesity, diabetes, and autoimmune diseases has been rising. These conditions contribute to increased morbidity and place a substantial burden on the healthcare system.[10]

While increased healthcare expenditures have driven advancements in medical technology, expanded access to certain treatments, and supported improvements in chronic disease management and survival rates for some diseases, the benefits have been unevenly distributed. Systemic inefficiencies and affordability challenges have limited broader improvements in health outcomes. The rising costs have also created significant barriers to care for many Americans, exacerbating disparities and leading to challenges in affordability and other negative impacts.

- **Healthcare Access and Quality Challenges —** While the number of uninsured individuals decreased from 48.6 million in 2010 to 28 million in 2020, challenges remain in healthcare access and quality. The U.S. has seen worsening measures of health outcomes since the COVID-19 pandemic, highlighting systemic issues within the healthcare system.[11]
- **Access Challenges —** Despite rising expenditures, access to care remains uneven. High out-of-pocket costs and inadequate insurance coverage have led many Americans to delay or forgo medical care. In 2021, nearly 30% of adults reported skipping necessary healthcare due to cost, up from around 20% in 2005.
- **Health Disparities —** Rising costs have disproportionately impacted low-income and minority communities, contributing to poorer health outcomes in these populations.
- **Inefficiencies in Spending —** A significant portion of healthcare expenditures is consumed by administrative costs, waste, and inefficiencies, which do not directly translate into better patient outcomes. This misallocation of resources limits the overall improvement in population health despite increased spending.

It's clear the United States faces persistent challenges in improving health and wellness outcomes, with several indicators showing stagnation or decline in recent years. Policymakers and healthcare providers must

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[8] Schneider, Eric C., et al. *Mirror, Mirror 2024: Reflecting Poorly—Health Care in the U.S. Compared to Other High-Income Countries*. The Commonwealth Fund, September 2024. Accessed January 8, 2025. https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024.

[9] Tikkanen, Roosa, and Melinda K. Abrams. "U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes." *The Commonwealth Fund*, January 31, 2023. Accessed January 8, 2025. https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022.

[10] Allen, Samantha. "Chronic Diseases, Healthcare Inefficiencies, and U.S. Health Outcomes in Decline." *The Australian*, December 15, 2024. Accessed January 8, 2025. https://www.theaustralian.com.au/commentary/abortion-has-detonated-debate-on-us-health-crisis/news-story/4786e9e9d63a4b587d3dea317ac89ece.

[11] Heather Landi. "New Analysis Points to Troubling Trends in U.S. Healthcare: Costs Rise, Health Outcomes Worsen." *Fierce Healthcare*, October 1, 2024. Accessed January 8, 2025. https://www.fiercehealthcare.com/providers/new-analysis-points-troubling-trends-us-healthcare-costs-rise-health-outcomes-worsen.

address these challenges to ensure that future healthcare investments translate into equitable and sustainable health improvements for all Americans.

The U.S. faces high and increasing healthcare expenditures and stagnant or declining health and wellness outcomes. This is exactly backwards.

It's backwards because as health/wellness outcomes improve, the need for and use of healthcare services and related expenditures should decline. This basic proposition is supported by many authorities.[12] Effective preventive care, chronic-disease management, public health measures, and wellness initiatives drive and directly correlate with long-term cost reductions. Health economics research supports the notion that healthier populations incur fewer medical costs. Improved health outcomes decrease hospital admissions, medication needs, and specialized treatments.

The real challenge for government institutions managing society's healthcare and government's healthcare expenditures is to deploy resources wisely/effectively to ensure improvement in health/wellness outcomes occur and that those improved outcomes translate into reduced need for and dependency on medical services.

Impact of Doge and Maha on Spending Imperatives

The need to reconcile these persistently out-of-sync trends (increasing healthcare costs for government and declining health/wellness outcomes) is part of what lay behind the emergence of MAHA and DOGE initiatives as forces of change.

MAHA

The "Make America Healthy Again" (MAHA) initiative, spearheaded by Robert F. Kennedy Jr. under the Trump administration, aims to promote preventive healthcare practices and alternative treatments and address the root causes of chronic diseases as central strategies for reducing healthcare costs and improving population health.[13] As the newly appointed Secretary of Health and Human Services under President Donald Trump, Kennedy plans to implement policies that focus on improving food quality, reducing environmental toxins, and encouraging healthier lifestyles.

Chronic illness is behind the majority of U.S. healthcare spending. Chronic conditions are involved in 87% of all healthcare costs. The Trump Administration's MAHA initiative recognizes that chronic disease prevention—not just treatment—is essential to national health *and* fiscal sustainability.[14]

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[12] Wellics. "How Wellness Programs Reduce Healthcare Costs for Companies." May 18, 2022. https://www.wellics.com/blog/wellness-programs-reduce-healthcare-costs .

Centers for Disease Control and Prevention. "Promoting Prevention Through the Affordable Care Act: Workplace Wellness." *Preventing Chronic Disease* 9 (2012): E175. http://dx.doi.org/10.5888/pcd9.120092.

Baicker, Katherine, David Cutler, and Zirui Song. "Workplace Wellness Programs Can Generate Savings." *Health Affairs* 29, no. 2 (February 2010): 304–311. Accessed January 8, 2025. https://www.healthaffairs.org/doi/10.1377/hlthaff.2009.0626.

[13] CBS News. "Trump Appoints Robert F. Kennedy Jr. to Lead 'Make America Healthy Again' Initiative." *CBS News*, November 15, 2024. Accessed January 8, 2025. https://www.cbsnews.com/news/trump-robert-f-kennedy-make-america-healthy-again/.

Kennedy, Robert F. Jr. "Remarks on the Goals of the Make America Healthy Again Initiative." Speech, Washington, DC, December 2024.

[14] Newt Gingrich, **Balancing the Budget Through Better Health**, June 5, 2025, Gingrich360, https://gingrich360.com/2025/06/05/balancing-the-budget-through-better-health/.

Kennedy also intends to address environmental factors—including lifestyle choices—contributing to poor health outcomes. By mitigating these environmental risks, MAHA seeks to lower the prevalence of disease and, consequently, the financial burden on the healthcare system.

Additionally, MAHA promotes and will explore the potential benefits of preventive healthcare practices, alternative treatments, and nontraditional therapies as cost-effective alternatives to conventional treatments.[15] By broadening the scope of accepted medical treatments and focusing on prevention, MAHA aims to improve patient outcomes while controlling costs. These include:

1. **Holistic Approaches**:
    - MAHA supports integrative medicine, blending conventional and alternative approaches to treat the whole person rather than just symptoms.
    - This may include acupuncture, meditation, and lifestyle coaching as part of standard care plans.
1. **Healthcare System Integration**:
    - MAHA seeks to incorporate alternative treatments into mainstream healthcare, ensuring they are accessible and covered by insurance where evidence supports their efficacy.
2. **Policy Reforms and Funding**:
    - The initiative aims to direct federal research funding toward studying preventive and alternative therapies, providing a robust evidence base for their use.
    - It also advocates for regulatory changes to streamline approval processes for innovative treatments.

As MAHA moves forward, it will be essential to balance innovative approaches to healthcare cost reduction with evidence-based medical practices to ensure the well-being of the population.

By prioritizing prevention and exploring alternative therapies, MAHA aims to shift the healthcare focus from reactive treatment to proactive health maintenance, potentially improving outcomes and lowering long-term costs. However, its success will depend on balancing innovation with scientific rigor and ensuring these practices are evidence-based and equitably implemented. MAHA success will be achieved not so much through government diktat as by enlightening consumers—using technology delivering more and better information. Informed consumption and health-related self-governance is the pathway forward—not so much relying on experts' advice (which has failed us).

DOGE

The Department of Government Efficiency (DOGE) is an advisory body established by President-elect Donald Trump in November 2024, aimed at reducing federal spending, streamlining government operations, and enhancing governmental efficiency. Co-led at inception by Tesla CEO Elon Musk and biotech entrepreneur Vivek Ramaswamy, DOGE will do this by identifying and eliminating waste, inefficiencies, and fraud within federal agencies and reducing regulations (including agencies and regulations governing healthcare).[16] DOGE

[15] AJMC. "5 Health Policy Stances of Robert F. Kennedy Jr." *American Journal of Managed Care*. Accessed January 8, 2025. https://www.ajmc.com/view/5-health-policy-stances-of-robert-f-kennedy-jr.

[16] Wall Street Journal. "Trump Plans New Deregulation and Rule-Cutting Initiative with Elon Musk at the Helm." *The Wall Street Journal*. Accessed January 8, 2025. https://www.wsj.com/politics/policy/trump-deregulation-rule-cutting-plans-26458126.

will work closely with the Office of Management and Budget, recommending to Congress and the Trump administration methodologies for accomplishing these objectives. DOGE represents a concerted effort by the incoming Trump administration to do what's never been done before: truly reducing spending and enhancing efficiency by leveraging the innovative organizational expertise of private-sector leaders like Elon Musk and Vivek Ramaswamy.

The House of Representatives has set up an oversight subcommittee known as the Delivering Outstanding Government Efficiency (DOGE) Caucus, which functions as a subcommittee of the House Oversight Committee chaired by Representative Marjorie Taylor Greene (R-GA).[17] The Senate has also formed a DOGE caucus led by Senator Joni Ernst (R-IA). Both caucuses are congressional counterparts of DOGE—established to work alongside Musk's team in support of DOGE's mission of reducing government expenditures. The nation's Republican governors have declared their "overwhelming support" for DOGE, emphasizing the importance of balancing the federal budget.[18] Such a momentous orchestration for financial and accountability change is rarely seen in American politics. "It will become, potentially, 'The Manhattan Project' of our time," Trump said.

Doge's Role in Reducing Healthcare Costs While Improving Outcomes

DOGE's approach to cutting government expenditures on healthcare and improving efficiency in the healthcare sector, will focus on tackling inefficiencies, reducing waste, and leveraging technology to streamline processes. Recognizing the complexity of the healthcare system and the substantial share of government budgets it consumes, DOGE will aim for comprehensive reforms that balance cost reductions with maintaining or enhancing the quality of care.

Promoting Preventive Care and Healthy Lifestyles

DOGE will also prioritize preventive care and public health initiatives to reduce the long-term costs of treating preventable chronic diseases. By investing in community-based programs that promote healthy lifestyles, such as smoking cessation, obesity prevention, and mental health support, the department could lower the incidence of high-cost illnesses. Collaborations with local governments, nonprofits, private organizations, and technology providers could amplify the impact of these initiatives.

Emphasizing Technology and Innovation

Finally, DOGE would likely advocate for increased use of health information technology to improve care coordination and data-sharing across providers. Electronic health records (EHRs) could reduce duplicative testing and ensure that care is better tailored to individual patient needs. Telemedicine, which gained significant traction during the COVID-19 pandemic, could also be expanded to improve access to care while reducing costs for both providers and patients.

To attain DOGE and MAHA objectives, government agencies and institutions will need to reach into the private sector, collaborate with innovators, and adopt available service programs and technologies designed for these purposes (fostering/enabling lower costs through information innovation).

[17] https://sessions.house.gov/2024/11/congressman-sessions-and-congressman-bean-launch-the-doge-caucus.

[18] Paul Steinhauser, **'Overwhelming support': Republican governors rally around Trump and DOGE ahead of inauguration**, Fox News, January 10, 2025, Accessed January 18, 2025 https://www.foxnews.com/politics/overwhelming-support-republican-governors-rally-around-trump-doge-ahead-of-inauguration.

In executing these strategies, DOGE will aim to strike a delicate balance: achieving meaningful cost savings while preserving accessibility and quality of healthcare services and improved wellness outcomes. Through targeted interventions and a commitment to efficiency, DOGE will contribute to a more sustainable and effective healthcare system.

With over $2.7 trillion in fraud and improper payments since 2003 (GAO) and a $36.4 trillion national debt[19], and after spending **$950 billion on interest on the national debt this year**, America has reached a crossroads concerning fiscal sanity and good governance. Action to implement substantive cost savings is clearly a top priority in 2025. As *Elon Musk, Vivek Ramaswamy, and Argentina's Javier Milei* champion ambitious plans to dramatically slash the size of government, political imperatives and centers of gravity have shifted with the reelection and unprecedented postelection support of Donald Trump (and his agenda).

Revealing well-documented government waste and prominently highlighting it within the public discourse—putting the grim facts of waste in a harsh light for all to see—will (perhaps, finally) bring a new and long-awaited accountability in government spending for the American people. Ideally, public outrage will trigger a new era in which government agencies measure success through a lens of fiscal accountability and *results*, and are rewarded for reducing costs and delivering more value and better outcomes to benefit American citizens. A cultural and mindset shift toward accountability in government spending is emerging as our new reality—not just a glimmering possibility.

A New Culture of Accountability in Health Solutions

This new culture of accountability will put enormous pressure on government agencies to deploy taxpayer resources wisely and effectively to attain improved outcomes and support American greatness in all facets of life and all levels of government. Foremost among these are healthcare and human wellness outcomes (essential to individual and national success/prosperity). The agent of this change will be DOGE and MAHA scrutiny of spending and outcomes and their ability to restore accountability in government by *showing* the American people receipts and the shocking inefficiency and waste that has metastasized throughout.

Newt Gingrich, former Speaker of the House of Representatives, had a few things to say about what he characterizes as our "sick-care system."[20]

> An analysis of the current [medical] system would aptly be titled "Follow the Money." Doctors are subordinated to bureaucrats. Patients are subordinated to rules and regulations. The consolidation of hospitals, doctor groups, the insurance system, pharmacy benefit managers, and other aspects of the health system have raised costs, lowered focus on patients, and made the system more ossified and unmanageable.
>
> The last 50 years have seen health reform focused on policy symptoms rather than the core challenges of the profoundly misfocused and ill-designed system.
>
> Politicians have prioritized reforming insurance and finance. Those are not health care. Even focusing on health care in its current state is a mistake, because health care is not health. Today, we have a sick-care system, not a health care system.

[19] https://www.usdebtclock.org/.

[20] Newt Gingrich, **Robert F. Kennedy Jr. Making America Healthy Again**, The Epoch Times, January 31, 2025, https://www.theepochtimes.com/opinion/robert-f-kennedy-jr-making-america-healthy-again-5802116?src_src=morningbriefnoe&src_cmp=mb-2025-02-02&est=AAAAAAAAAAAAAAAAcvIudBgJ2%2BHY%2FrwMt39OGb1uzlEdaSoB2Gh1bKtaKtO3anYm3wg09mA%3D.

> America spends more on sick-care, and Americans have gotten sicker. Our lifespans have begun to get shorter after centuries of growth. This is because our current health system is so unhealthy.
>
> If we stop focusing on insurance and sick-care—and instead focus on what sustains health and long life—we will get dramatic results. The population will be healthier and the system will be less expensive. We will save lives and money.
>
> If Robert F. Kennedy Jr. can launch a meaningful national focus on health rather than sickness—and prevention rather than treatment—he will spur one of the great revolutions we need to make America healthy again.

Gingrich has also astutely observed:

> Health care is the biggest driver of federal spending. In 2024, the federal government spent $1.9 trillion on health care. That is more than one-in-four federal dollars. No serious plan to balance the budget can ignore this reality. [21]

He concluded that MAHA points the way forward and represents a real opportunity for the U.S. to end the downward cycle of "sick care" and create a genuine, less expensive healthcare system.[22]

In this political and economic environment of new imperatives and accountability, those administering and deploying programs touching public health and healthcare will seek these new essentials:

Innovative programs and technologies that improve wellness outcomes while lowering healthcare costs and the need for healthcare services.

Governments, institutions, and patients can reduce healthcare costs by embracing programs that foster personal responsibility in health management, reduce addiction and poor lifestyles, and maximize the availability and secure exchange of health data to patients and their doctors—thereby improving wellness outcomes. Lowering public-sector health and wellness costs through intelligent information-based programs is today's imperative.

Two Innovative Programs Merit A Close Look

EM2P2 and PHITTECH DELIVER SOLUTIONS THROUGH INFORMATION INNOVATION

Two digital platforms deliver programs that combine to create public-health efficiencies and cost savings while improving wellness outcomes. Patient use of EM2P2/PhitTech system(s) is one effective option governments and institutions can engage to help ensure the savings and efficiencies sought by MAHA and DOGE are realized. Broad-based patient use of EM2P2's CannaLnx and PhitTech's WelHealth/CannaHealth systems and the data/communication and services they provide is one key to reduce healthcare and other costs to governments and institutions.

[21] Newt Gingrich, **Balancing the Budget Through Better Health**, June 5, 2025, Gingrich360, https://gingrich360.com/2025/06/05/balancing-the-budget-through-better-health/.

[22] *Id.*

The CannaLnx and WelHealth Platforms innovatively bridge the communication/information gap between cannabis patients, doctors, and dispensaries, transforming the landscape of medical cannabis. They support the healthcare and mental-health needs of underserved communities, reduce suicide, addiction, recidivism, and PTSD, to maximize successful re-assimilation into families, communities, and gainful employment—and away from medical system dependency fueled by behavior-based chronic conditions and too little information.

The two platforms operate interactively and independently to meet the needs of distinct and overlapping constituencies.

The CannaLnx Program

EM2P2, an Ohio-based software developer and digital services administrator, created, produces, and offers a HIPAA-compliant digital healthcare SaaS platform called CannaLnx.

CannaLnx® is transformative. It connects medical-cannabis-recommending doctors, patients, health insurers, and dispensaries to streamline data sharing/access. Its many capabilities combine to inform and improve patient wellness outcomes and lower healthcare-related costs for patients and governments.

CannaLnx Platform — CannaLnx is a secure and reliable data-management, communication, and transaction-processing, and reporting solution/hub for the medical-cannabis industry—and most importantly, for patients.

Patients suffering debilitating medical conditions often struggle to find and truly understand how to use remedies to good effect. While cannabis has been used medicinally for thousands of years and is known to provide remarkable results for many patients and many conditions, millions of other patients—and their medical providers—are unprepared to find and navigate the pathways, products, and knowledge bases leading to improved wellness through *informed and effective* medicinal cannabis use.

The CannaLnx system digitizes, automates, processes, monitors, reports on doctor recommendations and patient dispensary purchase transactions for medical cannabis. CannaLnx supports coordination of medical records and integrates with electronic medical records (EMR) and dispensary point of sale (POS) systems. It standardizes, informs, streamlines and simplifies processes surrounding medical cannabis. It's also an easy-to-use central repository for information vital to patients, doctors, dispensaries, growers and test labs.

PROBLEM: Current medical-cannabis processes are a CLOUD OF CHAOS! Physicians have no way to know what cannabis products their patients are using when they leave the dispensary. Dispensaries have no way to know about their customers' health. Patients using medical cannabis may experience social stigma from peers, family and caregivers based on stereotypes and misconceptions because cannabis remains outside "traditional" healthcare.

The absence of connection among doctors, patients and dispensaries results in a lack of transparency, insufficient patient management, and unmet health outcomes.

SOLUTION: Clearing Chaos With Effective Communication

EM2P2's CannaLnx platform changes this.

With its HIPAA-compliant solution, CannaLnx completes the communication loop between caregivers, patients, labs, growers and dispensaries in a secure environment—allowing the medical-cannabis community to clear the cloud of chaos. CannaLnx's solution focuses on customer-centric, proactive healthcare, builds patient engagement, and gives healthcare providers greater access and transparency to patient usage and impact data, resulting in improved health outcomes.

CannaLnx Key Features

Here's how CannaLnx improves patient experience and effectively enhances health and wellness outcomes:

- **Central Point of Information Exchange** — Allowing medical cannabis to serve medical objectives reliably and quantifiably. CannaLnx broadens patient options, empowers their doctors, and deepens patient understanding—by allowing patients, doctors, and dispensaries (and other players in the medical-cannabis ecosystem) to communicate directly and capture/exchange high-utility data to inform and ensure best patient outcomes.

- Simplifying communication and data exchange allows patients gain control, connect to knowledge, expertise, and data, and to confidently and readily understand how to identify, source, and wisely consume medical cannabis. This is how patients realize the full wellness benefits of cannabis medicine to improve their health and wellness.

- **Interactive Connection to Participating Dispensaries in Patient's Community** — Streamlines transmission of recommendations to dispensaries, and data transfer and communication between doctors, dispensaries, insurers, and patients (in part through its integration of PhitTech's WelHealth/CannaHealth program as a primary patient service feature (more on PhitTech below)).

- **Direct Interactive Connection to Licensed Medical-Cannabis Physicians and Nurses** — Provides secure connections to patient/doctor/nurse and specialized medical providers—and communication facilities for dialogues and information exchange—to guide patients on appropriate medical-cannabis usage.

- **Healthcare Provider Data Window** — With CannaLnx, medical professionals can easily see patients' cannabis purchase, usage, outcome, and biomonitoring data. CannaLnx completes the information loop between doctors, patients, patient EMR, and dispensaries about patient condition, product purchases/specs, product use, and outcomes. This informs product choice, doctor guidance, biomonitoring, and clinical studies, and provides insight into patient experience and product impact. It works seamlessly with all EMR and POS systems to capture and relay pertinent data effectively, requires minimal training, and is both user-friendly and scalable.

- **Data/Information Capture and Tracking** — CannaLnx captures and organizes pertinent usage, biometric, and other data/information from patients, doctors, dispensaries, growers, test labs and clinical studies on product specifications, sales, and usage, and patient conditions, experience and outcomes—while maintaining HIPAA compliance.

- **Data/Information Sharing** — Through CannaLnx's data tracking and informational transfer features (e.g., ability to update patients' EMR), patients and doctors gain great insight into the efficacy of cannabis on remedying medical conditions, and knowledge used to improve care and wellness outcomes and lower costs. By capturing this information—and supporting efficient communication among these parties—CannaLnx offers a significant (and first-of-its-kind) mechanism that fosters unique interactivity and drives patient-centric care to advance medical outcomes and demonstrate industry products' impact on those outcomes.

  CannaLnx data/information capture and sharing also fuels policy advocacy and community outreach to patient groups, healthcare providers, health insurers, and policy makers concerning medical cannabis benefits.

- **Promotes a Patient-Centered Medical-Cannabis Community** — Acts as a conduit between healthcare providers, patients, and dispensaries, creating a community for medical-cannabis patients, and offering detailed cannabis product data, valuable tools, resources, information, and high-value services. It assists patients in locating quality dispensaries, specialist physicians and nurses, and health insurance reimbursement and savings programs for medical cannabis. It offers online dispensary access, and medical-cannabis community forums (for online community collaboration among medical-cannabis patients).

- **Comprehensive Cannabis Education** — CannaLnx offers extensive high-value educational resources on medical-cannabis advances, services, and science, its uses, benefits, potential side effects, and legal aspects.[23] This education extends to both patients and healthcare professionals, fostering an informed and open dialogue about medical cannabis use.

- Features technology that enables patients and doctors to understand how specific cannabis products impact wellness, and captures the full scope of how different cannabis product types, biochemistry, and formularies/compositions interact with a patient's specific biochemistry and medical condition. Usage data captured by CannaLnx in this process helps connect the defined properties of medical-cannabis products (and administration methods) to treatment of specific medical conditions by ICD-10 code—thus improving wellness outcomes and lowering health/wellness costs.

- **Research Partnerships** — CannaLnx interactivity and data capture foster collaboration with research institutions and healthcare organizations to advance the scientific understanding of medical cannabis and other therapies, and the effective use of precision remote health-monitoring tools, and their impact on wellness generally and specific medical conditions. Through such partnerships, CannaLnx contributes to development of evidence-based therapies.

- **Leading Patients to Qualified Healthcare Providers and Dispensaries** — Part of CannaLnx's value proposition to dispensaries and patients is its one-of-a-kind exclusive relationship with ACCM and CannaScripts (and by extension the Member First Heath Network—the only such relationship that exists with MFHN in the medical-cannabis space).

  CannaScripts and MFHN channel first-time cannabis patients and doctors through the CannaLnx platform. Dispensaries direct their customers through CannaLnx. CannaLnx thereby harnesses all CannaScripts/MFHN-generated medical-cannabis patients, dispensary customers, and doctors—

[23] https://www.cannalnx.com/en/blogs/blogmenu.

leading them to each other and to other medical-cannabis-industry service providers and resources. CannaLnx delivers new patients to dispensaries and health providers *through* its strong contractual bond with (and as technology provider for) CannaScripts, the Member First Network, and ACCM (and by extension these groups' relationships with associations and membership groups).

CannaLnx guides patients to the best physicians (medical-cannabis specialists dedicated to patient care) and dispensaries (providing the best product quality, selection, and COA information), helping them achieve better health outcomes, improve their quality of life, and navigate the medical-cannabis landscape with confidence and ease.

- **Leading Patients to Savings and Insurance Programs** — All CannaLnx member patients are offered access to exclusive medical-cannabis savings and insurance programs unavailable elsewhere, thereby incentivizing adoption cannabis-based therapeutic remedies while reducing patient costs.

CannaLnx's unique features and services position it to revolutionize healthcare by enabling/improving understanding of medical cannabis' powerful propensities and its integration as an alternative health remedy into traditional care models around the world.

Medical Cannabis as Wellness Remedy

Medical cannabis is increasingly recognized for its potential to improve health outcomes and remediate medical conditions as an alternative therapeutic. Its active compounds, primarily tetrahydrocannabinol (THC) and cannabidiol (CBD), enable patients to live better lives less reliant on traditional healthcare and its costs. These cannabinoids interact with the body's endocannabinoid system (ECS), a network of receptors that regulates processes like pain, inflammation, mood, appetite, and sleep. Both THC and CBD have shown remarkable anti-inflammatory, analgesic, and antitumor properties in preclinical and clinical studies.

Medical cannabis in 2025 is used primarily for chronic pain, chemotherapy-induced nausea, MS spasticity, epilepsy, PTSD, and cancer/HIV-related symptoms, with emerging applications for anxiety, depression, insomnia, and other conditions.

Below are specific medical conditions for which medical cannabis is commonly used, as supported by clinical research, observational studies, or state-approved qualifying conditions. (Many other conditions are successfully treated with medical cannabis as well).[24]

1. **Pain Management**: One of the most well-documented uses of medical cannabis is for chronic pain relief. THC and CBD can modulate pain signals by binding to cannabinoid receptors (CB1 and CB2) in the nervous system and immune cells. Studies suggest it's particularly effective for neuropathic pain—often resistant to traditional treatments like opioids—and conditions like arthritis or fibromyalgia. By reducing pain, it decreases reliance on addictive painkillers (opioids), improving quality of life and reducing overdose risks. Medical cannabis is widely used to alleviate chronic pain, including neuropathic pain (e.g., from diabetes or spinal cord injuries), cancer-related pain, and pain associated with conditions like rheumatoid arthritis and fibromyalgia. A 2017 National Academies of

[24] https://www.cannalnx.com/en/blogs/blogmenu.

Sciences (NAS) report found substantial evidence for cannabis' effectiveness in reducing chronic pain by approximately 40% in clinical trials.[25]

2. **Reducing Inflammation / Multiple Sclerosis (MS)-Related Spasticity**: CBD has anti-inflammatory properties, making it useful for conditions like multiple sclerosis (MS), Crohn's disease, ulcerative colitis, and inflammatory bowel disease (IBD), or autoimmune disorders. For example, in MS, cannabis-based treatments like Sativex have been shown to reduce spasticity and associated discomfort, likely by calming overactive immune responses. Cannabis-based medicines, especially nabiximols (Sativex), alleviate spasticity, muscle stiffness, and neuropathic pain in MS patients. The 2017 NAS report found moderate evidence that oral cannabinoids improve patient-reported spasticity symptoms. Up to 66% of MS patients in the U.S. use medical cannabis, making them the second-largest group of users after chronic pain patients.[26]
    a. A 2025 study highlighted cannabis' potential to fight cancer-related inflammation, though this is not yet a standard treatment.[27]
3. **Mental Health Support / PTSD**: Cannabis can influence mood and anxiety. Low doses of CBD have been found to have anxiolytic (anxiety-reducing) effects, potentially helping with generalized anxiety disorder, PTSD, or social anxiety. THC, at controlled doses, may also improve mood in some cases, though high doses can sometimes exacerbate anxiety, so precision is key. While not a cure, it can serve as an adjunct to therapy or other treatments. Medical cannabis is increasingly used to manage PTSD symptoms, such as nightmares and anxiety, particularly among veterans. A 2009 Canadian trial showed THC reduced nightmare intensity in PTSD patients.[28]
4. **Anxiety and Depression**: Medical cannabis is used for anxiety and depression in some regions, with a 2018 survey showing 50% symptom improvement after low-THC, high-CBD use.[29]
5. **Nausea and Appetite Stimulation**: For patients undergoing chemotherapy or living with HIV/AIDS, THC-rich cannabis can combat nausea and stimulate appetite. This helps prevent weight loss and malnutrition, and reduces cachexia (wasting syndrome) in cancer and HIV/AIDS patients, critical

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[25] National Academies of Sciences, Engineering, and Medicine, **The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research** (Washington, DC: National Academies Press, 2017), 90–91, https://doi.org/10.17226/24625; Curaleaf Clinic, "Medical Cannabis in 2024," January 6, 2025, https://curaleafclinic.com/medical-cannabis-in-2024/; Russo, Ethan B., **Cannabinoids in the Management of Difficult to Treat Pain**, Therapeutics and Clinical Risk Management 4, no. 1 (2008): 245–259.

[26] Nagarkatti, Prakash, Rupal Pandey, Sadiye Amcaoglu Rieder, Venkatesh L. Hegde, and Mitzi Nagarkatti, **Cannabinoids as Novel Anti-Inflammatory Drugs**, Future Medicinal Chemistry 1, no. 7 (2009): 1333–1349; National Academies of Sciences, **Health Effects of Cannabis**, 98–99; AARP, **What Conditions Can Medical Marijuana Help Treat?**, September 2, 2019, https://www.aarp.org/health/drugs-supplements/cannabis-for-medical-conditions/; Devinsky, Orrin, J. Helen Cross, Linda Laux, et al., **Trial of Cannabidiol for Drug-Resistant Seizures in the Dravet Syndrome**, New England Journal of Medicine, 376, no. 21 (2017): 2011–2020.

[27] Ryan D. Castle et al, Meta-analysis of medical cannabis outcomes and associations with cancer, *Frontiers in Oncology* (2025).DOI: 10.3389/fonc.2025.1490621.

[28] Blessing, Esther M., Maria M. Steenkamp, Jorge Manzanares, and Charles R. Marmar, **Cannabidiol as a Potential Treatment for Anxiety Disorders**, Neurotherapeutics, 12, no. 4 (2015): 825–836; Britannica, **Medical Marijuana: Pros, Cons, Debate, Arguments**, March 17, 2025, https://www.britannica.com/topic/medical-marijuana; Harvard Health, **Medical Marijuana**, April 9, 2020, https://www.health.harvard.edu/blog/medical-marijuana-2018011513085; https://www.britannica.com/procon/medical-marijuana-debate.

[29] AARP, **What Conditions Can Medical Marijuana Help Treat?**, September 2, 2019; American Medical Association, **Cannabis & Marijuana**, January 15, 2025, https://www.ama-assn.org/topics/cannabis-marijuana; https://www.aarp.org/health/drugs-supplements/cannabis-for-medical-conditions/.

factors in maintaining strength and resilience during treatment. The FDA-approved drug dronabinol (synthetic THC) is a testament to this effect. Cannabis, particularly oral cannabinoids like dronabinol and nabilone (FDA-approved medications), is highly effective in controlling nausea and vomiting caused by chemotherapy. The 2017 NAS report confirmed conclusive evidence for its efficacy as an antiemetic (anti-nausea agent) in cancer patients. Smoked cannabis has also shown benefits in small studies.[30]

6. **Seizure Control**: Cannabidiol (CBD) has gained significant attention for its anticonvulsant properties, especially in treatment-resistant epilepsy like Dravet syndrome or Lennox-Gastaut syndrome, and tuberous sclerosis complex. Epidiolex, a CBD-based drug, is FDA-approved for these conditions, with clinical trials showing it can reduce seizure frequency by interacting with brain signaling pathways, though the exact mechanism isn't fully understood yet. Clinical trials in 2025, including those in the UK, continue to explore CBD and THC combinations for treatment-resistant epilepsy in adults and children.[31]

7. **Sleep Improvement**: Cannabis, particularly strains with higher CBD or certain terpenes like myrcene, can promote relaxation and improve sleep quality. This is a boon for those with insomnia or sleep disruptions tied to chronic pain or PTSD, fibromyalgia, and MS though long-term use needs careful monitoring to avoid dependency. A 2017 survey reported 47% of medical cannabis users cited insomnia as a reason for use. However, optimal dosing is critical, as high THC can disrupt sleep.[32]

8. **Neuroprotection**: Emerging research hints at cannabis's potential to protect brain cells in neurodegenerative diseases like Alzheimer's or Parkinson's. CBD's antioxidant and anti-inflammatory effects might slow disease progression, while THC could help with symptoms like tremors or agitation. This is still in early stages, but it's a promising avenue. Cannabis is reported to reduce tremors and muscle stiffness in Parkinson's disease, with anecdotal success in fibromyalgia and endometriosis as well.[33]

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[30] Parker, Linda A., Raphael Mechoulam, and Coralynne Schlievert, **Cannabinoids Suppress Chemotherapy-Induced Nausea and Stimulate Appetite**, Nutrition, 19, no. 10 (2003): 893–895; National Academies of Sciences, **Health Effects of Cannabis**, 95–96.; MedlinePlus, **Medical Marijuana**, October 12, 2023, https://medlineplus.gov/ency/patientinstructions/000899.htm ; National Academies of Sciences, Engineering, and Medicine, **The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research**, Washington, DC: National Academies Press, 2017.

[31] Devinsky, Orrin, et al., **Trial of Cannabidiol for Drug-Resistant Seizures in the Dravet Syndrome**, New England Journal of Medicine, 376, no. 21 (2017): 2011–2020, https://www.nejm.org/doi/full/10.1056/NEJMoa1611618; House of Commons Library, **Medical Use of Cannabis**, January 29, 2025, 6–7, https://commonslibrary.parliament.uk/research-briefings/cbp-8355/; Medical News Today, **What Are the Health Benefits and Risks of Cannabis?**, January 28, 2024, https://www.medicalnewstoday.com/articles/320984.

[32] PMC, **Medical Reasons for Marijuana Use, Forms of Use, and Patient Perception of Physician Attitudes Among the US Population**, April 5, 2020, https://pmc.ncbi.nlm.nih.gov/articles/PMC7352011/; AARP, **What Conditions Can Medical Marijuana Help Treat?**, September 2, 2019, https://www.aarp.org/health/drugs-supplements/cannabis-for-medical-conditions/; Babson, Kimberly A., James Sottile, and Danielle Morabito, **Cannabis, Cannabinoids, and Sleep: A Review of the Literature**, Current Psychiatry Reports, 19, no. 4 (2017): 23.

[33] Hampson, Aidan J., Julius Axelrod, and Maurizio Grimaldi. **Cannabinoids as Antioxidants and Neuroprotectants**, U.S. Patent 6,630,507, filed October 7, 2003, and issued October 7, 2003.

Fernández-Ruiz, Javier, Onintza Sagredo, María R. Pazos, et al., **Cannabidiol for Neurodegenerative Disorders: Important New Clinical Applications for This Phytocannabinoid?**, British Journal of Clinical Pharmacology, 75, no. 2 (2013): 323–333.

Harvard Health, **Medical Marijuana**, April 9, 2020, https://www.health.harvard.edu/blog/medical-marijuana-2018011513085; Britannica, **Medical Marijuana: Pros, Cons, Debate, Arguments**, March 17, 2025, https://www.britannica.com/procon/medical-marijuana-debate.

9. **Cancer:** Researchers are now recognizing that medical cannabis not only alleviates cancer-related symptoms by managing chemotherapy-induced nausea, vomiting, and cancer-related pain, and improving appetite (as noted above), but is likely revealing itself—assisted by AI driven analysis of the entire spectrum of cannabis research—as a legitimate medical tool / **direct therapeutic agent** in oncology settings for fighting cancer itself. That's the finding of an ambitious meta-analysis of over 10,000 scientific papers investigating cannabis's effects on human health, particularly in the context of cancer treatment and symptom management, recently published in Frontiers in Oncology.[34] Here's how cannabinoids help in cancer care:

    a. Several research papers included in the review highlight **direct anticancer effects** of cannabinoids, particularly in breast, prostate, lung, and glioblastoma cancers. These findings align with earlier laboratory studies where cannabinoids were shown to trigger **cancer cell death without harming healthy tissue**, reduce tumor angiogenesis (blood vessel formation), and enhance the effectiveness of traditional chemotherapy."

    b. **Anti-inflammatory Effects**: Chronic inflammation fuels cancer progression. Cannabinoids help suppress inflammatory pathways, potentially slowing tumor growth.

    c. **Anticarcinogenic Potential**: Preclinical studies suggest cannabinoids may inhibit the growth of certain cancer cells, induce apoptosis (programmed cell death), and prevent metastasis.[35]

    This portends a remarkable opportunity to transform millions of lives. Existing data offer strong justification for intensified research in this area.

The evidence base supporting the value and utility of medical cannabis to wellness is *growing*, with clinical trials and patient reports showing real benefits. But gaps remain (which is unsurprising given the historic dearth of research under longstanding Schedule-1 prohibition). Effectiveness varies by patient, strain, and delivery method (e.g., oils, edibles, inhalation). Cannabis is often most effective as part of a broader treatment plan, not a standalone fix. Regulatory frameworks, ongoing research, and patient experience continue to shape/inform outcome-driven therapeutic use.

Recent Legislation Advancing Medical-Cannabis Research — Given medical cannabis's increasing adoption and now-recognized stature as a valued remedy/therapeutic, research on its utility and propensity for improving wellness is, after nine lost decades, being unleashed. In 2025, over 225 million Americans[36] in 38 states with legal adult-use cannabis[37], and an estimated 4.7 million registered medical cannabis users[38], increasingly recognize cannabis's viable therapeutic benefits and the need to address restrictive federal regulations. These populations are driving demand for research to validate and discern its medical use and refine pharmaco-logical understanding of its medical/therapeutic propensities.

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[34] Muhammad Tuhin, **New Study Finds Cannabis Effective for Treating Cancer and Managing Symptoms**, April 23, 2025, Science News Today, https://www.sciencenewstoday.org/new-study-finds-cannabis-effective-for-treating-cancer-and-managing-symptoms; Ryan D. Castle et al, Meta-analysis of medical cannabis outcomes and associations with cancer, *Frontiers in Oncology* (2025).DOI: 10.3389/fonc.2025.1490621.

[35] *Id*.

[36] U.S. Census Bureau, 2023 Population Estimates (released June 2024).

[37] Based on data from the National Conference of State Legislatures (2024).

[38] Up from 4.13 million registered U.S. medical-cannabis patients in 2022, based on state registry data from 34 jurisdictions, and enrollment increases of 33.3% rise from 2020 to 2022 as a trend basis. Boehnke, Kevin F., Saurav Gangopadhyay, and Daniel J. Clauw. **Medical Cannabis Registry Data from 34 U.S. Jurisdictions: Patient Demographics, Qualifying Conditions, and Patterns of Use, 2020–2022**. Journal of Cannabis Research 6, no. 1 (2024): 1–12. https://pmc.ncbi.nlm.nih.gov/articles/PMC6398594/.

Emerging legal changes are liberating research on medical cannabis, which for a century had been hampered by legal barriers—barriers that acted as a critical threat to U.S. medical innovation and economic competitiveness. Recent U.S. legislative efforts to advance and liberate medical research on cannabis, particularly the **Medical Marijuana and Cannabidiol Research Expansion Act**[39], and the not-yet-passed **Medical Cannabis Research Act**[40] mark historic progress in advancing medical cannabis research by streamlining regulations, expanding cannabis sources for research, and protecting/expanding physician-patient discussions on cannabis. Complementary state-level initiatives and federal research support further signal a shift toward evidence-based policy.

As research on medical cannabis accelerates, patient and outcome data and information gathered on the ground by programs like CannaLnx and WelHealth will serve as informative guideposts.

The medical-cannabis story is leaping from one of stigma and prohibited potential to one of accelerating progress toward viable evidence-based **healing solutions**. Which makes medical cannabis—and CannaLnx—increasingly viable as meaningful role players in attaining MAHA and DOGE imperatives.

CannaLnx: Digital Industry Backbone

Importantly, CannaLnx is the official digital provider and information standards backbone for the American Council of Cannabis Medicine (ACCM[41]) and its programs. It's also the exclusive platform administering/processing the ACCM/CannaScripts health and savings program—offered to patient members of ACCM's Elevated States program and as an add-on benefit to health insurance programs featuring medical-cannabis benefits.

In these exclusive long-term strategic roles, EM2P2/CannaLnx is central to advancing medical-cannabis patient wellness options, interests, and outcomes.

- **Insurance Facilitation** — CannaLnx's connection of medical-cannabis industry participants allows the insurance industry's new, historic, and increasing extension of health insurance benefits for medical cannabis to quickly reach and assist many more patients. Accessibility of insurance benefits for cannabis patients signals a new era for patient care that will open the door for millions of new patients to medical cannabis use (and to CannaLnx/ACCM/ Member First network dispensaries), expanding their opportunity for more treatment options, lower costs, and positive wellness outcomes.

- Moreover, health insurance providers offering medical-cannabis product reimbursement benefits and payment for medical-cannabis doctors' visits offer these programs exclusively through ACCM. To qualify, insureds' product purchases and doctors' visits must be with ACCM/Member First network providers—which CannaLnx can readily validate (CannaLnx's API with Network dispensary/doctor POS

[39] United States Congress, "H.R.8454 - Medical Marijuana and Cannabidiol Research Expansion Act," Congress.gov, 2022, https://www.congress.gov/bill/117th-congress/house-bill/8454. Signed into law by President Biden in December 2022, this bipartisan legislation is the first standalone cannabis reform bill to pass both the U.S. House and Senate.

[40] United States Congress, "H.R.3797 - Medical Marijuana Research Act," Congress.gov, 2021, https://www.congress.gov/bill/116th-congress/house-bill/3797?q=%7B%22search%22%3A%22H.R.3797+-+Medical+Marijuana+Research+Act%22%7D&s=1&r=1.

[41] **ACCM** is the **American Council of Cannabis Medicine**, a Washington DC-based industry advocacy organization and national trade group (https://accmforum.org/). ACCM advocates and serves as the voice for the medical-cannabis industry in Washington, D.C., and supports emerging medical-cannabis states. EM2P2 is under long-term contract to ACCM as a digital technology (SaaS) provider enabling ACCM programs to function.

systems tracks all patient purchases). CannaLnx offers all its member patients access to these health insurance programs featuring medical-cannabis reimbursement.

- In this manner, CannaLnx channels information critical for medical-cannabis insurance reimbursement processes (for insurance providers offering health plans featuring medical-cannabis and doctor-visit reimbursement benefits to patients: https://performanceaccm.com/, https://performanceaccm.com/clx, https://cannalnx.com/home/Insurance). CannaLnx technology provides essential systems enabling medical-cannabis patients to receive savings and easily document, process, and independently validate insurance reimbursement claims digitally (lowering their medical-cannabis and doctor costs). The platform also supports insurance-mandated transaction reporting requirements.

- **Savings and Reimbursement Programs for Medical-Cannabis Purchases** — EM2P2 provides digital technology for CannaScripts' programs. CannaScripts (a Pharmacy Benefit Manager (PBM)) is a medical-cannabis industry platform serving patients and the industry through its savings program. CannaLnx offers all its member patients the CannaScripts savings program through ACCM's Elevated States program and affiliated insurance programs.

These pivotal services and technologies mark CannaLnx's dedication to patients' convenience and affordability—important tools for advancing wellness—and reinforce EM2P2's leadership and credibility as a digital industry backbone for medical cannabis health participants and improved outcomes.

CannaLnx and WelHealth programs answer the call for connectivity and structure in the medical-cannabis and social-impact markets.

PhitTech's Technology Systems Engine (TSE)

By PhitTech LLC
an EM2P2 Company

EM2P2's other major offering—and another significant way its services lower healthcare costs and improve outcomes—is the PhitTech Technology Systems Engine, a second and distinct digital healthcare services platform delivering three precision remote health-monitoring and lifestyle activity programs (and mobile apps) developed and administered by PhitTech LLC, an EM2P2, Inc. company:

1. **WelHealth Service**
2. **Comprehensive Service Solutions** (CSS)
3. **CannaHealth Service**

The innovative Technology Systems Engine (and app) and its three distinct services are integrated with proprietary medical-grade smartwatches (or rings) issued to program participants. Together, they address the unique needs of—and empower—underserved communities (veterans, parolees, urban poor, and Indigenous groups) and cannabis patients. Each service addresses a distinct service group whose participants share common service requirements, priorities, and circumstances.

Through the Technology Systems Engine, service deliverables are tailored to meet the needs of each service group, and participants access the administrative dashboard and their program data. The TSE dashboard permits custom service configuration to best meet the needs of each service group. The TSE app(s) allow

participant access to everything they need in one place (engagement, support services, activities, information/education, outcome/status data, reports, etc.).

Unique Technology — PhitTech's TSE services use uniquely designed systems, processes, and technology that integrate data, AI, customized wellness programming, and education. A unique software application supported by TSE's proprietary medical-grade smartwatch/ring drive the integration of wellness and health data.[42] The technology combines physiological data capture, data-integrating software, patent-protected wellness and fitness programming, integration of health records, health and wellness education, and data analytics—for unprecedented results.[43]

TSE — WelHealth Program

The WelHealth service streamlines communications and biometric data capture concerning participant health/wellness. Focusing on prevention, early detection, and treatment enhancement, PhitTech's WelHealth Program is a "person-centric" lifestyle and behavioral-change program specifically addressing participants' personal environment and circumstances, physical well-being, mental health, and wellness outcomes through real-time biometric detail coupled with diagnostic, observational, preventative, and ongoing health-and-wellness maintenance initiatives. It provides a holistic, comprehensive approach to wellness for veterans and parolees, and for patients seeking to understand the impact of alternative remedies—and focuses on participants individually to provide a continuum of care and empowerment for long-term success.

WelHealth develops and changes participants' *behaviors*, strengthens personal responsibility and life control, improves health and wellness outcomes, and lowers health (and related social-service) costs using integrated health and wellness technology, and programming produced, designed, implemented, and administered by PhitTech, LLC in collaboration with its service partners.

WelHealth Service Includes:

- Wellness and lifestyle management tools.
- Daily monitoring and reporting of biometric and wellness activity data.
- User health alerts and self-monitoring.
- Integrated artificial intelligence wellness/fitness/rehabilitation programming software.
- Direct access to mental health counseling for both in the moment need and ongoing support service.
- Links to healthcare professionals, health and wellness education, personalized wellness tracking, and health reporting.
- Extensive service data for validating outcomes.

[42] The medical-grade smartwatch/ring records biometrics so users can synchronize their data to the app, allowing them to track steps, blood pressure, heart rate, blood oxygen, blood glucose, respiratory rate, sleep, heart rate variability, body temperature, and blood oxygen saturation.

[43] The device(s) connected with PhitTech's customized data service applications identifies, captures, maintains, and reports real-time physiological-biometric-activity data continuously (while devices are deployed) within a medical-grade data-security platform. Raw data captured through the wearable devices is streamed to PhitTech's cloud-based HIPAA-compliant data portal, where PhitTech algorithmically merges/integrates it with a subject's medical-record data. PhitTech organizes, stores, and presents/reports the combined data in a highly usable format to end users for their use, analysis, and further disposition.

TSE — Comprehensive Service Solutions

CSS combines WelHealth core features and functions with additional features connecting participants to expert healthcare, mental-health, legal, housing, and employment support services—all of which are accessible within the TSE Platform. This expanded version of WelHealth is highly focused on facilitating community re-entry and is well suited for groups like returning veterans and parolees and indigenous populations. *CSS is an evidence-based comprehensive re-entry service to improve social outcomes, improve re-entry systems, provide data for public policy change, and produce public-sector payor savings and benefits.*

The Comprehensive Service Solutions Program Includes:

- All standard WelHealth services, *plus*:
- **Behavioral- and mental-health assistance** — Participants connect directly to a Care Coordinator to engage in immediate "whole person" care. Lifestyle, emotional or service needs are identified, triage and de-escalation occur if needed, and a clinical assessment and care plan are provided. Sessions are delivered in a virtual, hybrid, or in-person setting with a local behavioral/mental health clinician.
- **Employment assistance** — Unemployment is a common problem for justice-impacted individuals. Lack of work is a major barrier to successful re-entry. For the unemployed, lack of income and constructive community engagement fosters desperation, depression, and substandard lifestyles—all of which heighten risk and undermine health, stability, assimilation, and efforts to improve these things. CSS's employment system is a cloud-based artificial intelligence and customized data system that matches eligible members with employers seeking to hire them. CSS combines technology, support services, and personalized coordination to identify and place participants in meaningful employment opportunities.
- **Housing assistance** — Homelessness and living accommodations among justice impacted, veterans, and other underserved groups is a significant and worsening problem today. Homelessness adversely affects health and is a catalyst to crime and justice involvement. Through an automated housing matching system, participants are provided housing options based on need and location. This service platform enables participants to connect with national, regional, and local housing advocacy groups specializing in facilitating housing and housing-related services. A professionally vetted group of qualified-housing providers are pre-qualified to meet and respond specifically to underserved members' housing needs. They include market rate, subsidized, faith-based, and non-profit organizations.
- **Legal assistance, expungement services** —CSS also offers legal/expungement services/clinics. Expungement, the legal process of sealing or destroying criminal records, plays a significant role in reducing recidivism by removing barriers to social reintegration.

The CSS service/system provides structured service-provider relationships, coordinated access to services, and reporting on service contributions and impacts on successful lifestyle changes, community engagement, and outcomes.

TSE — CannaHealth

CannaHealth is a stand-alone adapted version of the WelHealth Program (offered exclusively through the CannaLnx Platform). It allows *CannaLnx* member patients, program participants, and their doctors, to monitor, capture, track, and measure biomedical data and the impact of many factors, including use of specific medical-cannabis (and other) remedies and digital health-monitoring tools/tech, on health and wellness, medical conditions, rehabilitation, addiction, fitness performance, and quality of life—and healthcare costs.

Biomedical data generated through CannaHealth tracks the impact, effectiveness, and utility of various aspects of medical cannabis, strains, and usage methods on health/wellness outcomes, and the biometric conditions during medical cannabis use, and compares the use and impact of other treatments/remedies/prescriptions, to indicate physiological impacts and outcome effectiveness. PhitTech's data experts analyze data to inform product selection, and dosage, and document positive effects of treatment.

Through CannaHealth, CannaLnx patients can also validate medical-cannabis efficacy, enroll in clinical and beta studies, integrate alternative remedy health data into their personal health record (EMR), and instantly share their biomedical data with their doctor and dispensary—all within WelHealth's (CannaHealth's) trusted, HIPAA-compliant processing and reporting platform (which is integrated with CannaLnx).

A self-directed, outcome-based service, CannaHealth connects, informs, supports, and serves patients *and* their healthcare providers, insurance providers/payers, dispensaries, and others involved in patients' medical-cannabis wellness journey. PhitTech designed the service platform to easily and flexibly interface with all participants and systems serving medical-cannabis patients. It documents results, and uses, leverages, and delivers individual and group data—regardless of ADT or EMR.

3 TSE Services — All Share WelHealth's Root Features and Functions

All PhitTech TSE services share the core WelHealth features and capabilities detailed below.

Program Purpose — Through proactive remote participant monitoring and *engagement*, WelHealth improves participant awareness and behavior concerning common medical conditions (e.g., post-traumatic stress, alcohol and opiate addiction recovery, arthritis, chronic pain, etc.), enhances personal lifestyle, independence, self-reliance, responsibility, behavioral health. It breaks through existing (negative) social determinants of health (SDOH) while building new (positive) SDOH—all of which facilitates community assimilation.

WelHealth's "engaged monitoring" supports and empowers participants' ability to focus on maximizing their health and wellness, understanding of health remedies, employment opportunity, access to vital services, and sustainable community engagement/involvement/assimilation. As a comprehensive lifestyle and behavioral-change ecosystem, WelHealth elevates and educates participants, provides physiological data, and enables discernment about health decisions, self-management, and engaged *participation* in their wellness. The Program helps reshape participants' behavioral approach to managing their healthcare/wellness—rendering them better prepared, and more informed, hands-on, and responsible in their health-related conduct and choices.

These changes increase participant access to healthcare and improve wellness outcomes among underserved populations, while reducing healthcare costs and related social-support costs for participants, healthcare providers, and government healthcare and social-services funding sources. WelHealth coordinates needed support services and provides and analyzes extensive biometric data, and data generated by service partners, to measure, track, and validate progress and outcomes, and inform continued improvements in these areas.

What is the WelHealth Program?

This information-based public-health approach provides daily monitoring, observation, participant engagement, validation, health/medical record coordination, and reporting of medical remedies and treatments, and physiological and wellness activity data (and high-utility social-impact data). The three TSE services (WelHealth/CSS/CannaHealth):

- Provide participants with tools, processes, and data analytics to proactively and intelligently manage their lifestyle, health services, and wellness.
- Allow participants to monitor, capture and measure biomedical data and the impact of many factors[44] (including remedies) on their medical/health conditions, rehabilitation, and fitness performance. They can also track data, participate in clinical studies, integrate health data into their personal health record (EMR), and instantly share their biomedical data with their doctor and dispensary—all within a HIPAA-compliant processing and reporting platform.
- Provide a more comprehensive, consistent, and ongoing overview of participant wellness and health status, particularly tracking and noting changes associated with individual actions, medications, therapies, fitness and rehabilitation regimens, education, etc.
- Streamline communication and biometric data capture on participant health and wellness metrics while engaging participants interactively (e.g., notifications on real-time wellness data variance) and connecting them to expert mental/behavioral health, housing, employment, and legal services.
- Combine with interactive, product-data, and tele-health tools, connections, and clinical assessment programs that patients and their doctors need to manage and gain real insight into participants' biomedical experience.
- Provide program participants with customized dashboard portals and aggregate online services, programs, and digital information exchange and management—which allows them to readily see their health-spectrum status and download personal progress reports.
- **Education** — Provides educational programs and materials to participants that support and augment other Program activities and monitoring, thus ensuring *effective* participation. Available through the TSE platform, these address subjects including participant health condition, diet and nutrition, the importance of fitness activity to health and wellness, and many other aspects of building a healthy person, especially as related to improving health and wellness outcomes.

[44] The TSE/WelHealth/CSS/CannaHealth program's proprietary wearable smartwatch issued to all participants collects/monitors physiological data (heart rate, blood glucose, blood pressure, respiration rate, body temperature, blood volume, sound pressure, photoplethysmography, electroencephalogram, electrocardiogram, blood oxygen saturation), and is integrated with a wellness/rehabilitation/fitness application.

- **Service Features / Components** — Exhibit "A" lists many service features.

Behavioral Engagement — WelHealth makes it easier for underserved communities (like veterans) to become and remain healthy by addressing and capturing biometric and other data that tracks/validates positive healthcare and wellness outcomes and their correlation to many other tracked factors, like medications/ remedies, therapies, diet, conduct, exercise, and lifestyle.

- It engages participants (requiring them to wear the smartwatch/ring and actively participate in wellness activities and goal setting and information exchange), reveals the biometric impact of medical and therapeutic remedies and activities, improves and validates their health/wellness outcomes through health information and analytics, and incentivizes participants to more effectively interact with healthcare professionals.
- It changes individual and community norms about health monitoring and control by fostering a proactive "self-governing," "take-control" mindset among participating patients, which itself impacts wellness and cost outcomes by engaging patients in their wellness reality through well-organized and pertinent biometric data, feedback, and reporting. By monitoring and understanding physiological data participants become more responsible in their health-related conduct and choices and avoid and minimize medical issues and events.
- It uses program-generated data and anecdotal information to guide participants' (and their healthcare providers') informed selection of treatment options that are most effective in positively impacting their health condition, including conditions like alcoholism, drug (opioid) addiction, and post-traumatic stress.

Service Management Objectives / Results

TSE/WelHealth/CSS/CannaHealth program results include measurable personal lifestyle management, re-defining participants' views of wellness, documented resource use, participants' personal decision-making and behavior, and the achievement of a range of service outcomes, including:

Targeted Medical/Wellness Outcomes

- Positive changes in physiological data.
- Reduced need for behavioral-mental-health treatment.
- Improved health and wellness outcomes (via ongoing biometric and interactive monitoring) for service-related PTSD, traumatic brain injury, alcohol and substance abuse, depression, and other conditions.
- Reduced drug/alcohol addiction and dependency.
- Reduced use of common medications.
- Reduced healthcare costs.
- Demonstrated changes in lifestyle behaviors.
- Participation in wellness activities.
- Reduced mortality rates.
- Documented wellness outcomes associated with specific remedies/therapeutics (e.g., cannabis).
- Physicians better informed of participants' health status, and better able to provide informed proactive medical guidance.

The WelHealth Program empowers veterans/patients by providing them with remote monitoring tools, interactive processes, and data analytics to proactively and intelligently manage their health and wellness. It engages participants, reveals the biometric impact of remedies and activities, and incentivizes them to effectively interact with healthcare professionals.

- Participants' behavioral shift to proactive self-monitoring of health data, highly informed health/wellness decision making, and a physically active lifestyle.

Targeted Social Outcomes

- Avoidance of recidivism (reincarceration for crime).
- Reduced social-service dependency.
- Reduced interactions with criminal system.
- Community assimilation success.
- Reduced homelessness.
- Employment and employment advancement.
- Education improvement.
- Improvement in parenting and family relationships.
- Improved quality of life.

TSE/WelHealth/CSS/CannaHealth Program Implementation

The WelHealth and CSS services are delivered through social-impact programs for veterans and parolees (under pay-for-results contracts with government agencies). PhitTech delivers the CannaHealth service separately to CannaLnx users on a per-participant subscription basis, under an exclusive service agreement with CannaLnx.

The WelHealth Program services can also be delivered as a featured service element offered *within* other medical-information-management or social-service platforms (as CannaHealth is delivered to CannaLnx patients) to medical patients and their doctors as a means of tracking the biometric impact of remedies and treatments—and lifestyle issues—on their health/wellness status with a particular focus on tracking data revealing the impact of specific remedies on medical condition remediation and health and wellness generally. This gives doctors keen insight on what works to improve patients' condition and wellness outcomes.

Implementing the WelHealth/CSS Program is an easy choice for government agencies since WelHealth eliminates their up-front risks (by deploying private-equity social-impact funding sources to cover program costs during an 18- to 24-month program validation phase). Moreover, as WelHealth/CSS Programs expand across the USA, PhitTech's program administrators hire local veterans and justice-impacted individuals—who through their life experience can credibly advocate for WelHealth's signal advantages in positively transforming participants' lives—while improving the Program's reach and impact.

Essential Services Supporting MAHA and DOGE

EM2P2/PhitTech's Technology Systems Engine and its WelHealth/CSS/CannaHealth information-management and software technology services are *essential* to:

a) Transitioning the health/wellness industry for veterans, parolees, and other underserved groups from guesswork and uncertainty to information-based trusted treatment by medical professionals and wellness for patients.

b) Enabling veterans, parolees, and underserved groups to successfully re-engage with society and transition into (re-enter) their communities, avoid justice involvement and dependency, and rebuild

their lives while realizing substantial economic benefits for state, county, and military agency budgets bearing associated costs of healthcare, crime, social dependency, and recidivism.

c) Enabling medical-cannabis patients and other users of alternative wellness remedies and their doctors to understand how selected remedies impact health and wellness outcomes, medical conditions, rehabilitation, and fitness performance—thereby improving treatment choices and outcomes.

The CannaLnx/TSE/WelHealth Crossover Expands Programmatic Reach

There's nothing like the CannaLnx Platform and PhitTech's TSE Service Programs.

Populations participating in CSS/WelHealth programming outside of CannaLnx may need or want the benefits of medical cannabis as part of their overall wellness program. Likewise, new and existing CannaLnx patients will benefit by better grasping the impact of cannabis remedies through TSE/CannaHealth's biometric feedback and other services.

Through its programmatic and educational interactions with participants, CSS/WelHealth's can introduce those who could benefit from (or are already using) medical cannabis to the distinct advantages of CannaLnx's medical-cannabis services/features—opening the door to adding medical cannabis as a doctor-supervised wellness element.

CannaLnx's patients are all offered the opportunity to participate in TSE's CannaHealth program (within CannaLnx), which can dramatically expand patients' understanding of how cannabis use affects and improves health/wellness outcomes.

Through cross-pollination of CannaLnx and CSS/WelHealth user groups, much larger numbers of patients can attain the common objectives of improving wellness outcomes and lowering healthcare costs.

High-Use Program Data Informs and Documents Wellness Outcomes

Combined Program-Generated Data Drives Improved Outcomes and Lower Healthcare Costs.

WelHealth/CSS, CannaHealth, and CannaLnx programs gather a mix of substantive patient/participant data (user, physiological, personal activity, baseline health, biographical, transaction, veteran-, justice-related)—distilled and anonymized using sophisticated HIPAA-compliant AI-driven data analytics.[45] This data is stored for patient access, integrated within patients'/participants' electronic medical record (EMR)(when permitted), and used to support, inform, and guide pharmacological and medical-cannabis research and product development specific to ICD-10 diagnosis code by patient. The volume, quality, tracked reliability, and analytics of these program data sets combine to yield *high-use* information for patients and doctors, and

[45] Data sourcing protocols are detailed in attached Exhibit "B."

healthcare, social impact, medical-cannabis, and pharmaceutical industries, affiliated research communities, patient advocacy organizations, and government institutions like the VA, MAHA, and DOGE.

Program-generated data also inform patients' health choices/action, selection of health remedies (and dosage/methodology), and measure product effectiveness, patient outcomes, the positive/adverse effects of treatment, and physician support—to validate treatment efficacy/utility/risks. (CannaHealth is the only service dedicated to tracking medical cannabis usage, product, and dosage data and meticulously correlating it with patient wellness outcomes.) Moreover, this data fosters better understanding of alternative remedies' (like medical cannabis) acceptance, utility, and reliability within the market—and product development processes geographically by patient need and outcomes. It also stages collaboration with the scientific/research community.

Finally, this essential data measures service outcomes and associated fiscal benefits, and fuels/informs TSE/CannaLnx program improvements and cost savings and their expansion to other underserved groups and patients generally. Below are examples of how these data sets help:

1. **Evidence-Based Decision Making**: Solid data from clinical trials, patient outcomes, and real-world evidence enables healthcare providers to identify when and how alternative treatments are most effective for specific conditions.[46]
2. **Personalized Treatment Plans**: Detailed data, including patient demographics, genetic profiles, and treatment responses, supports precision medicine. Tailoring alternative treatments to individual needs increases efficacy, minimizes side effects, and enhances adherence, all of which contribute to better health outcomes.[47]
3. **Reduced Reliance on Costly Interventions**: Data showing the effectiveness of alternative treatments for conditions like chronic pain or anxiety can shift care away from expensive pharmaceuticals, invasive procedures, or hospitalizations. For example, medical cannabis may reduce opioid use, lowering costs associated with addiction treatment and overdose management.[48]
4. **Preventive Care and Chronic Disease Management**: Data-driven insights into how alternative treatments improve quality of life (e.g., better sleep, reduced stress) can promote preventive care. By managing symptoms early, these treatments can prevent disease progression, reducing the need for costly long-term care.[49]
5. **Improved Patient Engagement**: Transparent data on treatment outcomes empowers patients to make informed choices, increasing trust in alternative therapies. Engaged patients are more likely to adhere to treatment plans, leading to better outcomes and fewer complications requiring expensive interventions.

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[46] National Academies of Sciences, Engineering, and Medicine, ***The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research***, Washington, DC: National Academies Press, 2017, https://doi.org/10.17226/24625.

[47] *Id.*

[48] Boehnke, Kevin F., J. Ryan Scott, Evangelos Litinas, et al., **Cannabis Use Preferences and Decision-Making Among a Cross-Sectional Cohort of Medical Cannabis Patients With Chronic Pain**, *The Journal of Pain* 20, no. 11 (2019): 1362–72, https://doi.org/10.1016/j.jpain.2019.05.009.

[49] Maizes, Victoria, David Rakel, and Catherine Niemiec, **Integrative Medicine and Patient-Centered Care**, *Explore: The Journal of Science and Healing* 5, no. 5 (2009): 277–89, https://doi.org/10.1016/j.explore.2009.06.008.

6. **Policy and Insurance Reforms**: Comprehensive data can influence policymakers and insurers to expand coverage for cost-effective alternative treatments. This broadens access, reduces out-of-pocket expenses for patients, and shifts care toward lower-cost outpatient settings.[50]

Data-Backed Reports — WelHealth/CSS, CannaHealth, and CannaLnx produce a series of detailed reports organizing and analyzing the data collected, documenting/validating participant service usage and outcomes, and assessing implications. These reports substantively inform and guide participant/patient health choices/action, healthcare treatment, health provider care, and public policy initiatives to ensure validated program benefits are well documented and can be replicated through improved and expanded programming.

The reports also identify/quantify, validate, and document:

- Discernable benefits of a healthy population.
- Impacts of improving health through use of proactive monitoring.
- Healthcare cost benefits.
- Benefits of strengthening communities through improved health.
- Quality-of-life issues and impact of health/wellness monitoring among participating individuals and groups.
- Comparative impact of proactive (interactive) wellness monitoring process vs. current reactive healthcare process.
- Comparison of self-monitoring engagement and participation levels and outcomes among participating underserved communities.
- Comparative utility (and interaction) of traditional medical treatments and medical-cannabis or other alternative treatments for specific health conditions.
- Healthcare outcomes associated with patient engagement in proactive biometric self-monitoring (behavioral and mindset changes).
- The utility of remote monitoring and data tracking vis-à-vis health outcomes, participant responsibility, and reduced healthcare costs.

Harnessing the power of this combined program data informs better wellness outcomes and fosters lower health-related costs for increasingly varied populations. By scaling data collection through wearables, patient registries, platform-driven patient interaction and feedback, and AI-driven analytics, stakeholders can continuously refine treatment protocols, maximizing wellness benefits while minimizing costs.

EM2P2/CannaLnx and PhitTech/TSE have worked tirelessly to advance patient wellness outcomes—using knowledge and data to revolutionize the medical-cannabis, wellness, and social-impact industries. This proactive healthcare approach provides the tools, connections, user experience, data sets, and clinical assessment programs patients (and their doctors) need to manage and gain real insight into their biomedical experience and wellness management.

[50] Chapman, Susan A., Joanne Spetz, and Matthew Tierney, **The Impact of Medical Marijuana Laws on Health Care Delivery and Costs**, *Annual Review of Law and Social Science* 14 (2018): 165–83, https://doi.org/10.1146/annurev-lawsocsci-101317-031139.

As reliable data hubs for industry, regulators, researchers and medical-cannabis pharma manufacturers, CannaLnx and TSE/WelHealth connect the information dots and enable patients and doctors to more wisely and effectively use alternative/natural remedies (like medical cannabis) to improve wellness through information/data exchange, and foster a secure, data-rich community that empowers patients on their wellness journey.

CannaLnx and TSE/WelHealth Programs Reduce Healthcare and Other Costs for Patients, Governments, and Institutions

CannaLnx, CSS, WelHealth, CannaHealth. These integrated programs and software platforms thoughtfully facilitate improved wellness outcomes while enabling governments and institutions to spend less money on healthcare—and supporting Make America Healthy Again (MAHA) and Department of Government Efficiency (DOGE) initiatives and policy imperatives.

CannaLnx: Reducing Healthcare Costs

CannaLnx facilitates medical cannabis' positive impact on patient wellness and health outcomes by providing a digital environment within which its use can be intelligently maximized in collaboration with informed medical professionals and data analytics. When used wisely and effectively medical cannabis can reduce healthcare costs generally in significant ways.

Medical cannabis has gained traction as a promising alternative treatment for conditions like chronic pain, epilepsy, and anxiety (and many others), as signaled by its globally expanding legalization. Beyond its therapeutic benefits, the increasing acceptance and use of medical cannabis offer a significant less-discussed benefit: the opportunity to reduce healthcare costs—not just for patients, but also for governments and healthcare institutions. By providing an effective and affordable alternative to traditional pharmaceuticals, decreasing reliance on emergency services, reducing the need for frequent medical interventions, and alleviating the strain on public health systems, medical cannabis can lower both individual and systemic financial burdens—especially for individuals managing chronic illnesses.

Medical cannabis achieves these cost-saving outcomes through its therapeutic versatility, lower reliance on prescription drugs, and reduction in secondary healthcare expenses across all levels of the healthcare ecosystem. For example, studies showing medical cannabis reduces chronic pain management costs by 20-30% in some patient populations (based on 2023-2024 data) have prompted some insurers to cover it, decreasing reliance on pricier medications.[51]

[51] Bradford, Ashley C., and W. David Bradford, **Medical Marijuana Laws May Be Associated With a Decline in the Number of Prescriptions for Medicaid Enrollees**, *Health Affairs* 36, no. 5 (2017): 945–51, https://doi.org/10.1377/hlthaff.2016.1135.

Lower Medication Costs — One way medical cannabis reduces healthcare costs is as a cost-effective treatment option for chronic conditions (the best way to reduce pharmaceutical costs is to reduce the need for pharmaceuticals). For example, patients with chronic pain—a condition affecting millions worldwide—often rely on expensive prescription opioids or over-the-counter medications, which can cost hundreds of dollars monthly. In contrast, medical cannabis, once recommended/prescribed, is often purchased at a lower cost, especially in regions where it is grown locally or covered by insurance. A 2017 study in *Health Affairs* found that U.S. states with laws permitting medical cannabis use saw a 25% reduction in opioid prescriptions among Medicare Part D enrollees, suggesting that patients are shifting to cannabis as a less costly and potentially safer alternative.[52]

Reduced Risk of Opioid Dependency — Beyond lower medication costs, this shift also reduces the risk of opioid dependency, which can lead to costly rehabilitation or overdose-related emergency care—hospitalizations that average over $20,000 per incident.[53] For governments, this translates into significant savings in public health programs like Medicare and Medicaid, which combined spent an estimated $42 billion on prescription opioids alone between 2020 and 2025.[54] As medical cannabis use grows, these savings will likely scale, reducing taxpayer-funded healthcare expenditures.

Reduced Need For Expensive Health Services — Additionally, broader acceptance and use of medical cannabis can decrease the need for expensive healthcare services (like hospital visits or specialist consultations), benefiting patients and institutions alike. Conditions like epilepsy or multiple sclerosis often lead to seizure-related injuries, frequent hospital visits, ongoing monitoring and emergency interventions, straining healthcare budgets. Patients using cannabis-derived treatments, such as CBD (cannabidiol) for seizure control, have reported fewer episodes, reducing the frequency of ambulance calls or ER visits. A 2018 study in *New England Journal of Medicine* reports that CBD use was associated with a ≥50% reduction in seizure frequency for patients with Lennox-Gastaut syndrome (LGS), potentially sparing them thousands of dollars per incident in emergency care costs.[55]

Improved health outcomes (like reduced seizure frequency) can decrease healthcare utilization and costs. By stabilizing symptoms, medical cannabis allows patients to manage their conditions at home, minimizing reliance on the broader healthcare system and its associated expenses.

Reduced Burden On Public Healthcare Programs — For healthcare institutions, this means less uncompensated care and fewer uncompensated ER admissions, which cost U.S. hospitals $45 billion and $12 billion annually, respectively.[56] Governments also benefit, as reduced hospital utilization lowers the burden on public facilities and subsidized care programs. A 2020 analysis in *Drug and Alcohol Dependence* estimated

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[52] Ashley C. Bradford and W. David Bradford, "Medical Marijuana Laws Reduce Prescription Medication Use In Medicare Part D," *Health Affairs* 35, no. 7 (2017): 1230-1236, https://doi.org/10.1377/hlthaff.2015.1661.

[53] Curtis Florence, Feijun Luo, and Karin A. Mack, "The Economic Burden of Opioid Use Disorder and Fatal Opioid Overdose in the United States, 2017," *Drug and Alcohol Dependence* 218 (2021): 108350, https://doi.org/10.1016/j.drugalcdep.2020.108350.

[54] Centers for Medicare & Medicaid Services. "CMS Releases 2023-2032 National Health Expenditure Projections." June 12, 2024. https://www.cms.gov/newsroom/press-releases/cms-releases-2023-2032-national-health-expenditure-projections; U.S. Government Accountability Office. *Prescription Opioids: Medicare Needs to Expand Oversight Efforts to Reduce the Risk of Harm*. GAO-18-77. Washington, DC: Government Printing Office, 2018. https://www.gao.gov/assets/690/687629.pdf.

[55] Devinsky, Orrin, Anup D. Patel, J. Helen Cross, et al. "Effect of Cannabidiol on Drop Seizures in the Lennox–Gastaut Syndrome." New England Journal of Medicine 378, no. 20 (2018): 1888–97. https://doi.org/10.1056/NEJMoa1714631.

[56] American Hospital Association. "Fact Sheet: Uncompensated Hospital Care Cost." January 5, 2020. https://www.aha.org/fact-sheets/2020-01-05-fact-sheet-uncompensated-hospital-care-cost; American Hospital Association. "Costs of Caring: Key Trends Impacting Hospital Financial Stability in 2025." April 27, 2025. https://www.aha.org/costsofcaring.

that states with medical-cannabis programs saw a 10% decrease in Medicaid-funded hospitalizations for chronic conditions, underscoring the systemic cost relief.[57] A 2017 study found that states with medical cannabis laws had a 23% reduction in hospitalizations for opioid dependence or abuse and a 13% reduction in opioid overdoses.[58]

The preventative potential of medical cannabis further amplifies these savings, particularly for mental health. Conditions like anxiety and PTSD, when untreated (a common problem), often escalate, requiring costly interventions such as psychiatric care/medications or hospitalization. Medical cannabis, especially high CBD strains, is known to reduce anxiety symptoms. A 2019 study in *The Permanente Journal* found 79% of patients reported decreased anxiety after CBD use.[59] For patients, this offers a cheaper alternative to antidepressants, which often involve ongoing doctor visits. For governments and institutions, early intervention with cannabis can curb progression of mental-health crises, which cost the U.S. healthcare system $225 billion annually, much of it borne by public funds.[60] As acceptance and use grows, integrating cannabis into mental-health strategies can reduce these expenditures, freeing resources for other healthcare priorities.

Increased Cost Predictability — While upfront costs of obtaining a medical cannabis recommendation (doctor's / state licensing fees) can be a concern, the long-term benefits of implementing medical-cannabis licensing programs typically outweigh initial expenses—both for individuals and states. Once established, medical cannabis use tends to be more predictable in cost compared to the fluctuating prices of pharmaceuticals or the unpredictable nature of emergency care. Average monthly medical-cannabis costs ($100 to $200) are predictable and significantly less than many specialty drugs[61] Unlike specialty drugs with variable insurance coverage, medical cannabis is typically out-of-pocket but has stable dispensary prices, making costs predictable within state-regulated markets. Additionally, as legalization expands, competition among suppliers is driving prices down, and some insurance providers are beginning to cover cannabis-related treatments, further reducing the burden on patients.

Lower Individual Healthcare Premiums — Medical cannabis legalization (MCL) is now associated with significant reductions in individual health insurance premiums in states where medical cannabis is legal. Studies indicate these reductions become noticeable several years after the laws take effect, primarily due to decreased healthcare costs, possibly linked to reduced opioid use and other healthcare utilization changes.

Researchers with Bowling Green State University (Ohio) and Illinois State University assessed the impact of medical cannabis laws on individual health insurance premiums—comparing trends in premium costs in states with and without legalization over an eleven-year period (2010 to 2021).[62] A 2023 study published in

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[57] Shyam Raman and Ashley C. Bradford, "Recreational Cannabis Legalization and Medicaid Expenditures," *Drug and Alcohol Dependence* 212 (2020): 108058.

[58] Shi, Yuyan. "Medical Marijuana Policies and Hospitalizations Related to Marijuana and Opioid Pain Reliever." Drug and Alcohol Dependence 173 (2017): 144–50. https://doi.org/10.1016/j.drugalcdep.2017.01.006.

[59] Scott Shannon et al., "Cannabidiol in Anxiety and Sleep: A Large Case Series," *The Permanente Journal* 23 (2019): 18-041, https://doi.org/10.7812/TPP/18-041.

[60] National Institute of Mental Health, "Mental Health by the Numbers," last updated March 2023, https://www.nimh.nih.gov/health/statistics/mental-illness.

[61] Boehnke, Kevin F., Evangelos Litinas, and Daniel J. Clauw. "Medical Cannabis Use Is Associated with Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients with Chronic Pain." Journal of Pain 17, no. 6 (2016): 739–44. https://doi.org/10.1016/j.jpain.2016.03.002.

[62] Amanda C. Cook, E. Tice Sirmans, Amanda Stype, **Medical cannabis laws lower individual market health insurance premiums**, **International Journal of Drug Policy**, Volume 119, September 2023, 104143, https://www.sciencedirect.com/science/article/abs/pii/S0955395923001901?via%3Dihub;

the International Journal of Drug Policy analyzed private health insurance data from the National Association of Insurance Commissioners (NAIC) from 2010 to 2021 and concluded a statistically significant reduction in individual market premiums starting seven years after the implementation of medicinal cannabis laws, with annual per-enrollee savings of approximately $1,662.70 in year seven, $1,541.80 in year eight, and $1,625.80 in year nine. The study suggests that these savings stem from lower healthcare claims, potentially due to medical cannabis substituting for more expensive treatments like prescription opioids. The study's authors further estimated, "if MCLs were enacted nationally, conservatively, we expect to see a savings of at least $16.8 billion."

For governments, tax revenue from adult-use cannabis sales—$3.7 billion in the U.S. in 2022—can offset medical cannabis program implementation costs, while insurance coverage expansion for medical-cannabis further reduces institutional reliance on public subsidies.[63] Over time, these factors create a net positive fiscal impact.

Conclusion — Medical cannabis offers a compelling case for reducing healthcare costs for patients, governments, and institutions by providing an affordable alternative to traditional medications, decreasing the need for emergency medical services, and preventing the escalation of certain conditions. Patients benefit from affordable alternatives and fewer emergency needs, while governments see lower public health spending and institutions experience reduced operational strain. For patients grappling with chronic illnesses, these savings translate into greater financial stability and improved quality of life. As evidence mounts—showing declines in opioid use, hospitalizations, and mental health crises—the economic case strengthens.

While further research and policy refinement are needed to fully understand its economic impact, medical cannabis stands poised to transform healthcare financing, making it more sustainable and equitable across the board. The growing body of evidence suggests that medical cannabis is not just a medical innovation but also a practical solution to the rising costs of healthcare. As policymakers and healthcare systems continue to adapt, the integration of medical cannabis will continue to play a pivotal role in making treatment more accessible and affordable for all.

WelHealth/CSS: Reducing Healthcare (and Other) Costs

Development of Healthy Lifestyle Behaviors is Central to Improved Health Outcomes and Lower Healthcare Costs

Today scientific evidence confirms the ability of wellness programs to improve employee health, reduce elevated health risks, and reduce healthcare costs. Epidemiology studies all report that unhealthy behaviors and elevated health risks are directly related to elevated healthcare costs. Studies reveal that most of our healthcare costs are directly related to **unhealthy lifestyle choices.** Healthy behaviors increase overall health and help control/reduce healthcare costs. Unhealthy behaviors reduce overall health, thereby increasing healthcare costs.

While not all health issues are correlated to simple behavior changes, epidemiology studies strongly link poor health behaviors with elevated healthcare costs—they go together. Wellness programs that guide and

https://norml.org/news/2023/08/17/analysis-health-care-insurance-premiums-decline-following-adoption-of-medical-cannabis-legalization/.

[63] Marijuana Policy Project. "Cannabis Tax Revenue in States that Regulate Cannabis for Adult Use." Washington, D.C.: Marijuana Policy Project, April 30, 2023. https://www.mpp.org/revenue.

support individuals in adopting and maintaining healthy behaviors (with effective behavior-change strategies) will reduce healthcare costs by reducing elevated health risks, and in turn the likelihood of developing chronic disease.

Current Social Circumstances Fuel Poor Health Lifestyles and High Healthcare Costs

Millions of veterans and parolees suffer debilitating addiction and mental-health struggles today. Veterans have sacrificed themselves physically, mentally, and spiritually for their country, yet too many are homeless and suffering mental-health problems and addictions. Every day 18 to 24 or more veterans commit suicide in the U.S.; veterans experience a significantly higher risk of suicide—approximately 1.9 times that of non-veterans.[64]

Nearly 6.9 million people are on probation, in jail, in prison, or on parole in the United Sates—and a significant proportion of them are veterans.[65] Each year, more than 600,000 individuals are released from state and federal prisons. Another nine million cycle through local jails. In many jurisdictions, more than two-thirds of prisoners are rearrested within three years of their release and half are reincarcerated.[66]

Veterans and parolees are too often overlooked when re-entering civilian life. Reentry is challenging. The path to healthcare and support systems is filled with obstacles. Months and years pass without proper care, leading to chronic disease, increased mental-health issues, and struggles with unemployment, homelessness, and many areas of life—perpetuating cyclic failure.

When reentry into society fails, the costs are high—more crime, more victims, and more pressure on already-strained government and institutional budgets. Also present: more family distress and community instability. Roughly 1 in 28 children currently have a parent behind bars. Mass incarceration has been a major driver of poverty. Without mass incarceration, it is estimated that 5 million fewer Americans would have been poor between 1980 and 2014.[67] States suffer very high annual recidivism costs of billions of dollars unnecessarily. This is a major (and fixable) budgetary burden.

In the U.S., with average states each spending over $1B/year due to recidivism and unsuccessful transition of justice-impacted persons back into society, curbing recidivism (and minimizing the conditions that trigger it and other re-entry related dysfunctions) can deliver significant economic benefits (a potential $50B+) while rebuilding lives and communities.

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[64] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. *2024 National Veteran Suicide Prevention Annual Report*. Washington, DC: U.S. Department of Veterans Affairs, 2024. https://www.mentalhealth.va.gov/docs/2024-National-Veteran-Suicide-Prevention-Annual-Report.pdf; America's Warrior Partnership. *Operation Deep Dive: Five-Year Interim Report on the Impact of Non-Clinical Factors on Veteran Suicide and Self-Injury Mortality*. Syracuse, NY: America's Warrior Partnership, August 2024. https://americaswarriorpartnership.org/wp-content/uploads/2024/08/AWP-Operation-Deep-Dive-Interim-Report-August-2024.pdf. [If links fail, visit www.mentalhealth.va.gov for VA reports or www.americaswarriorpartnership.org for AWP's study. Contact VA (1-800-698-2411, vapublicaffairs@va.gov) or AWP (info@americaswarriorpartnership.org) for assistance.]

[65] Bureau of Justice Statistics. *Correctional Populations in the United States, 2022 – Statistical Tables*. Washington, DC: U.S. Department of Justice, May 2024. https://bjs.ojp.gov/document/cpus22st.pdf.

Prison Policy Initiative. "Mass Incarceration: The Whole Pie 2025." Northampton, MA: Prison Policy Initiative, 2025. https://www.prisonpolicy.org/reports/pie2025.html.

Bureau of Justice Statistics. "Recidivism of Prisoners Released in 34 States in 2012: A 5-Year Follow-Up Period (2012–2017)." Washington, DC: U.S. Department of Justice, 2021. https://bjs.ojp.gov/library/publications/recidivism-prisoners-released-34-states-2012-5-year-follow-period-2012-2017 .

[66] *Id.*

[67] Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, accessed January 20, 2025, https://aspe.hhs.gov/topics/human-services/incarceration-reentry-0.

In the face of these daunting systemic burdens, state and county corrections systems and budget administrators seek programs capable of substantially reducing recidivism rates and successfully transitioning justice-impacted and at-risk persons to productive and successful community life. They need mechanisms that can substantially reduce the public costs of incarceration, and the associated costs of public assistance per justice-impacted person, and per individual failing in societal re-entry.

Reducing Costs and Improving Outcomes for Participants and Governments

WelHealth programming helps minimize such tragic, unacceptable, and unnecessary human suffering. Its social ecosystem educates and empowers participants to reorient toward and recognize their best self and proactively improve health and wellness outcomes, successful reentry, and community well-being.

- WelHealth/CSS improves transition to and success in civilian life by minimizing the risks of poor health, unemployment, drug/alcohol dependency, justice encounters, recidivism, etc.
- It guides at-risk underserved populations like veterans, justice-impacted persons, and others (urban poor, indigenous) to successful re-engagement with society and their communities. It transitions/reintegrates/ assimilates parolees and veterans back into society as productive, self-sustaining citizens by:
    - Providing essential, digitally coordinated support services (e.g., health data, housing, employment, mental health, legal support) that foster stability and self-reliance.
    - Leading those facing debilitating medical and mental-health conditions to improved health outcomes through effective lifestyle and behavioral change programming.
    - Using data and supportive communication methodologies. Its unique software platform (app) integrated with proprietary medical-grade smartwatches and remote biometric monitoring changes the game for justice-impacted individuals and veterans struggling with transition issues like addiction.
- **Expungement Services** — Removing the social and economic stigma of a criminal record facilitates access to good employment, housing, education, and civic engagement, helps reduce the need for government assistance, and fosters economic stability and improved mental health—all key factors associated with lower recidivism rates. Studies suggest expungement correlates with lower recidivism rates (increasing employment rates and income stability are inversely correlated with recidivism). A 2017 Michigan study found recidivism among those with expunged records was 4% while those without expunged records had a 20% recidivism rate.[68] Success like this (breaking the cycle of recidivism) depends on pairing expanded access to expungement processes and re-entry support—a unique combination available through WelHealth/CSS.

[68] Collateral Consequences Resource Center. 2020. "The Reintegration Report Card: How States Are Helping People with Criminal Records Reenter Society." https://ccresourcecenter.org/state-restoration-profiles/50-state-comparisonjudicial-expungement-sealing-and-set-aside/.

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- **Employment Services** — Provides member tracking, coordination of support services, and reporting on the transitional progress of these participants related to fiscal costs and benefits (DFB), social metrics and to help the government partners and entities evaluate and document the program's direct fiscal impact and effectiveness.

- **Housing Services** — Reducing homelessness and its associated risks (poverty, poor health and nutrition, violence, crime, and their costs) by ensuring access to supportive living spaces is a key stabilizing factor that reduces budgetary burdens on social service/support systems and governments.

When states and counties implement the WelHealth Program for incarcerated, justice-impacted, or other persons reentering society, the Platform's biometric health monitoring and its seamless integration of other critical services (e.g., employment/mental health/housing/legal) are designed to keep parolees productively and successfully engaged in society.

This minimizes the recidivism rate, justice involvement, keeps underserved communities out of prison, mitigates future criminality, and closes vicious generational cycles of poverty, crime, and dependency. It also reunites families, sustains two-parent households, strengthens the future for children impacted by separation, crime, or military service, and improves participants' lives and maximizes success for transition. It restores self-reliance, dignity, and character—the underpinnings of participants' ability to earn a living and support their families and communities.

A Powerful Solution — The WelHealth Program is a powerful solution for recidivism, parolee, and veteran transition programs—and generates a combination of significant and quantifiable fiscal benefits. Once implemented in a jurisdiction, the program can quickly and significantly lower recidivism (from 52% to 4.75% in one recent NC trial), new-crime rates, and health- and mental-health-related dysfunctions, PTSD, and suicides, and their attendant costs (especially healthcare costs).

The Program's participating veterans will experience annual healthcare cost reductions of 25% – 30%, or $3,200 to $3,800 (based on: Veterans Health Administration (VHA) cares for more than 6 million veteran patients annually at a cost of nearly $80 billion, averaging approximately $12,728 per patient[69]). This achievable reduction would lead to equivalent reductions in healthcare spending on veterans—a significant saving to government agencies and insurers who pay veterans' health care costs.

People taking care of their health through regular monitoring are more likely to stay healthy, and thus more likely to stay employed and productive, sustain relationships, and be happier, all of which reduce the bad behaviors that lead to substance dependency, poor health, the need for healthcare services, crimes of desperation, and recidivism.

Bridging to WelHealth's Fiscal-Benefit Outcomes — A "Pay For Success" Model

WelHealth/CSS's fiscal benefits are a strong inducement for WelHealth program adoption, implementation, and participation—by government agencies, private investment capital funders, and participants. Notwithstanding these significant fiscal benefits, government agencies can be reluctant to budget taxpayer money for innovative social reforms *before* fiscal benefits are demonstrated—even reentry initiatives otherwise shown to reduce incarceration costs, improve public safety, and rebuild the lives of families, individuals and communities.

[69] National Library of Medicine, Accessed January 20, 2025, https://pmc.ncbi.nlm.nih.gov/articles/PMC9550907/.

Yet, deciding to implement the WelHealth/CSS program is easy for government agencies—because up-front program cost risks are removed. Program implementation is offered on a "pay-for-success" model under which private investors fund the programs during a preliminary validation phase (when a third-party evaluator uses program data to verify fiscal benefit realization). Once the innovative WelHealth/CSS public-benefit programs are validated as improving social *and* economic outcomes (i.e., deliver the anticipated fiscal benefits), the government agency funds the program (and reimburses the investors) on a "pay-for-success/results" (or percentage of savings) basis.

This approach fast-tracks veteran and recidivism social-impact initiatives that might otherwise never be implemented, and thereby enables realization of these dramatic fiscal benefits (along with the underlying wellness and lifestyle outcomes).

Cost Reduction / Fiscal Outcomes Through WelHealth/TSE and CannaLnx Programs

WelHealth's Comprehensive Service Solutions', and CannaLnx's program methodologies and support mechanisms deliver amazing cost-reduction and fiscal outcomes:

- Reduced hospital visits/stays.
- Lowered addiction rates (when controlled substance and other addictions are reduced, healthcare costs decline; addicts have higher healthcare requirements that impose costs).
- Lowered costs associated with overuse of pharmaceuticals (the best way to lower the cost of pharmaceuticals is to lower the need for and use of pharmaceuticals through alternative remedies).
- Reduced dependence on opioids through transition to medical cannabis use.
- Reduced opioid overdoses and overdose deaths.
- Lower incarceration rates.
- Lower recidivism rates.
- Lowered costs related to recurring crime.
- Lowered costs related to PTSD.
- Lower suicide rates.
- Financial savings on healthcare cost; lowered cost of healthcare remedies (due to less need of them).
- Fewer lost workdays, increasing income for patients/participants.
- Lowered health insurance costs (because health insurance companies' costs decline as healthcare costs decline).
- Reduced reliance on government subsidies (by helping re-entry participants with job placement (productively engaged in society and earning a living), the programs reduce dependency on government public-assistance programs).
- Administrative cost savings to corrections and court systems through reduced paperwork and time in expungement processes. Participant cost savings on expungement services and processes. Both enabled through CSS' expungement clinic availability and process expertise.
- Reducing criminal activity reduces the cost of administering judicial systems, law enforcement, incarceration and penal systems, property loss/damage, medical/mental health treatment, and improves public safety.
- By helping re-entry participants with job placement and sustaining and strengthening their employment histories and relationships, EM2P2/CannaLnx/PhitTech increase income tax revenue to state and federal treasuries.

Impact

For those yearning to rise out of their struggles, the WelHealth/CSS and CannaLnx programs offer the tools and opportunity to restore personal wellness and create a positive lifestyle for themselves, their loved ones, and their community. Program participants and patients gain more control. Healthcare-related costs are minimized. And their lives, health outcomes are improved.

As WelHealth restores lives of underserved persons and puts participants back on the path to prosperity / self-sufficiency, it positively impacts their communities and saves states, counties, and federal agencies (and countless individuals seeking better health and wellness) tens of billions of dollars in healthcare, justice system / incarceration, and public assistance costs in the process.

Veterans' groups and state and county prison officials readily embrace the WelHealth/CSS Program once realizing its significant public cost-saving implications. WelHealth/CSS will in turn serve hundreds of thousands (perhaps millions) of veterans and parolees required to participant in the Program by states, counties, prison systems, and other jurisdictions.

Likewise, patients and healthcare providers pursue medical cannabis alternatives to traditional treatments in significant part due to affordability, improved wellness / quality of life, and lower healthcare needs/costs. And as increasing numbers of doctors and health systems recommend cannabis use for their patients (and track wellness outcomes/benefits), patient use of medical cannabis as a remedy will grow by many millions each year, continuing the downward impact on traditional healthcare costs.

CannaLnx and WelHealth/TSE

MAHA- and DOGE-Aligned Solutions

The CannaLnx and WelHealth/TSE Programs aim to make treatment personalized, streamlined, accessible, and more affordable for all seeking improved wellness outcomes, regardless of their geographical location or socio-economic status. These innovative technologies and programs give everyone a.) the opportunity to improve their health through safe and effective medical-cannabis therapies, and b.) the ability to understand and better govern their personal wellness with interactive biometric technology measuring the impact of therapies and behaviors on wellness.

CannaLnx and WelHealth/TSE/CSS catalyze positive change and improve patients' lives by breaking down barriers, promoting education and self-reliance, and fostering dialogue and data exchange between healthcare providers, patients, community support services, and dispensaries. These programs facilitate integration of medical cannabis and precision remote health-monitoring programming into mainstream healthcare worldwide—not just as alternatives, but as essential components of comprehensive care.

Wide implementation of these programs will well serve MAHA and DOGE policy objectives in the near term and positively change the healthcare culture to ensure sustainability of those objectives.

EM2P2 and PhitTech welcome your support and participation in advancing these important and transformative missions, and today's MAHA and DOGE imperatives of improving wellness outcomes and lowering healthcare costs.

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Exhibit A

TSE WelHealth/CSS/CannaHealth Service Features

Service Components:

- Daily monitoring and reporting of physiological and wellness activity data.
- Integrated wellness/fitness/rehabilitation programming software.
- User health alerts and self-monitoring.
- Links to primary healthcare professionals, health and wellness education, personalized wellness tracking, and health reporting.
- Direct access to mental health counseling for both in the moment need and ongoing support service.
- Extensive service data for the validation of outcomes
- Smartwatch capture of physiological data.
- Activity data linked to a proprietary wellness application.
- Wellness service engagement and support.
- Ongoing well-being assessments.
- Health and wellness education.
- Personal and group challenges.
- Participant community engagements.
- In-the-Moment Care call line for immediate access to a clinician.
- Follow-up virtual counseling sessions until referred to a counselor-therapist for ongoing care.
- Eye-movement-desensitization and reprocessing therapy.
- Remote cognitive assessment.
- Access to WelHealth Clinical Network.
- Employment Placement.
- Housing referrals.
- Legal assistance for justice-involved individuals.

Exhibit B

TSE WelHealth/CSS/CannaHealth Data Sources

System Data Sourcing:

Patient medical/health and related data is captured and acquired through the TSE and CannaLnx Monitoring Systems and integrated biometric devices, wellness-rehabilitation software, patient/participant healthcare records, research project coordination, public sources, patient/participant status surveys, and other health and service partners. Data source expansion is ongoing.

These databases are built through a broad range of sources that include:

- TSE/WelHealth/CSS/CannaHealth system-generated data.
- CannaLnx system generated data.
- Captured user biometric and wellness data.
- Clinical and non-clinical health data.
- Medical record systems.
- Research partners.
- Service partners.
- Affiliated user groups.
- Available medical-cannabis industry affiliations and data.
- Public industry data.

The TSE/WelHealth/CSS/CannaHealth and CannaLnx Platforms combine as the highly secure central data hub for EM2P2/PhitTech programs with a network of datalinks that creates, stores, and maintains the overall program master database. As data is collected and integrated within the database, program systems identify and document source(s) (and creates a record of appropriate authorizations for acquisition and use of sanitized personal data to ensure anonymity as appropriate).

To maintain HIPAA compliance, EM2P2/PhitTech incorporate authorization/consent for collection and use of data to protect users' personal information (and identification) as part of the Platform's terms and conditions agreement.