Speaker's Office <speaker@guamlegislature.org>

M&C Fwd: Medicinal Cannabis Regulation commission meeting

1 message

Speaker's Office <speaker@guamlegislature.org> Mon, Jun 3, 2019 at 1:49 PM
To: Clerks Office <clerks@guamlegislature.org>
Cc: Rennae Meno <rennae@guamlegislature.org>
Bcc: Tina Muna Barnes <tinamunabarnes@gmail.com>

06-02-19	2:19 PM	06-02-19	Medicinal Cannabis Regulation Commission Meeting for June agenda, April meeting minutes, and state model for laboratory testing facility.	Medicinal Cannabis Regulation Commission	35GL-19-0576

Sinsenru yan Minagâhet,

Office of the Speaker • Tina Rose Muña Barnes
Committee on Public Accountability, Human Resources & the Guam Buildup

35th Guam Legislature
I Mina'trentai Singko na Liheslaturan Guåhan

Guam Congress Building | 163 Chalan Santo Papa | Hagatna, GU 96910
T: (671) 477-2520/1
speaker@guamlegislature.org

35GL-19-0576
Speaker Tina Rose Muña Barnes

JUN 0 2 2019
Time 2:19 ( )AM (X)PM
Received By: Matt

---------- Forwarded message ---------
From: **Linda U. DeNorcey** <Linda.DeNorcey@dphss.guam.gov>
Date: Sun, Jun 2, 2019 at 2:19 PM
Subject: Medicinal Cannabis Regulation commission meeting
To: aline4families@gmail.com <aline4families@gmail.com>, aliney74@gmail.com <aliney74@gmail.com>, Chelsa Muna-Brecht <Chelsa.MunaBrecht@doag.guam.gov>, Senator Therese Terlaje <senatorterlajeguam@gmail.com>, Walter Leon Guerrero <walter.leonguerrero@epa.guam.gov>, speaker@guamlegislature.org <speaker@guamlegislature.org>, chirag.speakertmb@gmail.com <chirag.speakertmb@gmail.com>, Eliza G. Dames <eliza.dames@guam.gov>, radonay@guamradiology.com <radonay@guamradiology.com>, Laurie Tumaneng <laurie.tumaneng@guam.gov>, tonybabauta@gmail.com <tonybabauta@gmail.com>, tony.babauta@guam.gov <tony.babauta@guam.gov>, Suzanne S. Kaneshiro <Suzanne.Kaneshiro@dphss.guam.gov>, Rosanna Y. Rabago <Rosanna.Rabago@dphss.guam.gov>, Frances B. Santos <Frances.Santos@dphss.guam.gov>, Cid S. Mostales <Cid.Mostales@dphss.guam.gov>, hlatte15@gmail.com <hlatte15@gmail.com>, mel.mendiola@investguam.com <mel.mendiola@investguam.com>, jonathan.savares@yahoo.com <jonathan.savares@yahoo.com>, michelle.lastimosa@epa.guam.gov <michelle.lastimosa@epa.guam.gov>, wm.parkinson@gmail.com <wm.parkinson@gmail.com>

Dear Commission members,

Please be advised that we are having the medicinal cannabis regulation commission meeting on June 12 -Wednesday at 9:00 a.m. at the Governor's small conference room. I have attached the June agenda, April meeting minutes, and state model for laboratory testing facility.

Please confirm your attendance at this meeting. We really need to have a quorum to move forward. Last month we had to cancel the meeting due to the lack of a quorum.

Liza-Jared Okada is the governor's representative. Can you forward this email to him so that he can attend the meeting?

Roy-Please forward this email to Dr. Maria Stella Gaerlan.

Walter-Can you make the meeting? If not, please send Melissa Lastimosa or Nick.

Looking forward to hearing and seeing you all.

Thank you

Linda DeNorcey

2019 JUN -3 PM 2:09

3 attachments

- **Medical Cannabis Regulation Commission Agenda June 12, 2019.docx** 14K
- **state models medical marijuana testing facilities.pdf** 186K
- **Medical Marijuana meeting minutes April 2019.docx** 38K

0576

Medical Cannabis Regulation Commission
Governor's Small Conference Room
June 12, 2019 9:00 a.m.

A G E N D A

I. Call to Order

II. Review of Meeting Minutes

III. Old Business

1. Selection of Commission Members

a. Patient caregiver, or patient advocate-Jonathan Savares

b. Licensed possessor-Andrea Pellacani

c. Practitioner (Nominated by the Guam Board of Medical Examiners)

2. Medical Marijuana Program FY 2020 Budget

3. GEDA-Tax Exemption for Opening Laboratory Testing Facility-Ricky Hernandez/Ed Camacho

4. Listing of Physicians providing written certification for the recommendation of Marijuana usage-Guam Board of Medical Examiners-Roy Adonay

IV. New Business

1. Role of Medical Cannabis Regulation Commission

2. Role of the Recreational Marijuana Control Board

3. State Models on Medical Marijuana Testing Facilities-William Parkinson

V. Open Discussion

VI. Scheduling of the Next Meeting

VII. Adjournment

Colorado (Notable : Staggered Implementation')

See **M 712 – Medical Marijuana Testing Facilities: Sampling and Testing Program.**

This rule shall be effective on July 1, 2016.

A. Division Authority

The Division may elect to require that a Test Batch be submitted to a specific Medical Marijuana Testing Facility for testing to verify compliance, perform investigations, compile data or address a public health and safety concern.

B. Test Batches

1. Medical Marijuana and Medical Marijuana Concentrate. A Medical Marijuana Testing Facility must establish a standard minimum weight of Medical Marijuana and Medical Marijuana Concentrate that must be included in a Test Batch for every type of test that it conducts.

2. Medical Marijuana Infused-Product. A Medical Marijuana Testing Facility must establish a standard number of finished product(s) it requires to be included in each Test Batch of Medical Marijuana Infused-Product for every type of test that it conducts.

C. Rejection of Test Batches and Samples

1. A Medical Marijuana Testing Facility may not accept a Test Batch that is smaller than its standard minimum amount.

2. A Medical Marijuana Testing Facility may not accept a Test Batch or Sample that it knows was not taken in accordance with these rules or any additional Division sampling procedures or was not collected by Division personnel.

D. Notification of Medical Marijuana Business

If Medical Marijuana, Medical Marijuana Concentrate or Medical Marijuana Infused-Product failed a contaminant test, then the Medical Marijuana Testing Facility must immediately notify the Medical Marijuana Business that submitted the sample for testing and report the failure in accordance with all Inventory Tracking System procedures.

E. Permissible Levels of Contaminants

If Medical Marijuana, Medical Marijuana Concentrate or Medical Marijuana Infused-Product is found to have a contaminant in levels exceeding those established as permissible under this rule, then it shall be considered to have failed contaminant testing. Notwithstanding the permissible levels

established in this rule, the Division reserves the right to determine, upon good cause and reasonable grounds, that a particular Test Batch presents a risk to the public health or safety and therefore shall be considered to have failed a contaminant test.

1. Microbials

Substance	Acceptable Limits Per Gram	Product to be Tested
Shiga-toxin producing Escherichia coli (STEC)*-Bacteria	<1 Colony Forming Unit (CFU)	Flower, Medical Marijuana Infused Product, Water- and Food-based Medical Marijuana Concentrates
Salmonella species*-Bacteria	<1 Colony Forming Unit (CFU)	
Total Yeast and Mold	<10^4 Colony Forming Unit (CFU)	

**Testing facilities should contact the Colorado Department of Public Health and Environment when STEC and Salmonella are detected beyond the acceptable limits*

2. Residual Solvents

Substance	Acceptable Limits Per Gram	Product to be Tested
Butanes	<5,000 Parts Per Million (PPM)	Solvent-based Medical Marijuana Concentrate
Heptanes	<5,000 Parts Per Million	Solvent-based Medical Marijuana Concentrate
Benzene**	<2 Parts Per Million	Solvent-based

		Medical Marijuana Concentrate
Toluene**	<890 Parts Per Million	Solvent-based Medical Marijuana Concentrate
Hexane**	<290 Parts Per Million	Solvent-based Medical Marijuana Concentrate
Total Xylenes (m,p, o-xylenes)**	<1 Parts Per Million	Solvent-based Medical Marijuana Concentrate
Any solvent not permitted for use pursuant to Rule R 605	None detected	Solvent-based Medical Marijuana Concentrate

** *Note: These solvents are not approved for use. Due to their possible presence in the solvents approved for use per Rule M 605, limits have been listed here accordingly.*

3. Metals

Substance	Acceptable Limits Per Gram	Product to be Tested
Metals (Arsenic, Cadmium, Lead and Mercury)	Lead – Max Limit: <1.0 PPM Arsenic – Max Limit: <0.4 PPM Cadmium – Max Limit:<0.4 PPM Mercury – Max Limit: <0.2 PPM	Flower, Water-, Food-, and Solvent-Based Medical Marijuana Concentrates; Medical Marijuana-Infused Product

4. Other Contaminants

Pesticide	**If testing identifies the use of a banned pesticide or the improper application of a permitted pesticide, then that Test Batch shall be considered to have failed contaminant testing**
Chemicals	**If Test Batch is found to contain levels of any chemical that could be toxic if consumed, then the Division may determine that the Test Batch has failed contaminant testing**
Microbials	**If the Test Batch is found to contain levels of any microbial that could be toxic if consumed, then the Division may determine that the Test Batch has failed contaminant testing**
Molds, Mildew and Filth	**If a Test Batch is found to contain levels of any mold, mildew, or filth that could be toxic if consumed, then that Test Batch shall be considered to have failed contaminant testing.**

5. Division Notification

A Medical Marijuana Testing Facility must notify the Division if a Test Batch is found to contain levels of a contaminant not listed within this rule that could be injurious to human health if consumed.

F. Potency Testing

1. Cannabinoids Potency Profiles

A Medical Marijuana Testing Facility may test and report results for any cannabinoid provided the test is conducted in accordance with the Division's Medical Marijuana Testing Facility Certification Policy Statement.

2. Reporting of Results

a. For potency tests on Medical Marijuana and Medical Marijuana Concentrate, results must be reported by listing a single percentage concentration for each cannabinoid that represents an average of all samples within the Test Batch.

b. For potency tests conducted on Medical Marijuana Infused-Product, results must be reported by listing the total number of milligrams contained within a single Medical

Marijuana-Infused Product unit for sale for each cannabinoid and affirming the THC content is homogenous.

3. Dried Flower

All potency tests conducted on Medical Marijuana must occur on dried and cured Medical Marijuana that is ready for sale.

4. Failed Potency Tests for Medical Marijuana Infused-Product

a. If the THC content of a Medical Marijuana Infused-Product is determined through testing not to be homogenous, then it shall be considered to have failed potency testing. A Medical Marijuana Infused-Product shall be considered not to be homogenous if 10% of the infused portion of the Medical Marijuana Infused-Product contains more than 20% of the total THC contained within entire Medical Marijuana Infused-Product.

5. Potency Variance

A potency variance of no more than plus or minus 15% is allowed.

Washington (comprehensive baseline)

Quality assurance testing.

(1) A third-party testing lab must be certified by the WSLCB or their vendor as meeting the WSLCB's accreditation and other requirements prior to conducting required quality assurance tests. Certified labs will receive a certification letter from the WSLCB and must conspicuously display this letter in the lab in plain sight of the customers. The WSLCB can summarily suspend a lab's certification if a lab is found out of compliance with the requirements of this chapter.

(2) A person with financial interest in a certified third-party testing lab may not have direct or indirect financial interest in a licensed marijuana producer or processor for whom they are conducting required quality assurance tests. A person with direct or indirect financial interest in a certified third-party testing lab must disclose to the WSLCB by affidavit any direct or indirect financial interest in a licensed marijuana producer or processor.

(3) As a condition of certification, each lab must employ a scientific director responsible to ensure the achievement and maintenance of quality standards of practice. The scientific director shall meet the following minimum qualifications:

(a) Has earned, from a college or university accredited by a national or regional certifying authority a doctorate in the chemical or biological sciences and a minimum of two years' post-degree laboratory experience; or

(b) Has earned a master's degree in the chemical or biological sciences and has a minimum of four years' of post-degree laboratory experience; or

(c) Has earned a bachelor's degree in the chemical or biological sciences and has a minimum of six years of post-education laboratory experience.

(4) As a condition of certification, labs must follow the most current version of the Cannabis Inflorescence and Leaf monograph published by the American Herbal Pharmacopoeia or notify the WSLCB what alternative scientifically valid testing methodology the lab is following for each quality assurance test. The WSLCB may require third-party validation of any monograph or analytical method followed by the lab to ensure the methodology produces scientifically accurate results prior to them using those standards when conducting required quality assurance tests.

(5) As a condition of certification, the WSLCB may require third-party validation and ongoing monitoring of a lab's basic proficiency to correctly execute the analytical methodologies employed by the lab. The WSLCB may contract with a vendor to conduct the validation and ongoing monitoring described in this subsection. The lab shall pay all vendor fees for validation and ongoing monitoring directly to the vendor.

(6) The lab must allow the WSLCB or their vendor to conduct physical visits and inspect related laboratory equipment, testing and other related records during normal business hours without advance notice.

(7) Labs must adopt and follow minimum good lab practices (GLPs), and maintain internal standard operating procedures (SOPs), and a quality control/quality assurance (QC/QA) program as specified by the WSLCB. The WSLCB or authorized third-party organization can conduct audits of a lab's GLPs, SOPs, QC/QA, and inspect all other related records.

(8) The WSLCB or its designee will take immediate disciplinary action against any certified third-party lab which fails to comply with the provisions of this chapter or falsifies records related to this section including, without limitation, revoking the certificate of the certified third-party lab.

(9) The general body of required quality assurance tests for marijuana flowers and infused products may include moisture content, potency analysis, foreign matter inspection, microbiological screening, pesticide

and other chemical residue and metals screening, and residual solvents levels.

(10) Table of required quality assurance tests defined in the most current version of the Cannabis Inflorescence and Leaf monograph published by the American Herbal Pharmacopoeia.

(a) Marijuana flower lots require the following quality assurance tests:

Product	Test(s) Required	Maximum Sample Size
	Flower Lots and Other Material Lots	
Lots of marijuana flowers that will not be extracted	**1. Moisture content 2. Potency analysis 3. Foreign matter inspection 4. Microbiological screening**	**7 grams**

(b) Intermediate products must meet the following requirements:

(i) All intermediate products must be homogenized prior to quality assurance testing;

(ii) A batch for the purposes of this section is defined as a single run through the extraction or infusion process;

(iii) A batch of marijuana mix may not exceed five pounds and must be chopped or ground so no particles are greater than 3 mm; and

(iv) All batches of intermediate products require the following quality assurance tests:

Product	Test(s) Required Intermediate Products	Maximum Sample Size
Marijuana mix	**1. Moisture content 2. Potency analysis 3. Foreign matter inspection**	**7 grams**

Product	Test(s) Required Intermediate Products	Maximum Sample Size
	4. Microbiological screening	
Concentrate or extract made with hydrocarbons (solvent based made using n-butane, isobutane, propane, heptane, or other solvents or gases approved by the board of at least 99% purity	1. Potency analysis 2. Microbiological screening (only if using flowers and other plant material that has not passed QA testing) 3. Residual solvent test	2 grams
Concentrate or extract made with a CO2 extractor like hash oil	1. Potency analysis 2. Microbiological screening (only if using flowers and other plant material that has not passed QA testing)	2 grams
Concentrate or extract made with ethanol	1. Potency analysis 2. Microbiological screening (only if using flowers and other plant material that has not passed QA testing)	2 grams
Concentrate or extract made with approved food grade solvent	1. Potency analysis 2. Microbiological screening (only if using flowers and other plant material that has not passed QA testing)	2 grams
Concentrate or extract (nonsolvent) such as kief, hashish, or bubble hash	1. Potency analysis 2. Microbiological	2 grams
Infused cooking oil or fat in solid form	1. Potency analysis 2. Microbiological screening (only if using flowers and other plant material that has not passed QA testing)	2 grams

(c) All marijuana, marijuana-infused products, marijuana concentrates, marijuana mix packaged, and marijuana mix infused sold from a processor to a retailer require the following quality assurance tests:

Product	Test(s) Required End Products	Maximum Sample Size
Infused solid edible	**1. Potency analysis**	**1 unit**
Infused liquid (like a soda or tonic)	**1. Potency analysis**	**1 unit**
Infused topical	**1. Potency analysis**	**1 unit**
Marijuana mix packaged (loose or rolled)	**1. Potency analysis**	**2 grams**
Marijuana mix infused (loose or rolled)	**1. Potency analysis**	**2 grams**
Concentrate or marijuana-infused product for inhalation	**1. Potency analysis**	**1 unit**

(d) End products consisting of only one intermediate product that has not been changed in any way is not subject to potency analysis.

(11) Certified third-party labs may request additional sample material in excess of amounts listed in the table in subsection (10) of this section for the purposes of completing required quality assurance tests. Labs certified as meeting the WSLCB's accreditation requirements may retrieve samples from a marijuana licensee's licensed premises and transport the samples directly to the lab and return any unused portion of the samples.

(12) Labs certified as meeting the WSLCB's accreditation requirements are not limited in the amount of usable marijuana and marijuana products they may have on their premises at any given time, but they must have records to prove all marijuana and marijuana-infused products only for the testing purposes described in WAC 314-55-102.

(13) At the discretion of the WSLCB, a producer or processor must provide an employee of the WSLCB or their designee samples in the amount

listed in subsection (10) of this section or samples of the growing medium, soil amendments, fertilizers, crop production aids, pesticides, or water for random compliance checks. Samples may be screened for pesticides and chemical residues, unsafe levels of metals, and used for other quality assurance tests deemed necessary by the WSLCB. All costs of this testing will be borne by the producer or processor.

(14) No lot of usable flower, batch of marijuana concentrate, or batch of marijuana-infused product may be sold or transported until the completion of all required quality assurance testing. Business entities with multiple locations licensed under the same UBI number may transfer marijuana products between the licensed locations under their UBI number prior to quality assurance testing.

(15) Any usable marijuana or marijuana-infused product that passed the required quality assurance tests may be labeled as "Class A." Only "Class A" usable marijuana or marijuana-infused product will be allowed to be sold.

(16) Upon approval of the WSLCB, a lot that fails a quality assurance test and the associated trim, leaf and other usable material may be used to create extracts using hydrocarbon or CO2 closed loop system. After processing, the CO2 or hydrocarbon based extract must still pass all required quality assurance tests in WAC 314-55-102.

(17) At the request of the producer or processor, the WSLCB may authorize a retest to validate a failed test result on a case-by-case basis. All costs of the retest will be borne by the producer or the processor.

(18) Labs must report all required quality assurance test results directly into the WSLCB's seed to sale traceability system within twenty-four hours of completion. Labs must also record in the seed to sale traceability system an acknowledgment of the receipt of samples from producers or processors and verify if any unused portion of the sample was destroyed or returned to the licensee.

New Mexico (Notable : Staggered Implementation)

L. Maximum concentration of THC in concentrates: A licensed non-profit producer shall not sell or otherwise distribute a concentrated cannabis

derived product to a qualified patient or primary caregiver that contains greater than seventy percent (70%) THC by weight, unless the qualified patient or primary caregiver presents proof of a valid medical exception granted by the department.

M. Maximum water content in dried usable cannabis: A licensed non-profit producer shall not sell usable cannabis, other than a cannabis derived product, that contains fifteen percent (15%) or greater water content by weight. A licensed non-profit producer may be subject to testing to ensure compliance, consistent with the provisions of this rule.

7.34.4.9 NON-PROFIT PRODUCER TESTING OF USABLE CANNABIS: All dried usable cannabis and all concentrated cannabis derived products produced, sold, or distributed by a non-profit producer shall be sampled for testing purposes by the licensed non-profit producer, and those samples shall be tested by an approved laboratory, consistent with the requirements of this rule, prior to the sale or distribution of the dried usable cannabis or concentrated cannabis derived product. Each batch of dried usable cannabis or cannabis concentrate shall be segregated and sampled, and each sample shall be tested by an approved laboratory in accordance with the testing requirements of this rule, and determined by the licensed non-profit producer to have passed the following individual testing requirements, before dried usable cannabis or cannabis concentrate from that batch is made available for sale or distribution.

A. **Exception; staggered implementation**: The department may waive testing requirement(s) of this section, in whole or in part, if the department determines that the number of laboratories approved to conduct a given test is insufficient for all testing samples to be appropriately processed. The department may also adopt and enforce a staggered, random testing schedule for the sampling and testing of dried, usable cannabis and concentrated cannabis derived products by licensed non-profit producers.

B. **Exception for previously tested cannabis**: A non-profit producer shall not be required to sample and test cannabis or a concentrated cannabis-derived product if the batch was previously sampled, and the sample was tested by another non-profit producer and determined to have passed the testing requirements of this rule.

. **Individual testing requirements**:

(1) Microbiological test: A non-profit producer shall sample and test dried, usable cannabis and concentrated cannabis derived products for microbiological contaminants, using an approved laboratory. A

dried cannabis sample may be deemed to have passed the microbiological test if it satisfies the standards set forth in Section 2023 of the United States Pharmacopeia ("microbiological attributes of non-sterile nutritional and dietary supplements"), which can be obtained at http://www.usp.org.

(2) Mycotoxin test: A non-profit producer shall sample and test dried, usable cannabis and concentrated cannabis derived products for mycotoxins, using an approved laboratory. A sample may be deemed to have passed the mycotoxin test if the total quantity of aflatoxin B1, B2, G1, and G2 and ochratoxin A is collectively less than 20 µg/kg (parts per billion) of the sample.

(3) Solvent residue test: A non-profit producer shall sample and test all concentrated cannabis derived products that are manufactured using solvent extraction methods for the presence of solvent residue, using an approved laboratory. A non-profit producer shall determine on the basis of the solvent residue test results whether the quantity of solvent residue contained within a concentrated cannabis derived product poses a health risk to consumers. A non-profit producer shall not sell or distribute a concentrated cannabis derived product from a batch that is found to contain a quantity of solvent residue that is likely to be harmful to human health.

(4) Heavy metals test: A non-profit producer shall sample and test dried, usable cannabis and concentrated cannabis derived products for heavy metals. A sample may be deemed to have passed the heavy metals test if the total quantity of arsenic is less than 0.14 µg/kg (parts per billion); if the total quantity of cadmium is less than 0.09 µg/kg; if the total quantity of lead is less than 0.29 µg/kg; and if the total quantity of mercury is less than 0.29 µg/kg. Exception: a non-profit producer that grows cannabis in a hydroponic system utilizing either a municipal water supply or a water filtering system sufficient to filter the contaminants identified above shall not be subject to heavy metals test requirements.

(5) Quantity of THC and CBD: A non-profit producer shall sample and test all dried usable cannabis and concentrated cannabis derived products for quantity of THC and CBD, using an approved laboratory, prior to sale, distribution, or other use.

(6) Additional testing: The department may require additional testing of cannabis and cannabis derived products by non-profit producers, as it deems appropriate.

D. **Release of batch after testing:**

A licensed non-profit producer may release an entire batch of dried cannabis or concentrated cannabis derived product for immediate manufacture, sale, or other use, provided that the sample taken from the batch passes the tests required in this section.

E. **Procedures for testing:**

A licensed non-profit producer shall ensure that the following testing procedures are followed:

(1) sampling and segregation: a licensed non-profit producer shall remove a sample of no less than three grams from every batch of harvested, dried, usable cannabis, and no less than one gram from every batch of concentrated cannabis-derived product, and transfer the sample to an approved laboratory for testing; the remainder of the batch of dried, usable cannabis or concentrated cannabis-derived product shall be segregated until the licensed non-profit producer receives the results of laboratory testing report and determines whether the batch meets the testing requirements of this rule;

(2) documentation: a licensed non-profit producer shall appropriately document the sampling and testing of all dried cannabis and concentrated cannabis-derived product, and shall utilize a department approved laboratory for the purpose of testing usable cannabis;

(3) remediation: if a sample does not pass testing, the producer shall determine whether remediation is appropriate and test another sample from the batch at issue, or identify processes that will render the dried cannabis or cannabis-derived product safe and retest in accordance with the requirements of this section;

(4) notice and destruction: if the batch cannot be remediated to where it meets the testing requirements of this rule, the non-profit producer shall notify the medical cannabis program within 24 hours, and confirm the destruction and disposal of the dried cannabis or concentrated cannabis-derived product;

(5) testing and remediation protocols: a licensed non-profit producer shall adopt and maintain on the premises protocols regarding sampling, sample testing, remediation, and retesting, consistent with this rule;

(6) preservation and inspection of testing records: a licensed non-profit producer shall maintain all results of laboratory tests conducted on cannabis or cannabis derived products produced by

the licensed non-profit producer or its contractor for a period of at least two years, and shall make those results available to qualified patients and primary caregivers enrolled in the medical cannabis program upon request; and

(7) disciplinary action: repeated failure to pass testing may result in the imposition of disciplinary action(s) by the department, consistent with this rule

Maine (Notable Simple Requirements List)

Refer to the following guidelines:

1.26 **Organic**. Organic means certified by an accredited organic certifier in the State of Maine as being in compliance with the United States Department of Agriculture certification requirements applying to organic products.

2.7.1.2 **Pesticides**. Registered dispensaries and registered primary caregivers may not use a pesticide on marijuana plants cultivated for patients unless the pesticide is exempt from federal registration requirements pursuant to 7 U.S.C. § 136w (b) and is registered with the Maine Board of Pesticides Control pursuant to 7 M.R.S.A. § 607.

2.7.4.3 **Organic certification**. Marijuana for medical use may not be labeled "organic" unless the marijuana plants and prepared marijuana are produced, processed, and certified to be consistent with national organic standards in compliance with the laws and regulations promulgated by the United States Department of Agriculture.

2.14 **Laboratory testing of marijuana**. The department may obtain, possess and perform laboratory testing on marijuana from registered dispensaries.

7.6 **Laboratory testing fees**. Registered dispensaries are responsible for the cost of laboratory testing of marijuana that is required by these rules.

Florida (delayed implementation)

The state of Florida requires that medical marijuana be tested as such:

d. Test the processed marijuana using a medical marijuana testing laboratory before it is dispensed. Results must be verified and signed by two medical marijuana treatment center employees.

Before dispensing, the medical marijuana treatment center must determine that the test results indicate:

- that low-THC cannabis meets the definition of low-THC cannabis,
- the concentration of tetrahydrocannabinol meets the potency requirements of this section,
- the labeling of the concentration of tetrahydrocannabinol and cannabidiol is accurate,
- and all marijuana is safe for human consumption and free from contaminants that are unsafe for human consumption.

The department shall determine by rule which contaminants must be tested for and the maximum levels of each contaminant which are safe for human consumption. The Department of Agriculture and Consumer Services shall assist the department in developing the testing requirements for contaminants that are unsafe for human consumption in edibles.

The department shall also determine by rule the procedures for the treatment of marijuana that fails to meet the testing requirements of this section, s. 381.988, or department rule.

The department may select a random sample from edibles available for purchase in a dispensing facility which shall be tested by the department to determine that the edible:

- meets the potency requirements of this section,
- is safe for human consumption,
- and the labeling of the tetrahydrocannabinol and cannabidiol concentration is accurate.

A medical marijuana treatment center may not require payment from the department for the sample. A medical marijuana treatment center must recall edibles, including all edibles made from the same batch of marijuana, which fail to meet the potency requirements of this section, which are unsafe for human consumption, or for which the labeling of the tetrahydrocannabinol and cannabidiol concentration is inaccurate.

The medical marijuana treatment center must retain records of all testing and samples of each homogenous batch of marijuana for at least 9 months.

The medical marijuana treatment center must contract with a marijuana testing laboratory to perform audits on the medical marijuana treatment center's standard operating procedures, testing records, and samples and provide the results to the department to confirm that the marijuana or

low-THC cannabis meets the requirements of this section and that the marijuana or low-THC cannabis is safe for human consumption.
A medical marijuana treatment center shall reserve two processed samples from each batch and retain such samples for at least 9 months for the purpose of such audits. A medical marijuana treatment center may use a laboratory that has not been certified by the department under s. 381.988 until such time as at least one laboratory holds the required certification, but in no event later than July 1, 2018.

Delaware (inhouse testing)

The State of Delaware Medical Marijuana Code states that dispensaries are responsible for:

7.3.12 detailed procedures regarding the testing of medical marijuana. As part of its initial application, a compassion center shall provide to the Department detailed procedures regarding the testing of medical marijuana, and shall adhere to such procedures in connection with the operation of the compassion center. Such procedures shall include a description of how the marijuana will be tested, including:

- 7.3.12.1 – whether the testing will be conducted in house or through a contracted facility;
- 7.3.12.2 – how marijuana will be transported securely in connection with such testing;
- 7.3.12.3 – what tests are conducted, including what testing procedures are used;
- 7.3.12.4 – how results are tracked and how samples are disposed; and
- 7.3.12.5 – the selection process and the number of samples tested.

Type of Meeting: Medical Cannabis Regulation Commission
Date: April 10, 2019
Venue: Governor's Small Conference Room, Adelup
Recorder: Cid Mostales/Linda Unpingco DeNorcey

Persons Present: Linda Unpingco Denorcey (Director, Department of Public Health and Social Services), Senator Therese Terlaje (Senator, Committee on Health, Guam Legislature), Dr. Suzanne Kaneshiro (DPHSS Chief Public Health Officer), Michelle Lastimosa (Environmental Protection Agency representative), Alan Cepeda (Speaker's representative), Roy Adonay (Guam Board of Medical Examiner), Dr. Maria Stella Gaerlan (Board Certified Physical Medicine, Pain Management), Chelsa Muna Brecht (Department of Agriculture), Dr. Aline Yamashita (Public Member), Frances Santos (DPHSS-WPS II)

TOPIC	DISCUSSION	DECISION
Call to order		The DPHSS Director called the meeting to order at 9:03 a.m.
Introduction of the Medical Cannabis Regulation Commission members	The Medical Cannabis Regulation Commission members and the DPHSS team introduced themselves. The regulation commission members are comprised of the following: Director of Department of Public Health and Social Services-Linda Unpingco DeNorcey; Chairperson of the Guam Board of Medical Examiners- Dr. Berg or the alternate representative-Roy Adonay; Director or Agriculture-Chelsa Muna-Brecht; Administrator of Environmental Protection Agency-Walter Leon Guerrero or alternate representatives Michelle Lastimosa and Nick Rupli; Chairperson of the Legislative Committee on Health-Senator Therese Terlaje; Public Members at Large-Dr. Aline Yamashita and Jared Okada (in absentia). Four other members need to be appointed by the regulation commission. Of the four members, one individual represents a qualified patient, a caregiver, or a patient advocate; the other member represents a licensed possessor; and two members represent practitioners in the field of oncology, neurology, psychiatry, or pain management. These practitioners must be board certified in his/her specialty and knowledgeable about the medical use of cannabis. These aforementioned four members must be appointed by the commission.	Nomination are Dr, Carlos – Neurologist, and Dr. Maria Stella Gaerlan

TOPIC	DISCUSSION	DECISION
Introduction of the DPHSS Team	The DPHSS team introduced themselves and they are comprised of the following individuals: DPHSS Director-Linda Unpingco Denorcey, Deputy Director - Laurent Duenas, Chief Public Health Officer-Dr. Susan Kaneshiro, Environmental Public Health Officer Administrator-Rosanna Rabago, Word Processing Secretary-Frances Santos.	
Additional Medical Cannabis Regulation Commission Members	The commission has to appoint four additional members: the licensed possessor; a qualified patient, care giver or patient advocate; and two practitioners representing the field of oncology, neurology, psychiatry, or pain management. There have been several people that have been nominated from the community such as: Andrea Pellacani, Kim Orsini, Jon Savares, Dr. Maria Stella Gaerlan, and Dr. Rommel Carlos. Dr. Maria Stella Gaerlan is the only full time pain management specialist on Guam. She has over 20 years of experience, coming from Las Vegas, now practicing on Guam for over a year. She is well loved by the patient, and highly endorsed by the community. Mr. Adonay officially nominated Dr. Maria Stella Gaerlan to be the practitioner representing the field of pain management. Dr. Maria Stella Gaerlan accepted the nomination. Senator Theresa Terlaje, seconded the motion to nominate Dr. Maria Stella Gaerlan to be the practitioner representing the field of pain management. Moreover, according to Mr. Adonay, Dr. Rommel Carlos, a neurologist, was recommended by the Guam Board of Medical Examiners, but he declined to serve as a commission member and so his name has been withdrawn from the nomination. Thus, the Guam Board of Medical Examiners are searching for another practitioner, possibly Dr. Jeff Galgo, a retired Air Force who has a private practice in Upper Tumon for the pass years. However, Dr. Galgo has not yet confirmed if he wants to serve as a commission. Department of Agriculture Commission member-Chelsa Muna-Brecht suggested that the committee consider the only doctor that testified in the marijuana	The commission unanimously voted for Dr. Maria Stella Gaerlan to be a commission member. Mr. Adonay will follow up with Dr. Galgo.

TOPIC	DISCUSSION	DECISION
Additional Medical Cannabis Regulation Commission Members	public hearings, and been providing patients with written certifications. Mr. Adonay commented that only the Guam Board of Medical Examiners can nominate doctor(s) whom they have spoken to. If Department of Agriculture Commission member-Chelsa Muna-Brecht can give the name of the physician that she is recommending, and the Board of Medical Examiners can certainly look into contacting the physician to see if he/she is interested in serving as a Medical Cannabis Regulation Commission member. According to the marijuana law, the practitioner must be board certified, and representing the field of oncology, neurology, psychiatry, or pain management (only these fields will be considered). The Marijuana law is very specific on the type of practitioner that can be nominated.	Mr. Adonay will follow up with the Board of Medical Examiners to obtain names of other practitioners who may be willing to serve as a commission member.
	Senator Therese Terlaje made the motion to nominate Jon Savares to be the qualified licensed possessor representative. Department of Agriculture Commission member-Chelse Muna Breacht seconded the motion.	The commission unanimously voted for Jon Savares to serve as the qualified licensed possessor representative.
	Senator Therese Terlaje later on made the motion to rescind the nomination of Jon Savares so that the commission members can have more time to review the roles and duties of the commission before making any decision. Additionally, Dr. Yamashita suggested to contact Jon Savares, Andrea Pellacani, and Kimberly Orsini and request for each of them to provide a written narrative of their statement of interest in being a Medical Cannabis Regulation Commission member, and what he/she can contribute as a commission member. This written information should be sent to DPHSS and then presented to the commission at the next meeting. Thus, Senator Terlaje made the motion to reconsider the appointment of Jon Savares as a licensed possessor and leave all category (i.e., the qualified patient, caregiver, or patient advocate; the licensed possessor; and the practitioner) open till the next meeting.	The commission unanimously rescinded their vote of Jon Savares to serve as a licensed possessor commission member. The Commission unanimously voted to table the selection of the three remaining commission representatives: the qualified

TOPICS	DISCUSSION	DECISION
Additional Medical Cannabis Regulation Commission Members	The DPHSS Director stated that an informational briefing was held on March 18, 2019 with the presence of the Lt. Governor Josh Tenorio to launch the Medical Cannabis program. The new Commission was debriefed of the six Medical Marijuana laws and the 10 Guam Code Annotated Chapter 12, Article 25, the latter regarding rules and recommendations.	patient, caregiver, or patient advocate; a licensed possessor; and the practitioner at the next meeting.
Medical Marijuana Laws	Every commission member was given a binder, which has the six medical marijuana laws and Title 10 Guam Code Annotated Chapter 12, Article 25, the "Joaquin (KC) Concepcion II Compassionate Cannabis Use Act of 2013." **Public law 32-237**, an act to add a new Article 24 to Chapter 12, Title 10 of the Guam Code Annotated, relative to allowing the medical use of cannabis, amending provisions of the Controlled Substances Act, providing penalties, and for other purposes to be known as the "Joaquin (KC) Concepcion II Compassionate Cannabis Act of 2013". **Public Law 33-220** which an act to repeal and re-enact Article 24 of Chapter 12, Title 10 Guam Code Annotated, relative to strengthen the provisions of the "Joaquin Cannabis Act of 2013" and an act to amend Article 25 of Chapter 2 Part 2 Chapter 12 of the Division 1 Title 10 Guam Code Annotated, relative to strengthening the provisions of the "Joaquin (KC) Concepcion II Compassionate Cannabis Act of 2013". **Public Law 34-24** to add new subsections 122503 (k), to add new Subsection 122503 (ee) and 122503 (ff); to amend subsection 122508; add new subsection 122509 (d) (7) and 122509 (7) and to amend subsection 122510 (a), and all of Article 25, Chapter	

TOPICS	DISCUSSION	DECISION
	12 Division 1, Title 10, Guam Code Annotated relative to the requiring of the Guam Department of Revenue and Taxation to collect fees and issue business licenses for the commercial cultivation, manufacturing, laboratory testing, and dispensary activities of medical cannabis; and to further implement the "Joaquin (KC) Concepcion II Compassionate Cannabis Use Act of 2013." **Public Law 34-80,** an Act to Adopt the Rules and Regulations attached as Exhibit "A" hereto entitled the "Rules and Regulations governing the "Joaquin (KC) Concepcion II Compassionate Cannabis Act of 2013", and to amend subsections (a), (g), (h), (o), (t), and (aa) of subsection 122503 (a thru aa) and subsection (4) of 122510, all of Article 25, Part 2, Chapter 12, Division 1, Title 10, Guam Code Annotated, relative to allowing medical use of cannabis by non-residents and amending certain definitions contained in the Medical Cannabis Law. **Public Law 34-125,** an Act to add a new subsection 122530 to Article 25, Chapter 12, Title 10, Guam Code Annotated, relative to permitting the home cultivation of medical cannabis under certain conditions. **Public Law 34-165**, an Act to amend subsection 122504 and 122505 of Article 25, Chapter 12, Title 10, Guam Code Annotated, relative to exempting from criminal and civil penalties those engaged in the home cultivation of Medical Cannabis; and extending prohibition, restrictions, and limitations of the same.	
Roles and Responsibilities of the Medical Cannabis Regulation Commission	The DPHSS Director stated that duties and responsibilities of the commission include: reviewing and adding other debilitating medical conditions; recommending quantities of cannabis; submitting policy recommendations; updating regulations relative to medical cannabis, etc.	
Written Certification from Practitioners	The DPHSS WPS II stated that an individual (a patient) with a debilitating medical condition may use marijuana provided that they have a written certification from a practitioner. Additionally, a	

TOPIC	DISCUSSION	DECISION
Written Certification from Practitioners	patient and his/her designated caregiver may apply for a home cultivation permit.	
Updated Data on Medicinal Marijuana	There are 102 individuals who have a written certification from their practitioners for the recommendation of marijuana usage, and of this number, five certifications have expired. Additionally, there are three caregivers with a written certification and of the three, one is a designated caregiver home cultivator for a patient. Moreover, there are seven patients with a home cultivation permit; one caregiver and 6 patients are awaiting pre-inspection for their permit application. The DPHSS CPHO and WPS II both conduct the inspections for those who cultivate marijuana in their home. The DPHSS CPHO stated that the law is quite "laxed" in terms of home cultivation. All that is required is an enclosed and locked room. There is one individual who wants to grow the plant beside his bed (the marijuana plant is enclosed and the room is locked). Other people are growing marijuana in their bathroom. Patients can grow 12 plants at home and a certified caregiver can grow marijuana for up to 3 patients. The intent of home cultivation is to support families in accessing the plant. Public Member at Large-Dr. Yamashita commented that it basically goes back to how to support these patients who are in need of pain relief. Practitioner Dr. Maria Stella Gaerlan stated that she sees most of the pain management patient on the island. She usually writes a statement at the end of the medical note that the individual is qualified to use marijuana and their desire to use medical marijuana to control their pain. After she completes the written certification, the patients go to Public Health to complete the medical marijuana application/permit.	
Home Cannabis Cultivation	In reviewing the Home Cannabis Cultivation rules, the law states that what is relevant to Department of cannabis must be stored in a secured area and	

TOPIC	DISCUSSION	DECISION
Home Cannabis Cultivation	inaccessible to any persons other than the qualified patient and his/her designated caregiver. However, Cannabis should not be cultivated in the common areas of any multi-family complex. The DPHSS CPHO recommended that rooms where the marijuana is being grown should have air conditioning, ventilation, and away from bedrooms. Growing marijuana in the kitchen is fine, or another room that is not being used for anything else. Rooms being used for planting should be inaccessible to children. The DPHSS WPS II also stated that there is a pamphlet with a checklist on how to grow marijuana as a home cultivator. One commission member commented that there are some patients that have moved from the U.S. to Guam and they are registered for marijuana usage in a particular state. Question: "Is that state registration valid also on Guam?" According to the DPHSS WPSII, patients that are registered in another State must register and get a new certificate on Guam. The law states that there is no border crossing. Medical Board Commission member-Mr. Adonay stated that marijuana educational information and awareness is needed because there is a lot of misinformation from one doctor to another. Currently, there is no specific listing from the medical community on who is doing written certification for marijuana. The only thing that Public Health can provide is a list of doctors that have Certified Substances Registration (CSR). Thus there is a need to bring awareness and current information to the public. The statue for the recreational use will have all of the information needed.	
Medicinal Cannabis Commission and Recreational Marijuana Commission	Dept of Agriculture Commission member-Mrs. Muna-Brecht asked if the Medical Marijuana and the recreational marijuana commissions are going to be combined into one commission. Board of Medical Examiner commission member-Mr. Adonay stated that right now medical and recreational marijuana laws/commissions are distinct. There is	

TOPIC	DISCUSSION	DECISION
Medicinal Cannabis Commission and Recreational Marijuana Commission	still a necessity for the separation of the two commissions simply because the recreational marijuana legislation addresses the use of marijuana for those 21 years old and over, but the medical marijuana legislation addresses patients under 21 years of age as well as adults who need medical marijuana for treatment. Senator Terlaje commented that there are two separate laws and there should also be two separate commissions.	
Medical Marijuana Program Funding	Funding of $791,705 is specifically to be used for the Medical Marijuana program to hire five staff (2 environmental public health officers that will be doing inspections; an administrative assistant; a program coordinator IV; and a systems programmer). We also have funding to cover travel, contractual services, supplies, equipment, miscellaneous, and capital outlay. Moreover, the funding is inclusive of a software that will track and monitor the whole process from seed to sale. The DPHSS is not going to create or operate a laboratory, and as a public health entity, the DPHSS' goals are to ensure the safety of marijuana and monitor businesses to ensure the adherence of safety rules and regulations from seed to dispensary. Department of Agriculture Commission member-Chelsa Mana Brecht requested for a position with an agriculture background be included in the personnel budget. She commented that the medical marijuana program involves growing, the use of chemicals, whether organic, natural, etc. and so it would be prudent to have someone with an agricultural background.	The DPHSS Director will provide the commission with a copy of the FY 2020 Budget on the Medical Cannabis program at the next meeting so that they can provide feedback on it.

TOPIC	DISCUSSION	DECISION
Application and License Fees	The DPHSS WPS II-Mrs. Santos gave a briefing on the different licenses: laboratory testing, cultivation, manufacture, and dispensary. Application and licensing fees must be paid. The pamphlet clearly outlines the type of application and the permit fees. There are 3 levels of a Cultivator, Type I (2,500 square feet single canopy), Type II (5,000 square feet), and Type III (10,000 square feet) for growing and processing. Additionally, application and license fees for Cultivators range from $2,000 to $10,000. Manufacturer and Dispensary fees are $5,000 for application and another $5,000 for license fee. Testing Laboratory is $2,000 each for the application and the license fees. Laboratory requires a certification from a credited agency specific to this kind of industry. American for Safe Access is an excellent resource to tap on. Applicants applying for licenses must obtain approval from various government of Guam agencies such as: Department of Agriculture, Guam Fire Department, Department of Land Management for zoning, and Guam Environmental Protection Agency, DPHSS, etc. Newly built or renovated building (laboratory testing facilities and dispensaries) must be safe for the customers as well as the employees.	
Laboratory Testing Facility	There is only one commercial laboratory on the island, which is Diagnostic Laboratory Services (DLS). FHP, GRMC, SDA have a smaller laboratory facility. DLS has been approached to possibly open a laboratory testing facility that is so needed. DLS ended up visiting some facilities in the United States. From the visits, DLS felt that the margin of profit of the cannabis laboratory is low and the risk is quite high. Thus, DLS formally is not interested in establishing a laboratory for cannabis testing. Possible capitalization for putting up a laboratory for testing is about $1,000,000. According to Dept of Agriculture Commission member-Mrs Muna-Brecht, Two cannabis plant samples from the same strain can have different purity level results. Another thing the laboratory should consider is how many people will really grow the cannabis and what is its potential revenue. The laboratory must be certified. When the	

TOPIC	DISCUSSION	DECISION
Laboratory Testing Facility	laboratory is ready to operate, they have to do a parallel testing procedure and test with another laboratory. This is how they get validated through the American for Safe Access (ASA) requirement and certification that is required for licensing. You can grow, make and dispense, but you can't move to bring your product to the store/dispensary if there is no laboratory testing done. The DPHSS Director stated that during the informational briefing on March 2018, the Lt. Governor suggested for Guam Economic Development Agency (GEDA) to research the possibility of having an incentive for private businesses to invest in a laboratory testing facility by offering qualifying certificates (tax exemption). Additionally, legislation has been introduced to reduce the three years residency requirement to one year, which may incentivize investors. Additionally, there is another possibility of the passage of the recreational cannabis law. This might make it attractive for business investors to open up a laboratory testing facility. The laboratory testing facility needs to have a DEA license, and very rarely does a laboratory get a DEA license without justification that they also conduct research, or are also a research facility. This might be a hurdle. The laboratory needs a DEA license since they store, receive, and possess a Schedule I controlled substance. The DPHSS CPHO mentioned that with the recreational law, Department of Revenue and Taxation will be overseeing the licensing of the cultivators, manufacturers, and the dispensaries. Public Health also licenses those entities. How does that work, both are licensing the same entities? It should be only one department doing all the licensing of the cannabis facilities. Difference between the recreational and medical cannabis is that the medical cannabis will not be taxed, and the amount that you pay is much lower than recreational cannabis. On the retail side, if cannabis is introduced in a food product, DPHSS Division of Environmental Health will still consider it as a food product, and they already made the statement that FDA does not recognize cannabis as a generally safe ingredient in a food product. Going back to the	

TOPIC	DISCUSSION	DECISION
Laboratory Testing Facility	recreational cannabis, maybe the commission can talk again to Senator Ridgell about putting back into the front table the legislation of reducing from three years to one year the residency requirement to entice private businesses to invest in a laboratory testing facility.	
Schedule of Next Meeting		The next meeting will be on May 8, 2019 at 9:00 a.m.
Adjournment		Meeting was adjourned at 10:40 a.m.