Rulemaking Workshop for Chapter WAC 246-70

CR 101 filed as WSR 22-23-001

Scope of Rulemaking (from CR 101): Consider updating the term "marijuana" to "cannabis," examine the definition of compliant product, review compliant product labeling, and align quality assurance standards with the Washington State Liquor and Cannabis Board (WSLCB).

Section	Amendments for Consideration
246-70 WAC **All sections**	• Update the term “marijuana” to “cannabis” in accordance with HB 1210. • Consider making it clear in each section of rule that requirements are in addition to WSLCB rules under 314-55 WAC. • Include term “quality control” instead of quality assurance as applicable.

Interested Party Input

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246-70-010 **Findings**	Consider modernizing language based on scientific data developments since original rule adopted in 2015.

Interested Party Input

- Suggestion received to use the term “medical grade”, or something similar, to reinforce that this is a definition for quality assured, quality-controlled products that meet WAC 246-70-040 and -050. More input on this under the 246-70-030 Definitions section below.

246-70-020 **Applicability to WSLCB Rules**	In scope, but no specific proposed changes.

Interested Party Input

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246-70-030 **Definitions**	• Technical changes for clarity. • Update definitions for consistency with WSLCB.

Section	Amendments for Consideration

	• Update "Allowed pesticide" to include references to WSLCB rule.
	• New terminology for products that meet standards for medical use (as required by 246-040 and -050) to:
	  ○ Clarify term to better reflect higher quality and testing standards for medical use.
	  ○ Resolve conflict with DOH tax exemption policy that defines "compliant marijuana product" as any product purchased by a recognition cardholder.
	• Ensure all definitions align with related RCWs and WACs.

Interested Party Input (246-70-030 Definitions)

- Establish the term "medical grade" or, another term to make it clear that 246-70 product is a quality assurance definition with enhanced label requirements. Terminology like "medical grade" is NOT a structure and function claim and does not claim to address dosage or application but provides patient information and protection.
- Increase the THC definition of what constitutes a "marijuana concentrate" from > 10% to > 30%. Greater than 10% is typical for cannabis flower found on today's market; a 30% margin remains a low potency concentrate, while providing a higher standard.
- Establish the term "synthetically-derived cannabinoid" to establish regulation for these compounds that is inclusive of both known synthetic cannabinoids of concern and unknown cannabinoids that may be engineered in the future.

Workshop Comments

246-70-040 **Marijuana products compliant with this chapter.**	• Align terminology with new term for products that meet standards for medical use (see above). • Clarify what DOH compliant product means in terms of quality assurance. • Evaluate and consider changes to categories to ensure they align with program scope and goals.

Interested Party Input

- Prohibit the addition of "synthetically-derived" cannabinoids into any DOH "medical grade/medically compliant" product until safety is demonstrated.

Workshop Comments

- High THC – difficultly implementing, liability getting into stores, not really used;

Section	Amendments for Consideration

- High CBD –
- Focus should be on what DOH means based on standards outlined in section -050; what does medical grade mean in various areas of standards.

246-70-050 Quality assurance testing.	• Align with WSLCB standards as baseline.
	• Consider increased testing standards for medical cannabis.
	  ○ Testing for pesticides, heavy metals, terpenes etc.
	  ○ Samples sizes, action levels, etc.
	• Re-evaluate minimum requirement for when product is tested (time of harvest vs. end product).

Interested Party Input (246-70-050 Quality assurance testing)

- Align with WSLCB standards and protocols for pesticides, cannabinoids, mycotoxins, and non-hydrocarbon solvents to lower costs and disincentives for producer/processors, stimulate greater availability in stores, encourage more accessible costs for patients, and preserve the option for producer/processors to steer their product to recreational or medical market based on results of quality assurance testing.
- Adopt WSLCB pesticide and microbiological testing protocols as is.
- Add Uniconazole with an action level of .5 ppm and Chlormequat chloride from .1 ppm to .5 ppm based on current input from testing labs.
- Require third-party (lab or delivery driver), under cameras, with signed attestation to reduce likelihood of skewed self-sampling and increase accountability. (Note: there does not appear to be any conflict with WSLCB requirements in WAC 314-55-102).
- Retain current heavy metal testing requirements, which are in addition to WSLCB testing.
- Add terpene testing to standardize the protocol for how terpene concentrations should be tested. Specific terpenes, concentrations, and combinations are widely seen among the medical cannabis community as having both potential therapeutic effects and adverse reactions. This information is critical for providers/patient decision-making.
- Decrease thresholds for hydro-carbon solvents from 5000 ppm to 1000 ppm to increase patient safety for more susceptible patients who are frequent users of concentrates.

Workshop Comments

- Data on costs: https://drive.google.com/file/d/1Il5UrQMBLVIRTvg9IO5SnsX8-abEj5Qc/view?usp=sharing
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Section	Amendments for Consideration

246-70-060 Compliant product labeling.	Consider requiring additional information for clarity and patient protection

Interested Party Input

- Require terpene labeling that lists the top three most abundant terpenes in the product.
- Require labeling for the presence of neem oil, azadirachtin, and other neem agents when used on source materials for medical products. This is a strong concern to the patient community and since there is no required testing protocol, certain patients need this information to ensure the product is safe for them. *Labs don't have specific test/protocol for testing – would just be honor system disclosure.*
- Require QR code sticker to packaging that links to the testing results (COAs) for that product. Current practice makes patient access to COAs very difficult, and this information is critical for patient safety and informed decision-making. *Workshop attendees in agreement.*

Workshop Comments

- It would be helpful to know whether the standard would require GCMS vs. LCMS to reliably detect; because not all labs have GCMS equipment, and that's becoming more of an issue in other domains...

246-70-070 Compliant product safe handling.	Terminology changes only.

246-70-080 Employee training.	Terminology changes only.

246-70-090 Marijuana product compliant logos.	Consider updating logos to clarify DOH compliant products and how they have a higher quality assurance standard for medical cannabis patients.

Interested Party Input

Section	Amendments for Consideration

- Make logos clearer for patients, Medical Cannabis Consultants, and other retail employees. The logo should be clear that "medical grade/medically compliant" is a DOH quality assurance designation of a higher standard.
- Consider eliminating the terms General Use, high-THC, high-CBD, and as currently required by WAC 246-70-040(1), (2), (3).

Workshop Comments

- Demarcation about how product is different/meets medical standards. One logo to capture this?
- Lift 10 serving limitation. Cap by THC levels. (sec -040) – for general product.
- Label needs to speak to consumer/consultants/budtenders. Not gov WAC. Focus on their knowledge base.

Future workshops:

- Divide by subject areas – QA/QC on its own; label/logo as one focus area; include mixed audience – all participants
- i would love to see DOH educate Retailers and public on the program. To date DOH has been pretty silent on the program.... support would be helpful and appreciated

November workshop – review draft language for -040 and -050 – start with RCW requirements, work from that, notate what we can't change, what we can, and notes about changes that are broadly agreed upon

Later workshop…-090 (logo) – one logo to reflect medical grade & specific standards met