# Medical Cannabis Regulation Commission Meeting Minutes of

5pm, Thursday, March 4, 2021 via Zoom

 **Members Present:**

Dr. Suzanne Kaneshiro, DPHSS designee (Chair)

Chelsea Muna-Brecht, Director, Dept of Agriculture

Michelle Lastmoza, Guam Environmental Protection Agency

Andrea Pellacani, Grassroots Guam

Jonathan Savares, Patient Advocate

Tom Pearson, Member of the Public at Large appointed by Governor Lou Leon Guerrero

Jessica Nangauta, Member of the Public at Large, appointed by Speaker Therese Terlaje, 36th Guam Legislature

Dr. Chen Huang, Oncologist

**Absent:**

Dr. N. Berg,

Speaker Therese Terlaje

Dr. M. Gaerlan

**Others Present:**

Cid Mostales, DPHSS Special Projects Coordinator Zoom Host

Zita Pangelinan, Management Analyst, DPHSS Medical Cannabis Program

Byron Cepeda

The public notice for the Medical Cannabis Regulation Commission Meeting Virtual meeting was published in Pacific Daily News February 28th and March 2, and was also posted on the Department of Public Health and Social Services (DPHSS) Facebook page, the Office of Attorney General’s website and the Department of Administration’s website.

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| **TOPIC** | **DISCUSSION** | **ACTION/DECISION** |
| Call to Order | Designated Chairperson Dr. Suzanne Kaneshiro called the meeting to order at 5:07pm. Dr. K welcomed everyone and shared that it’s been over a year since the last meeting given Covid-19 Pandemic and DPHSS’s response. | Call to Order |
| Roll call |  Quorum was met  |  |
| Approval of Minutes of January 30, 2020 | * Motion by Tom Pearson
* Seconded by Jonathan Savares
 | Minutes of the meeting for Jan 30, 2020 was approved by the members. |
| **Establishment of Listing of Physicians for Patients** | * **Dr. K** stated that attempts to contact Roy Adonay regarding the providers’ survey to establish a list of Providers willing to provide patient’s certification and have their names published on DPHSS website and other informational brochures for patients seeking consultation were unsuccessful.
* DPHSS MCP then requested the Board of the Guam Board of Medical Examiners to facilitate the survey. Request was disapproved.
* Given the failed attempts, Dr. K asked if the Commission would like to initiate the survey.
* **A. Pellacani** recommended that DPHSS conduct the survey given that MCRC does not have regulatory authority, as it is more an advisory commission and that decision falls under the purview of DPHSS. No objection to having DPHSS conduct the survey since this survey has been two or almost five years in the making. The quickest way to conduct it without controversy is to get it done by the DPHSS.
* **J. Savares** also stated that he is aware of the attempts with GBME.
* Once the list is established, provide information to practitioners who may be interested in adding their names to the list possibly during the renewal of their license or by conducting a survey 2 or 3 times a year.
 | * Motion by C. Muna-Brecht to recommend or request DPHSS conduct a survey of practitioners in order to compile a list of providers willing to have their names published to be available for patients seeking possible written certification for medical cannabis.
* Seconded by Jonathan Savares
* Unanimously approved.
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|  | * ***A. Pellacani*** *clarified that she is non-voting as of last meeting.*
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| **List of Debilitating Medical Conditions for Marijuana Use** | * According to A. Pellacani, Commission is unsure of the process to add it, whether it required an adjudication process because Commission does not have the authority but recommends to the Director.
* **A. Pellacini** stated that the Commission voted and approved to add **anxiety, depression, autism, sleep disorder and chronic pain** to the initial list of 10 debilitating medical conditions as stated in the 11/4/2019 minutes of the MCRC. It was also recommended to move # 10 and make it number 15 and place the additional medical conditions prior to 15.
* Dr. K stated that according to No. 10 on the list, practitioners also have the option to add“…*any other medical condition, medical treatment or disease for which the qualified patient’s practitioner has determined that the use of medical cannabis may provide relief”.*
* **A. Pellacani** stated that the issue is that the onus is on the patient to convince the doctor that they have a condition that is not on the list and it can be difficult for patients. The point of adding these conditions is to make it easier for patients and that it also becomes an education piece for the doctors.

It is unknown as to what the process is once it is submitted to the Director, and whether it has to go through the adjudication process. Director is supposed to have the final say. Does that recommendation go to the Director for approval? Does it have to go through the Triple A process or just add it?* **Z. Pangelinan** informed all members that a copy of the law specific to this issue was emailed to all the members for their reference prior to this meeting.
* **M. Lastimosa** asked for clarification about the process and what does a petition include?
	+ Does it include signatures from a growing number of patients with similar conditions?
	+ Does it include supporting documents that medical cannabis will benefit that particular condition?
	+ Is there a standard of how petitions are evaluated? Is it just one email or supporting documents that accompany the request?
	+ Is it a 100 people signing off on a request?
	+ Are we required to hold a public hearing?
* **C. Muna Brecht** stated this is a public hearing as it was duly noticed.
* **Dr. K** – mentioned that physicians are on the commission and we have people who can answer and advise us if conditions should be considered as warranting or it should approved or not.
* **Dr. Chen Huang** – stated the list “looks reasonable” however, there is a need to ensure doctors assess their patients since some patients can be in remission. She recommends using “Performance Status” which factors functionality and evaluates how well patients are doing clinically – are they able to bathe, eat, change clothes? There are a lot of issues. Some cancer patients and HIV patients are doing really well. Dr. C. Huang – recommends we need to make things easier, but also need to follow the law. Hope we can facilitate it so we cut out layers of bureaucracy.
* **J. Savares** – the recommendations he submitted are from patients who come to talk to us. I went and did the research and laid it out and presented the arguments for autism for why and why not. There is a check and balance with having the Director as the final authority.
* **Dr. K** stated that she will seek guidance from the AGs office regarding the process.
 | * Request guidance from AG on what the process entails to add to the debilitating medical conditions.
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| **Seed to Sale RFP** | **Z. Pangelinan** reported.* Former Director initially submitted the RFP to AG for review. It came back in July with many issues to be addressed.
* Revisions were made and resubmitted to AG.
* **C. Muna Brecht** – asked about the possibility of handing the RFP over to Rev and Tax due to the workload and having it done because of the implications.
* **Dr. K** stated that DRT Director offered to help. DPHSS Director stated that as long as OAG thinks its ok for DRT to handle, then we can pursue that angle.
* **Z. Pangelinan** reported that she’s been working with the AG, we are just about to finalize for publication and will be meeting with AG the following week. However, she will check with AG to to determine how to expedite the process.
 | * Z. Pangelinan and C. Mostales will be meeting with AG. Z. Pangelinan will consult with OAG to determine if handing over the RFP process to DRT to take over is allowable and if doing so will expedite the process.
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| **Reciprocity** | * **Dr. K** stated that if there is to provide for reciprocity, it will require legislative action.
* **A. Pellacani** – Commission’s responsibility, it is to review the policy and make recommendations to the legislature.
* **C. Muna Brecht** – moved to have this issue brought before the legislature.
* **Dr. K** -stated that this was discussed previously and that it was tabled because Senator Terlaje recommended that rather than submit items piecemeal, she recommended that all issues be identified and said recommendation be submitted to Legislature.
 | 1. Pellacani stated that she was assigned by the Director to review policy but it’s quite a challenge.
* -She requested to have a working group to review the policy.
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| **MCRC Working Group Legislative Review** | MCRC working group will be formed to identify issues on what needs to be addressed. * **A. Pellacani** was assigned to identify issues on the law that need to be amended.
 | It was agreed to establish a working group consisting of:Andrea PellacaniChelsa Muna BrechtJonathan SavaresJessica NangautaZita PangelinanCid Mostales |
| **Distribution Center** | * **A. Pellacani** shared about discussions with Adrian Cruz whether it was advisable for Guam to adopt or add a distributor model since it is not currently a model for Medical or Recreational Cannabis. A Distribution model is similar to that of a wholesaler. We don’t have that so cultivators are their own distributor. Essentially, distributor will handle fleet security and sales.
	+ Current model, farmers will be their own sellers.
	+ Adrian said he will bring it to the CCB, because they have more expertise there, however, it has not moved forward.
	+ So, if the commission wishes to entertain it. The idea is that either medical or adult use adopts a distributors model.
* **C. Muna Brecht** – Newer farmers understand operating as a business and handling sales on their own, but there’s also the opportunity for entrepreneurship for safe delivery; and an opportunity to fix taxation issue on recreational side.
* **C. Muna Brecht** shared that this distribution similar to Farmers Co-op. As long as we add as an opportunity for distributor or cultivator business, but do not mandate it.
* **M. Lastimoza** – the term dispensary include an establishment that delivers?
* **A. Pellacani** – distributor not only delivers but sells products to retailers. It helps wholesalers moves products to retailers.
* **J. Nangauta** – stated that she is a farmer and understands the example, like the Co-op; the Fisherman or Farmers co-op. I just hope it is not mandated by the legislature. The farmers who sell to a co-op are the minority. Farmers still do their own selling and distribute because once they sell it to a distributor, it increases prices for the consumer about 300%. Older farmers prefer that.
* **C. Muna Brecht** also agrees that it should not be mandated.
* Distributors can also provide proper storage. After they are done curing, farmers may want to get things out. If we don’t add it, they are forced to
* **J. Savares** recommends that this topic be tabled and refer to the work group to solidify a model and then present to Commission.
 | Topic is referred to Work Group  |
| **Meeting beyond an hour - motion to table other agenda items.** | * **Dr. K** stated she was trying to keep the meeting to an hour, however, the time has exceeded.
* **C. Muna Brecht** moved to suspend discussions of old business from E- Distribution Centers to I. FAQs and move on to new business.

Seconded by T. Pearson. Unanimously approved. | Tabled old business:E. Distribution CentersF. Third Party CertificationG. Lab Application ReviewH. Members AttendanceI. FAQs |
| **V. New Business** **A. Extension of Home Cultivation** | **J. Savares** raised concern that Home Cultivation provision expires when dispensaries open. Patients will not be allowed to cultivate at home in accordance with medical patients regulations. This is not fair as recreational cannabis can grow without being required to be inspected. If a person gets certified by the doctor, we can eliminate DPHSS from conducting any home inspections. Unless there is a designated caregiver cultivating and multi designee (for more than one patient.)**T. Pearson** asked if that is a change in legislation.**J. Savares:** We will have to address the separate law and also work on PL 34-125 and the other law. The only caveat is when a person is designating a caregiver. We need to make the laws more parallel with the Adult Use Laws.  | Refer to Work Group |
| **TACTICAL PLAN** | **A. Pellacani** said the idea behind this is that we are here at 2021 and have yet to open a dispensary. Is this another working group to put a tactical plan together? I would like to have DPHSS trained to regulate this program. How do we get from Point A to Point B to open dispensaries and make it available to patients. If we develop a tactical plan to address the barriers and raise attention to what those barriers are.**C. Muna Brecht** –how about combining both boards?**A. Pellacani** – CCB does not have any industry representative or doctors. My initial concern – long term, I think we should have a cannabis bureau that be the gateway for the Public Health or Rev and Tax. I’m concerned that discussion with Adult Use will take us off the trajectory. We should be talking about how we get people interested.  |  |
|  | **J. Savares** – We don’t have a specific application for labs. That’s a big barrier that we should work on. Can we get passed that barrier? Have all public health regulators trained? |  |
|  | I was put on this board and advised to get off. Over time, I have realized that.  |  |
|  | **Dr. K** To overcome very strong resistance. I see the benefits. It’s an uphill struggle to get people interested. We need to educate the public.  |  |
|  | We are on different stages with Have patience. Slowly patients will let Doctors know and it will naturally become accepted.  |  |
|  | Motion to have the Working Group focus on developing a Tactical Plan to the Working Group and incorporate :1. Identifying the barriers to moving the program forward
2. Budget – Financial status of the program
3. What prevents businesses from opening?
4. Recommendations to address Policy Issues.
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| **Medical Cannabis Patient Registry ID Card** | **Dr. K** announced that all patients current Due to Covid-19 Response, Medical Cannabis Staff have been assigned to the response and services were curtailed. Therefore, all patient’s registry ID Card expiring between March through November, will be extended and expire December 31, 2021. | Patient Registry ID Certifications expiring prior to December will be extended to expire December 31, 2021 per. |
| **Medical Cannabis Program Office**  | * **Dr. K** announced that the Medical Cannabis Program office will be located to **155 Hesler Place, Hagatna, Guam**
* **C. Muna Brecht** asked about the 2020 Budget $750,000.00. FY2021 Budget $450,000 which only allows for PCIV, Systems Programmer and an Admin Asst. and the Seed to sale. Bulk of budget is for Seed to Sale and personnel.
* **A. Pellacani** requests for status of budget at the next meeting.
* **J. Savares** raised the issue regarding the renewal of patients Written Certification. Dr. K stated that Patients Written Certification that have expired this year will be automatically be renewed through December 31, 2021 due to DPHSS’s primary focus on Covid-19 Response.
 | DPHSS to provide:* Financial report
* Dr. K announced that all patients current certifications expiring prior to December will be extended thru December 31, 2021 per.
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| **Next Commission Meeting** | Recommend that MCRC be held first Thursdays of the month at 5pm.Next meeting will be April 1, 2021 (1st Thursday of the month) at 5pm via zoom. | Recommended regular meetings to be held First Thursdays at 5pm in order to accommodate all members’ schedules.*Note: EPA Board meetings are held 3rd Thursdays of the month.* |
| **Open Forum/Public Comment** | No comments |  |
| **Adjournment** | T. Pearson moved to adjournC. Muna Brecht seconded.Meeting adjourned at 6:41pm |  |