Medical Cannabis Regulation Commission Meeting

**Acronyms:**

***MCRC*** *–Medical Cannabis Regulation Commission*

***CCB****-Cannabis Control Board*

***DPHSS*** *–Dept of Public Health & Social Services*

***DOA*** *– Dept of Administration*

***DoAg*** *–Dept of Agriculture*

Date: April 22, 2021

Venue: Zoom Virtual Meeting

Recorder: Zita Pangelinan

Present: Tom Pearson Public at Large Representative (appointed by Gov. Leon Guerrero), Jonathan Savares (Patient Advocate), Andrea Pellacani (Grassroots Guam), Cid S. Mostales (DPHSS), Zita Pangelinan (PC IV MCP- DPHSS). Chelsa Muna-Brecht (Director, Dept of Agriculture), Jessica Nangauta (Representative appointed by Speaker Terlaje), Natasha Charfauros (Speaker Terlaje’s Office), Gerry Partido (Pacific News Center), Edward( ), Chima Mbakwem (Acting Chief Public Health Officer)

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|  TOPIC | **DISCUSSION** | **DECISION** |
| **Call to Order** | **Z. Pangelinan** informed members that the Director is unable to make the meeting and has designated her to serve as his representative/acting chair. | Zita Pangelinan, Acting Chair, called the meeting to order at 5:17 pm. |
|  | **Z. Pangelinan:** The minutes of the last Commission meeting was not available for review. Requested the Commission to table until the next meeting.**T. Pearson** Motioned to table meeting from March 4th.**J. Savares** seconded the motion.  | Commission unanimously approved – tabled the minutes. |
| **Old Business:** Additions to the List of Debilitating Medical Conditions for Marijuana use | **Z. Pangelinan:** Based on the previous meeting’s discussion, a request for legal guidance was submitted to the Office of Attorney General regarding the process of adding debilitating medical conditions to the currently approved listing. | Pending OAG legal guidance |
| **Status of** **Seed to Sale RFP** | **Z. Pangelinan** reported that as required, DPHSS :* Submitted the Project Proposal for the Seed to Sale to Office of Technology (OTECH) for review and approval.
* DPHSS received OTECH’s approval of the project proposal and to move forward.
* Based on Project Proposal, the draft RFP will be sent to OTECH and other partnering agencies – Dept of Rev and Tax, Dept of Agriculture, GPD and EPA for review and comment within 10 days of receipt.
* Comments from the other agencies will then be addressed and incorporated into RFP for final draft.
* OAG will review and work with DPHSS to finalize.
* RFP will then be advertised.

**J. Savares** asked if the final version will be ready by the end of May.**Z. Pangelinan** stated that it is our hope to get it published as soon as possible.  | * Draft RFP to be sent to OTECH and other agencies to review and comment within 10 days.
* Upon submission of comments, DPHSS and OAG will then finalize RFP
* Advertise RFP
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| **Reciprocity** | **J. Savares** presented on Reciprocity and will email information to all Commission members. He then presented the following:* **What is cannabis reciprocity?**
* *Allowing or opening up our medical cannabis program to people coming in from places with state sanctioned medical cannabis programs.*
* **What can we do to open some sort of reciprocity?**
* To allow residents and people who are visiting Guam from places that have State sanction programs to come to Guam and utilize our facilities and not be assessed with additional taxation.
* To provide for continuity of care when the patients come back.
* Providing a thirty-day window to allow a patient who will stay here for a longer period of time, to come back home, get re-acclimated and start working to have a bonafide patient – practitioner relationship.
* Another option is to have people go to public health and apply for a temporary permit, and that is something we can look at.
* The handout provided are examples of reciprocity programs in Arizona, California, Colorado, Massachusetts, Maine

**A. Pellacani:** One of the major stumbling blocks for reciprocity is that one State’s list of debilitating medical conditions may not be honored in another State. * It is difficult to reconcile the reciprocity there, but we don’t have that issue because we have that perdition in our list of conditions that allows doctors to make that determination, this would allow for interim, temporary, emergency, situation that patient may find their selves in.
* Another issue is going to be how to verify those patient certifications?
* It may take some time to validate or verify.
* How do we mitigate before we verify, something to consider as a short interim period, ten days, fourteen days, temporary pass?
* The other thing we want to note is that adult use is legal What can we do to accommodate the patient, before we say no. Even if it is just a short, temporary pass, whatever it may be.

**C. Muna Brecht:** If another State allows for certain considerations or conditions, if someone is travelling here, the understanding though is that they are already authorized in their State. I almost feel like we shouldn’t make a determination about the acceptability of their condition, just because it is not one that we have not identified as an issue. **J. Savares**: We are just here to support that kind of mechanism. **A. Pellacani:** We need to ensure that they have that continuity of medication available to them and that family coming home to visit family. As far as tourism goes, I do not know. **J. Savares**: The primary reason for reciprocity because of people coming home, have already started some level of care with cannabis and we shouldn’t force these guys to meet our requirements right of the bat the day they land.  I hope the Board puts it up for consideration and we can move forward on putting reciprocity, and making some sort of recommendation to the legislature to push this measure forward, to allow for reciprocity. |  |
| **Andrea Pellacani as voting member** | **Z. Pangelinan**: In the minutes of the CMRC meeting of July of 2019 Andrea Pellacani was nominated and approved to join the Board or the Commission and to serve and as a non-voting person until such time as she get her license (copy of the minutes were distributed to the Commission members.**C. Muna Brecht:** Andrea I just want to clarify, the definition of a license possessor. What is the business license we were waiting for you to get?**A. Pellacani**: Cannabis License.**C. Muna Brecht**: So that is what you have now?**A. Pellacani** Yes.**A. Pellacani:** Then I would vote in favor | Members has acknowledge Andrea as a voting member.Motion is carried. |
|  | **J. Savares: Move to make a recommendation to the legislature, to open up some sort of reciprocity to patients coming home with out of State licenses. Specifically, it has to come from a State sanctioned medical cannabis program.** **T. Pearson:** Second the motion**Z. Pangelinan:** Called for vote. | Commission unanimously voted to make a recommendation to the legislature, to open up some sort of reciprocity to patients coming home with out of State licenses. Specifically, it has to come from a State sanctioned medical cannabis program.  |
| **Distribution Centers** | **J. Savares**: The distribution model- Distributor in theory would distribute cannabis goods, cannabis accessories, and licenses branded merchandise or promotional materials they would also provide storage services, and would also be the ones moving the products to the testing facility. So as the Cultivator moves his product to the Distributor for storage and post processing and packaging, the Distributor would hold the lots with the testing sites… so the Distributor would be charged that and packaging the lot as soon as it clears with testing facility. This will also take out storage and packaging off the hands of the Cultivator and Manufacturer.I know we talked about the Cultivator and Manufacturer in theory hold a distribution license if they chose to do. So they can handle that situation. The distribution license will be the model that takes if from the Cultivator and Manufacturer, monitors the testing and then moves it to the retail side of the operation. This is a very complex model. A sample is California regulations -That is basically the distribution model. The Distributor will be in charge of storage, post processing, manufacturing, dispensary, as well as packaging the final product after it has been lab tested. They will be in charge with all the labeling requirements. They will be the liaison to get the product to the final place.**A. Pellacani:** A Distributor is about creating a sales force for medical cannabis automatically as opposed to Cultivators trying to figure out how to create a sales force, and Manufactures trying to figure out how to create a sales force. Distributors are already set up to do that. There is also a liability issue of storage. Storage equals strict security, which can be more costly. I know one of the concerns brought up by one of the Commission members was is it going to cost more? I think that it could and it may not depending on how you build your business model. Storage, temperature and humidity controls could actually be pricier than getting a separate license where that sort of business is set up to handle a certain portion of the business. A certain level of the distribution chain. Oppose to making a barn, a Cultivator have to set up certain things like a packaging plant, they have to become a packaging plant, they have to become a storage and a sales force. In our current model they are forced to do that. So by offering a different license level, in the distribution chain, it would allow other companies and come in and simply do storage and sales and transport. I hope that makes it a little bit clear on what is exactly we are talking about as far as a distributorship. I was hoping the Adult Cannabis Board was going to tackle this at a concept level before the rule were sort of finalized. I don’t know if it was discuss at length. I’m glad we are having the discussion.Jonathan: The Distribution model needs a lot more of discussion, because it is such a complex piece of work. It seem like more than one day of discussion. Andrea: No, it would actually take legislation and rule making. It is a big project.. We started the discussion over a year ago, we just having have the chance to move it forward. I guess the idea is to put it on the table, and for everybody to sort of look into whether it will be beneficial for us or not. I know Jessica in particular is more intimate with about farmers and coop.**J. Nangauta**: I am the one who brought up the concern of having an extra license for the farmer to do this. But I think you brought up a very good point about it could actually cost us more to set up a separate drying and curing place, so having someone else do it. I thought it was a very good point, so I thank you for bringing that up.**C. Muna Brecht**: I think I said the same thing last time. I think this would be a valuable addition, option, for growers as long as it is not mandatory for anyone, but it is needed.**J. Savares**: None of this segment are mandatory for anybody to pull a license. Just thinking of the base that happens in the growth. Cultivators have mentioned the need to take the packaging and the storage of the product as it requires a certain humidity, certain temperatures, it needs to be dark, it actually take a bunch of square footage in a facility and man power to manage that site. If they want to embark in that journey they can pull the distribution license, and that is the choice that they have. It is not a make or break that they have to do it. Just like a make or break at a cultivator don’t have to be a manufacturer.**J. Savares**: Motion to table the Distribution Model and refer it to the working group to refine the model.**T. Pearson** second the motion. | Members unanimously approved the motion to table the Distribution Model and refer it to the Working Group to work on it and refine the model. |
| **New Business – Financial Report** | **Z. Pangelinan:** Request to table it for the next meeting as DPHSS ASO was unable to complete. Will be provided at the next meeting. | Members unanimously approved to table the Financial Report. |
| **Report from the Working Group** | **A. Pellacani** reported on the Working Group Meeting which was held April 3, 2021. * Copies of the minutes were distributed to members. Participants were: Jessica Nangauta, Jonathan Savares, Cid Mostales and Zita Pangelinan.
* The Group made a list of items that have been discussed at the commission level and identified anything that might impede the program. Currently, there is nothing prohibiting anyone from applying for a license. Public Health by law is required to accept applications and has a time period to review it.
* The question is how can the process be improved and promote better business and that this program is robust?
* This program has been rated on paper as a very good program by the Americans for Safe Access, and they grade us annually.
* Currently, there are no businesses, and so it looks good on paper, it is not truly a program until we have businesses operating. Recommendations to move this along:
1. Top priority is to get Public Health trained to be able to regulate this program, review and process applications, issuing permits and conduct inspections.
2. One of the issues is that of lab applications. We don’t actually have an application that is specific to a lab. There are certain requirements that labs need to meet. Action item: Provide an application that specifies the requirements as stated in the law.
3. Seed to Sale inventory controls that are required for this program is already contain within the rules, they must be reported to Public Health upon inspection or Public Health wants to know whatever, they can be given whatever reports are authorized to them by law or by rule. Ensure this included in the SOP.
4. Public awareness/announcement regarding the Medical Cannabis Program.
* That the Department of Public Health has been accepting medical cannabis application
* Add something on the website and provide the link.
1. Follow up with Attorney General on request for guidance re: Process /requirement to officially add the debilitating medical conditions
2. Sampling protocols. The law requires that Public Health needs to adopt sampling protocols, how the samples are collected, how they are randomized, how they are prepared, how they are stored, and everything involving before it gets tested. One thing though as a commissioner, I would like to see the labs collect the samples. That is not currently in law or in rule but I would like to ideally see the labs go out and set up the chain of custody where they collect the sample and it is not the cultivator or that manufacturer providing the sample to the labs because the testing and the results and the quality control are only as good as the real sampling is going to allow it to be. This has been a really big issue. Develop the protocols.

**J. Nangauta:** I agree with Andrea. I did look into some protocols with UOG and the way we conduct research on the plants, randomized sampling by someone separate from the person actually growing is a benefit so that we are not just getting pick samples. I have that information and I can forward to your emails. I also did research on the web on medical sampling to for cannabis so I will email the group with my findings. Thank you.**A. Pellacani:** Public notice and public education, Recent announcement that we officially have a medical cannabis office. This is a big achievement. Request for update from Zita.**Z. Pangelinan:** * MCP Office is now at Hesler Place. Furnishings are in; awaiting telephone lines and computers.
* Regulators Training, we applied for membership with the Cannabis Regulators Association and will be working on arranging for training.
* FAQs that were drafted by the different agencies, copies provided to commission members. EPA FAQ pending. Michelle Lastimoza, to follow up.

**A. Pellacani:** Clearance through stakeholder agencies:* Public Works,
* EPA,
* Guam Fire Department,
* Environmental Health,
* Guam Water Works,
* Rev and Tax,
* Department of Agriculture.
1. Does the process for obtaining clearances from these agencies have to be adjudicated? Does it have to be part of the triple A, does rules have to be developed?

It is challenging to make it through this system unless you remove these barriers and hurdles so those interested businesses, from what I hear there are people who are now starting to step forward saying I think I am going medical after having reviewed the previous drafted rules for adult use. They have been coming forward saying that the medical program is solid and I think we want to go that way. I am hoping that we are going to see much more applicants. How they are going to go through this? **Z. Pangelinan:** Once we get settled, we can start by inviting the other regulatory agencies to come together and discuss the rules and regs, go through the processes, to help us all understand what we are required**C. Muna Brecht:** The DoAG FAQs were drafted early on. In reviewing the one provided, the logo is not current.I think a handout or a brochure was provided to outline the process and requirements for each agency to include a listing of requirements will be helpful.What might be simpler is have one uniform document that a person or company can go through each agency. Each agency will request whatever their requirements are that are provide separately. They’ll have a list to start with that can be reviewed.**A. Pellacani**: When you go pick up your application for permit , everything that is required by these agencies will be included in that packet making it easier and more efficient way to get things done. I look forward to Zita pulling all this together. **A. Pellacani:** Another top priority is providing a listing of doctors to obtain written certifications. Since 2015 patients are still asking what doctor can I see? We still can’t give them a straight official answer. **Z. Pangelinan:** We hope to have an update at the next meeting. Andrea: That is basically what the working group put together. These topics were discussed from previous board meetings. The topics are now outlined and now we have somebody running the program that it creates a pathway moving forward. **J. Savares**: I think you skip home cultivation and the need to, remove the barrier for patients to grow. Basically in public law 34-125 in section 1 states the department shall issue a permit for qualified patient or a qualified patient designated care giver to cultivate cannabis at home if there is no dispensary for medical cannabis products. Adult use or recreational consumers do not register their plants so we shouldn’t ask patients. I understand the designated care giver, and then also lifting the barriers on when the dispensaries can open up, that has to be removed. We have to make sure the patient are taken care of, and by removing this barrier. The bill has to be amended, to keep the patient home cultivation. Patient have already made commitment, investment in cultivation supplies, and I don’t want to see that money go to waste when some of the patients have figured out the genetics that work for their medical use and there is no guarantee that dispensaries are going to carry the strains that make sense for their disabilities.**Z. Pangelinan:** Therefore, the next working group meeting could add it to list of policy issues. Moving on to the final item on the agenda: pre-employment, random drug testing of patients with written certification for medical cannabis. **J. Savares:** We do not penalize patients under narcotics. We should not penalize patients who chooses to use cannabis specially if they’re working with the physician with their regiment. If their physician already made a recommendation, why do we have to penalize them for choosing a more natural medication? Currently, if somebody tests positive with cannabis with the Government of Guam, they will be terminated. They would have to go to some sort of rehabilitation and fight their case with civil service commission, and when it comes to prescription narcotics they are allowed to go back to work as long as they can provide their case. Two states have already acted on this – Nevada and New York.**A. Pellacani:** There was an executive order signed when the adult use cannabis law was passed, requiring the Department of Administration to review its current policy for cannabis in general for the government o of Guam and to make recommendations, and so that is where we left off with that. I think we can ask DOA for an update on their policy review and if there are any findings or determinations.**Z.Pangelinan:** I can submit that request for update. Any other questions? Otherwise we can proceed to Open Forum for Public Comment | Work on top priority is to get Public Health trained to be able to regulate this program, review and process applications, and issuing permits and conduct inspections.Ensure that an SOP with inventory controls are incorporated in Seed to SaleWork on updating DPHSS website and public awareness of MCP.Follow up with AG regarding process of adding debilitating medical conditions.Members to assist by providing samples of other sampling protocols. Follow up with agencies and update FAQs.Contact other stakeholder agencies to discuss process flow for clearances.Clarify the requirement for adopting the process**.**Home Cultivation to be referred to Working GroupFollow up with DOA and request for update on policy review as outlined in the Executive Order. |
| **Open Forum or Public Comment** | **Z.Pangelinan** open forum for public comment.  | No public comments.  |
| **Next Commission Meeting** | It was agreed that the next meeting will be on Thursday, May 20, 2021 at 5pm.  | Board agree that next meeting will be on May 20, 2021 at 5:00 pm. |
| **Adjournment** | Motion to adjourn was made by T. Pearson; seconded by J. Savares.  | Motion carried. Meeting adjourned at 6:45pm |