Type of Meeting: Medical Cannabis Regulation Commission

**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: May 27, 2021

Venue: Zoom Virtual Meeting

Recorder: Zita Pangelinan

Present: Tom Pearson (Public at Large-Governor), Jonathan Savares (Patient Advocate), Adrian Cruz (Deputy Director, DoAg), Andrea Pellacani (Grassroots Guam), Cid S. Mostales (DPHSS), Zita Pangelinan (PC IV, DPHSS). Michelle Lastimosa (EPA)

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|  TOPIC | **DISCUSSION** | **DECISION** |
| Call to Order |  | Zita Pangelinan, Acting Chair, called the meeting to order at 5:07 pm. |
|  | **Z. Pangelinan:** Meeting minutes from the last 2 meetings will be given on the next Board Meeting due to hard drive failure from Zita’s laptop. Requesting for meeting minutes to be tabled until next meeting.Adrian Cruz moved to table. Tom Pearson second the motion. Motion was passed. | Members unanimously approved for minutes to be tabled. |
| Old Business: Medical Practitioners Survey | **Z. Pangelinan:** Guam practitioner’s medical cannabis survey was completed. Objective of the survey was to get a list of practitioners published for patients. Survey was sent to all active practitioners listed with the Guam Board of Examiners on May 8th with a deadline on the 14th. Emailed to a total of 511 practitioners with a total of 9 respondents of which 3 are willing to be listed and 6 unwilling to be listed. The practitioners to be listed are: Dr. Samuel Friedman, Guam Medical Plaza, Dr. Daniel Hafner, GRMC, and Dr. Akoma. **Z. Pangelinan** also reported that based on the master list of medical cannabis patients, there were a total of 18 practitioners who have provided certifications to patients. **A.Pellacani**: What will happen with this list moving forward?**Z. Pangelinan:** We are currently updating our website and post the information on it. | Medical Practitioners Survey has been completed with 3 Practitioners willing to have their names published.Based on the Certifications received from Patients, there were a total of 18 practitioners who have provided written Certifications to patients. |
| Process of adding Debilitating Medical Conditions | **Z. Pangelinan:** As discussed in our previous meeting, Zita submitted the request for legal guidance to the Office of Attorney General. Initial request via email was returned and required that DPHSS Director submit it through a formal process. Formal submission was sent to OAG. **A. Pellacani:** What specifically is the query? **Z. Pangelinan:** 1. Request to review and ensure that we have complied with the rules and regulations with the approval of adding the debilitating medical conditions and 2. What steps are required once the Director gets the recommendations to proceed to add it to the original listing.  | Legal Guidance requested from OAG regarding the steps to add to the original list of debilitating medical conditions.  |
| **Status of Seed to Sale Request for Proposal** | **Z. Pangelinan:** Reported that the draft RFP draft was sent to OTECH, Rev and Tax, Department of Agriculture, EPA, and Guam Police Department, to review. OTECH had 10 working days to make comments. However, we did not receive any. We did receive comments from Rev and Tax.**C. Mostales**: Rev and Tax submitted 11 comments more specific to GRT and taxes.**A. Cruz:** Dafnie and I, talked about this together. Basically Rev and Tax’s comments cover both or our concerns. **C. Mostales:** Most of the comments Rev and Tax submitted were incorporated except for 2 or 3 items which had to do with API. The AG recommended we speak directly with Dafne to address and clarify how it should be incorporated into the RFP. **A. Cruz:** It basically came down to two things, one is that we are able, as a user agency to be able to interface with them. Public Health got the appropriation to do all this but the rest of us did not. The second thing that we are really worried about is security. Those two issues for the benefit of the rest of the board.**A. Pelacani:** Other than security, failure rate is another big concern on the systems. You can google it and see how systems like MJ Freeway and other systems crash. The other thing is compliance. We talk about federal protections in place. We just want to make sure that by law, the cannabis businesses are compliant, which means, if they are going to by required to tap into the systems and get their own licenses, to participate in the whole process, that if there should be a failure, we don’t want these businesses to fall out of compliance. 1. **Cruz:** One last question on the subject, do we have a general ball park of when the RFP might go out?

**Z. Pangelinan**: According to the AG, once we have that meeting and come to an agreement, we are ready to roll. We can publish. |  |
| Financial Report | **Z. Pangelinan:** The report is unavailable as our ASO has been having trouble and issues with the AS400.  |  |
| Establishment of the Medical Cannabis Program Office and Official notification Recruitment Status of Systems Programmer | **Z. Pangelinan:** The Medical Cannabis Program office has been established. However, we are unable to move in until the electrical problems are resolved.With regard to the above step recruitment process for systems programmer, we had to publish and post the notice of our above step recruitment for 10 days as required and tomorrow will be the 10th day. Thereafter, DOA will then provide us with notification of approval. Upon approval, we then cut the GG1.**A. Pelacani:** Cid’s been here longer than anyone of us now. Every single face I have seen, Cid our longer standing, committed, medical cannabis, been attending all our meeting, so congratulations Cid! | Medical Cannabis Office opening pending resolution of electrical issue.Awaiting DOA determination for above step recruitment of Cid Mostales.  |
| New Business**Medical Practitioner’s Survey** | **Z. Pangelinan:** I sent you all a copy of the Medical Practitioner’s survey along with the attachments. As recommended, it was an opportunity to inform Practitioners about the legal guidance (that was requested by Senator Dennis Rodriguez) in terms of cannabis and the protection of doctors. Dr. Robert Wresh responded to the survey and a copy of his response was provided to all members. I would like to ask for Commission Members’ input regarding his response. **A. Pelacani;** Do we have a process? I think we have to look back at the law. I know we have a process and we are clarifying the process to add conditions, is there anything there to remove? It did say to add and remove right? **Z. Pangelinan:** Right.**A. Pelacani:** So is Dr. Wresh petitioning to remove it?**Z. Pangelinan:** There is no petition, he just submitted those comments. **A. Pelacani:** I guess that is the question for me moving forward. If he is formally petitioning to have glaucoma removed as a condition. **A. Pelacani:** I am open to reviewing. And again the science evolves. Even though the US is not testing very much, many places are. I am open to reviewing if there is a petition to remove glaucoma or any other conditions they are wanting to submit. **J. Savares**: I feel like by responding to this letter would create unnecessary ruckus. It’s really the patient’s choice, and that is what we are trying to put out there. **A. Pelacani:** While I agree with Jonathan that it is a patient’s choice, patients cannot get certified without their doctors. I appreciate the information that Dr. Wresh came forward with. Is it compelling? I don’t know yet. It just a couple of papers right and that’s what I’m saying what our role is as an advisory board is to review these conditions and if he is going to petition the board to remove it as a condition. I am just saying I will be open to review whatever he may have.**A. Cruz:** I think if the letter is not an official request, then it is just a comment. And we should just thank him for is comment and that is basically it. From what I hear, he is just letting you know his opinion, or what his thoughts are but he is not actually asking the board to do anything. So if he is not asking, then we don’t do anything. Basically we just thank him. Take it under advisement.**M. Lastimosa:** I just wanted to see both sides. Number one that is his opinion. He also provided supporting documents that would reflect the opinion of a medical body, and I think that just to be responsible. I don’t think we should just toss it to the side and say “OK its’ just his opinion”. I think a part of our responsibility as a commission is to take the supporting documents either, not to remove or add, but look at the science, that in this case, he is presenting the facts of industry recognized opinion on the efficacy of medical cannabis on this condition, I think we need to take it seriously. It would be irresponsible if we said OK, leave it on the list and going against the grain of what the medical opinion is. I’m just saying that we just don’t dismiss it so quickly. **A. Cruz:** One of those things I would say is, Yes, we have all taken the time to read this, But we also have to remember that, he is one doctor who is voicing his opinion which we have taken under advisement. So we have one doctor, if it was such a grievous thing, if it was such a main stream thing, I would imagine that the other 18 doctors would also have some opinions or strong feelings about this. I agree that we really should read it and take it under advisement but the point also is none of us here in this board sitting here right now in this zoom meeting are doctors. And we do have a responsibility as a board, and one of the thing is that we cannot just entertain anything just because. He has no request. He is not telling us, he is not asking us to do anything. But you are right we should take it under advisement. We should maybe bring it up to the medical people on this board. That would be a wise thing to do, and get them to speak on it. But if he is not asking us to do anything, there is nothing that we can really do, right? **M. Lastimosa:** Along with the other attachment that he has sent, my concern is also given by the Guam Medical Association. And then they listed all of the medical associations that are contradicting or collaborating with what Dr. Wresh said. So I am just concern that you have this documentation that was submitted to the commission, which would speak otherwise to what we are doing. And you are right, none of us here are doctors. If we are going to go against what all the other doctors, and the references that the GMA reference on their letter, I’m just concerned. **A. Pelacani:** I like to point out that the letter is dated 2013, so I don’t know if these are all still updated. We are talking about cannabis which evolves very, very, quickly. Second of all, the president of GMA said at one point of Guam Daily Post stating that if they participated in this program, they lose their license which is factually false. And we provided enough information to show doctors that they are protected so I’m not saying that Dr. Wresh is incorrect, I am simply saying just because they are a doctor, doesn’t mean they are correct. And so again, I think our role as a board, I think that it is a decision for the Director to make. Coming in from my perspective, I don’t want to weigh in. If the Department of Public Health wanted to respond to that doctor. I would defer to the Director to make that decision to respond or not. Again our role, if we are going to consider the inclusion of or deletion of any of the medical conditions, I agree with Adrian here that we do not have a request in front of us. So as far as to what our role of the commission, I don’t know if we have any role in this letter, at least as of right now.**Z. Pangelinan:** Thank you for that everyone. I wanted to your feedback to provide our Director. Secondly for your information, I did write specifically to the doctors on this commission seeking their guidance or input regarding Dr. Wresh comments. Dr. Gaerlan reported that she was off island and won’t be able to make this meeting. **T. Pearson:** I have a condition called glaucomatocyclitic crisis. It means every once in a while my body thinks it has glaucoma. And it reacts accordingly. My ophthalmologist said that as soon as I am diagnosed with glaucoma, then he can recommend medicinal marijuana. But right now I kind a have a fake glaucoma condition. The problem that I see is federally the scheduling of marijuana as it stands right now. Because the scheduling says it has no medicinal value what so ever and therefore many places that want to test, cannot test. If we look at how far we have come in the past 5 or 6 years, as Andrea says, this is an issue that is evolving very rapidly. A study from 2013, may no longer be valid in 2 or 3 years. I can go on the internet right now and find a study from 1932 that says marijuana destroys brain cells. But if you go back and see how that study was done, you will see how bogus it is. So things are evolving very rapidly and I would say that in 5 or 10 years, that when the testing has been done, many of these conditions we are recommending will be supported.**Z. Pangelinan**: Anyone else want to comment? Thank you so much, that was helpful.  |  |
| Next Commission Meeting | **Z. Pangelinan:** I would request that we schedule our next commission meeting in July. We have a lot to get done; we hope to get our office established, follow up with recruitment and get the RFP through. **T. Pearson:** I will not be able to meet in July. I have a medical referral to the Philippines. I will be back by August 2, 2021.**Z. Pangelinan:** We can schedule it when you return, the first Thursday of August?**Z. Pangelinan:** If you wish, Andrea, one of the things I call in the previous meetings was identify areas in the law that we need to revise to update and improve on and so we can meet as a working group to review the laws.**A. Pelacani:** That will be great.**A. Pelacani:** I’m making note to schedule that.**A. Pelacani:** Can we get a copy of that report? Or did you send that to us?**Z. Pangelinan:** Yes I did. I can resend it to the group.1. **Pelacani:** I think we should probably assign some homework and then figure out what parts we are going to review before we meet so that it is productive. Maybe a couple. That sound good.

**Z. Pangelinan:** That is great. Thank you so much for that Andrea. For the next commission meeting – doctors requested for Thursdays so Thursday, August 5th, at 5pm. | All board members present is vaccinatedBoard is OK with meeting at the office in July. Next meeting will be on August 5, 2021 at 5:00 pm. |
| Open Forum/Public Comment | No comments from public**A. Pelacani:** Since this is an open forum, I just wanted to say that I sent you a link, because one of the pending items is that the department has to adopt sampling guidelines. So I sent you a link to Michigan. And ideally the way I would like to see it happen is that field technician go out and collect the random samples as oppose to people submitting their samples. I sent you that link so that may be something you want to include in the next meeting for discussion. If you wanted to get it on the agenda.**A.Cruz:** Zita, just a note for you on that, and it is good that Michelle is here. One of the things the Agriculture does is to monitor farmers for pesticides and things like that. EPA is short staff, like all of us. So one the things we have talked about doing for them was to cross deputize each other’s people to be able to make inspections or collection for us. So I am offering, on behalf of the department, that if you guys need help, or you don’t have the personnel for the sampling stuff, we can always do so when we do our random check for our inspections, collect samples for you. So it is not the business owner is giving you whatever they want to give you, but it will some government entity, in the same way we do for EPA, which is to do spot checks and collect samples of pesticide and things like that on behalf of EPA. That is just an option you may want to think about that. Same thing for sure go for Dafne, her people go out to do spot checks for compliance, I am sure we can all just work together and help our poor agencies out.**A. Pelacani:** Just a side note, and I don’t know if anything has been changed at this point, but the lab must be independent. The government, there is a whole aiding and abetting thing, right? So the government can regulate but cannot facilitate the distribution and trafficking of cannabis. You can regulate what the people are doing, but you cannot participate in the process. **A. Cruz:** Sorry, did you mean that samples for the lab…**A. Pelacani:** Just to clarify that is why the lab is independent. It is not a government regulatory body. It has to be an independent regulatory body. So the sampling will be for the department to adopt, but would be administered by the lab or an independent company, I don’t know how that would work but they have to be qualified under the lab licensing. **Z. Pangelinan:** Thank you for that information Adrian and Andrea. Jessica has also done some research on the process, perhaps in our workgroup we can bring that up and then present that to the board or commission.**A. Pelacani:** So I sent you a link. If you have people over at Public Health that want to look at it, or even Department of Agriculture, to see and maybe Adrian can take a look at it also. **A. Cruz:** Out of curiosity, did anybody pick up applications for lab? Do they even exist? **Z. Pangelinan:** I recently just got a call, last week Thursday. A short inquiry. **A. Cruz:** From what I remember, when Linda was there, I thought a couple of companies have picked up a packet but I am guessing it probably did not go anywhere. |   |
| Adjournment | Motion made by Adrian Cruz to adjourn, seconded by Tom Pearson. | Motion carried. |