

Chapter [WAC 246-70](#) Medical Cannabis Product Compliance

February 29, 2024 Department of Health Rulemaking Workshop

Draft Language - Summary, Recommendations, & Policy Questions

This document accompanies draft rule language for these rule sections.

[WAC 246-70-010](#) Findings

Proposed language incorporates some language suggestions we received.

[WAC 246-70-030](#) Definitions

Definitions from other regulations (RCW 69.50.101, 69.51A.010, WAC 246-71-010 and WAC 314-55-010) that are used in this rule are referenced in the first sentence, so each definition is not duplicated here. This helps with consistency when definitions in these regulations change. About 15 definitions were removed for this reason.

“**Medical grade cannabis**” is proposed to replace the term “compliant cannabis product”. This is intended to make the purpose of these products clearer.

“**Synthetically derived cannabinoid**” uses the current draft definition in LCB’s draft rule to implement E2SSB 5367 concerning the regulation of products containing THC. We will continue to evaluate the best definition here.

“**Unit**” - Recent law added definition of “Unit” in [RCW 69.50.010](#) as *an individual consumable item within a package of one or more consumable items in solid, liquid, gas, or any form intended for human consumption*. This definition appears to be synonymous with how “serving” has been used in DOH and LCB rules. Serving has not been defined. Further discuss with LCB is needed to clarify how to use the new definition along with “serving” and other units of measure for products.

[WAC 246-70-040](#) Cannabis products compliant with this chapter.

Purpose – We heard from participants at the last rulemaking workshop that the categories are not particularly useful. [RCW 69.50.375](#)(4) does require us to adopt rules to include “*THC concentration, CBD concentration, or low THC, high CBD ratios appropriate for cannabis concentrates, useable cannabis, or cannabis-infused products sold to qualifying patients or designated providers;*”

- **Recommendation:** Retain current categories of High CBD, High THC, and General Use. Update rules to set product concentrations, ratios, and THC/CBD content that are most beneficial to patients.

(1) Medical grade high CBD

(a) Cannabis extracts

- 2% THC concentration limit – this standard was set in the original rulemaking.
 - **Recommendation:** Raise THC concentration limit to 15%
- 25x CBD to THC ratio – this minimum standard was set in the original rulemaking.
 - **Recommendation:** Standardize the ratio at 5x as with other product types.

Synopsis: High-CBD extracts do not have to come at the expense of all THC in the product. Standardizing the High-CBD ratio at 5:1 with other product types in conjunction with raising the THC concentration limit from 2% to 15% will allow for more medical grade product options/ratios for both patients and producers.

Example product: Extract with 75% CBD/15% THC

- This product would not meet current High-CBD category requirements.
- At 5x, this CBD ratio is too low for current requirements (current rule requires 25x).
- 15% THC is too much by rule (current rule is 2% cap on THC).
- *If changed*, this product would contain the maximum amount of THC, the minimum CBD ratio (5:1), and leave 10% remaining for other allowable ingredients.

(b) Cannabis-infused edibles

- THC content is currently limited to 2 mg.
 - **Recommendation:** Increase THC to a 10mg limit so long as CBD is 5x the amount.

(d)(ii) Non-endorsed stores are currently allowed to sell medical product.

- **Question:** should we consider allowing only medically endorsed stores to sell products compliant with this rule?

Pros: Helps patients know where to find product, since they would only be carried by endorsed stores.

Cons: Growers may have reduced market to sell to. For patients who currently buy from a non-endorsed store, it would impact patient access.

Allowance of units/servings per package – Requirements for CBD/THC ratios and content are addressed, but allowance units/servings per package are not. If allowance aren't specified here, limits in LCB's rule [WAC 314-55-095\(2\)](#) will apply.

- **Recommendation:** Set a 100 mg THC limit per package without limiting the number of servings per package.

(2) Medical grade high THC.

(a) Exclusive product list has excluded edibles because of concerns about accidental ingestion.

- **Question:** Should edibles be added to the list?

(b)(i) Serving (unit) limits are set in LCB's [WAC 314-55-095\(2\)](#). This rule allows us to define higher limits for medical grade product.

- **Recommendation:** Set a range of 10mg – 50mg THC per serving/unit, not to exceed 500 mg total for the package.

(3) Medical grade general use.

- **Recommendation:** Retain this category to account for products that meet the testing requirements for medical grade products but fall outside of the High-THC and High-CBD categories.

Synopsis: Any product less than 10 mg THC per unit and failing to meet the 5:1 CBD to THC ratio (most products on the market) would be excluded from the Medical-Grade market if DOH had only High-THC and High-CBD categories. Because “the department intends to create standards for products that any consumer can rely upon to be reasonably safe and meet quality assurance measures” (WAC 246-70-010 Findings), DOH must maintain a General Use category for products that are not High-THC/High-CBD yet pass all DOH-required tests.

Example 1: A 2mg THC/6mg CBD tincture that passes all required tests.

- This product would not have a home in Medical Cannabis if we had only High-THC and High CBD categories.
- 2mg of THC would not classify this product as High-THC (need 10mg – 50mg).
- The CBD ratio is only 3:1 (rule says 5:1)

Example 2: A package of edibles with 10 units (5mg THC/0mg CBD per unit) that passes all required tests.

- This product would not have a home in Medical Cannabis if we had only High-THC and High CBD categories.
- 5mg THC falls below High THC category.
- The product contains no CBD.