

Chapter [WAC 246-70](#) Medical Cannabis Product Compliance
Oct 17, 2024 Department of Health Rulemaking Workshop
Summary of Feedback from Participants

WAC 246-70-040 Product classifications (Version 2)

“Medical grade” as a term to replace “DOH Compliant”

○ **Ideas:**

- Meets Department of Health Quality Assurance Standards
- Department of Health Compliant Medically Tested
- DOH Tested
- Tested to DOH Standards
- Additionally Tested Cannabis
- Medical Use Cannabis (and put it in definitions as cannabis having additional quality assurance testing, labeling, etc. as required by DOH/this rule).
- Medical Standard

○ **Concerns:**

- The word "medical grade" on the product is not the best choice
- Medical grade means a device or equipment has been built, tested, and, most importantly, certified to operate safely near patients – so this term doesn't make sense.
- "Medically tested" means a person has undergone a medical procedure to detect, diagnose, or monitor a disease or condition. Medical tests can help detect a condition, determine a diagnosis, plan treatment, check to see if treatment is working, or monitor the condition over time.
- Medical grade can imply non-medical grade is lower quality.

○ **Discussion:**

- "Meets Department of Health Quality Assurance Standards" is too wordy.
- Medically tested may imply it was tested for some sort of medical or therapeutic event.
- Anything like “DOH Tested/Quality Assured” could imply that DOH itself is doing the 3rd-party testing.
- DOH will take this input into consideration for final decision.

“High-THC” classification term

- **Discussion:**
 - We previously heard concerns about using this term as a classification, but we did not have time to discuss extensively.
 - DOH input – this category is not about specific potency, it is about content of THC per serving size. Serving size and dosages may be different from patient to patient and we do not want to create a term that relates to an individual’s condition. The High-THC category is meant to accommodate patients that need more THC than typical recreational products per unit/package, given their medical condition. We want the “High-THC” to relate to servings and package, not dose size. DOH will take this input into consideration for final decision.

WAC 246-70-060 Labeling

Product logos and label requirements

- **Ideas:**
 - Clarifying label must use commonly understood language.
 - QR/scannable code that provides COA.
 - List of pesticides used through QR code.
 - Date harvest for useable cannabis.
 - Date of production for cannabis-infused productions and concentrates.
 - Three most prominent terpenes for useable cannabis and concentrates.
- **Concerns:**
 - Costs associated with updating packaging and logos.
 - Attempting to keep packaging requirements in alignment with LCB and not have significant differences in requirements for medical compliant product.
 - Patients do not always have access to the certificate of analysis.
 - Finding the balance of enough information without being overwhelming or not helpful.
 - Identifying pesticides used on products.
- **Discussion:**
 - Pesticides - Licensees discussed removing pesticide labeling requirement.

Labeling, Logos, Taxes, and Product Classifications (v2) – Summary of Feedback

- Licensees are concerned with additional labeling requirements (terpenes, pesticides, etc.)- due to package sizes, costs associated with changing packaging, and legibility.
- Retailers discussed how using smaller logos/packaging requirements may be more efficient to package.
- Patients may find increased details and testing information informative to assist them in their purchase of product.
- Participation in medical program is not mandatory, licensees who find the additional requirements too cumbersome can still sell their products on recreational market.

QR Codes

○ Concerns:

- Retailers get confused when there are multiple codes to scan.
- Will QR code lead to relevant COA, or to a repository of COAs?
 - Who hosts the COAs/repository?
 - Some labs currently do it.
 - Licensees may have trouble implementing.
 - How accessible will the repository be if there are many results?
- Labeling/linking test results per products will be time consuming.
- How long do you have to maintain repository? For as long as the COA is valid at the very minimum.
- Patients may have difficulty navigating through repository.

○ Discussion:

- DOH will take this input into consideration for final decision.
- Can DOH host COA repository? DOH needs to see if this is a possibility.
- How to link the QR codes in association with multiple products and sources.

WAC 246-70-090 Logos

Logo Size

○ Concerns:

- Reference to logo size is only on MCP website - the logo can be no smaller than 1/2 inch round.

Labeling, Logos, Taxes, and Product Classifications (v2) – Summary of Feedback

- Producers want perfectly round labels - cheaper to print.
- Request for transition period if new logo is required so they can use their stock of old logos.
- **Discussion:**
 - Participant asked why requirement for logo size is “at least a half inch”. Previously the requirement for size was “half an inch”.
 - The “at least a half inch” size requirement is only specified on MCP website not in WAC 246 –060
 - DOH will update website to better reflect WAC- “Discussion regarding Logos Must be half inch while ensuring logo is legible.”

Combining FDA Statement with Logo

- **Discussion:**
 - Does adding the FDA statement around the perimeter of the DOH logo count as a modification?
 - Mixed opinions but DOH is open to considering incorporating the FDA statement into the logo.
 - DOH will design Logo with FDA statement along perimeter and/or accept logo designs for consideration

[NEW] WAC 246-70-100 Tax Exemptions

- Concerns from LCB about including language for the excise tax exemption. No other comments.