Chapter WAC 246-70 Medical Cannabis Product Compliance
March 13, 2025 Department of Health Rulemaking Workshop

Draft Language - Summary, Recommendations, & Discussion Prompts

This document accompanies draft rule language for these rule section.

WAC 246-70-050 Quality assurance and quality control testing (Version 2)

This is version 2 based on comments we heard and DOH policy positions.

(2) Testing interval

This draft includes several recommendations we received, including:

- Flower and plant matter sampling allowed after harvesting instead of when harvested and placed into lots for clarification.
- End product testing for **rolled cannabis end products** to include **inhalable material**.
- End product testing for concentrates, extracts or tinctures to include **delivery devices**, or **primary packaging**.
- Testing for **cannabis-infused solid edibles** and **liquid beverages** after extraction, distinguishing them from concentrates, extracts or tinctures.

Context and rationale:

We've clarified flower sampling interval and proposed end product testing language based on feedback for patient safety and administrative efficiency. Additionally, we've distinguished product types for testing intervals, added inhalable materials for rolled cannabis testing, and included delivery devices in testing concentrates, extracts, and tinctures due to their impact on heavy metal levels. Infused edibles and beverages range from 2-20g per serving, this variability in range is difficult to establish safe contaminant concentration levels for end product testing.

Question:

How will these changes impact patients or other interested parties?

(3) Sample size

- Addition of LCB's WAC 314-55-101(2) flower sample size requirements for reiteration and alignment.
- Addition of a **new sample size requirement table** to address all rolled cannabis, finished concentrates, extracts and tinctures.

Context and rationale:

We've made updates to align this chapter with LCB's sample size requirements and introduced new sampling guidelines for products in their final form, based on feedback from patients. This includes adding a sample size table to cover rolled cannabis, finished concentrates, extracts, and tinctures, as LCB currently only provides guidelines for flower. We are interested to hear your feedback on the proposed table.

(4) Heavy metal testing

- Suggested language **reduces heavy metal action levels** to closer align with other states and the USP guidance.
- Products exceeding the limits provided may be reviewed to determine if they meet recreational testing requirements.

Context and rationale:

Changes are intended to increase patient safety by establishing higher testing standards. We heard feedback from the last workshop to include a separate table for ingestible limits. We have found issues with this approach, including administrative difficulty and the variability of patient consumption.

(5) Terpene testing

- **Added requirement to test for terpenes.**
- Established **minimum list of terpenes** to test for.

Question:

Are there additional terpenes we should add to the minimum list?

(6) Pesticide, mycotoxin, microbiological, solvent testing

- Addition of this section is to **reiterate and align with LCB's testing requirements** in WAC 314-55-102. No additional testing is required for these contaminants at this time.

WAC 246-70-060 Medical grade cannabis product labeling (Version 2)

(2) Label requirements

This draft includes several recommendations we received, including:

- QR/scannable code that provides COA.
- Reiterate and align with LCB's requirement in WAC 314-55-105(9) for a QR/scannable code or link that provides a **list of pesticides and other substances used**.
- Date of harvest for useable cannabis.
- Date of production for cannabis-infused productions and concentrates.
- List the three most prominent terpenes.

Context and rationale:

These proposed changes are intended to provide more clarity, transparency, and information so the patient can make more informed product choices. We are interested to hear your feedback about the proposed requirements.

(2) Label restrictions

- Additional labels indicating medical grade compliance or terminology are prohibited.