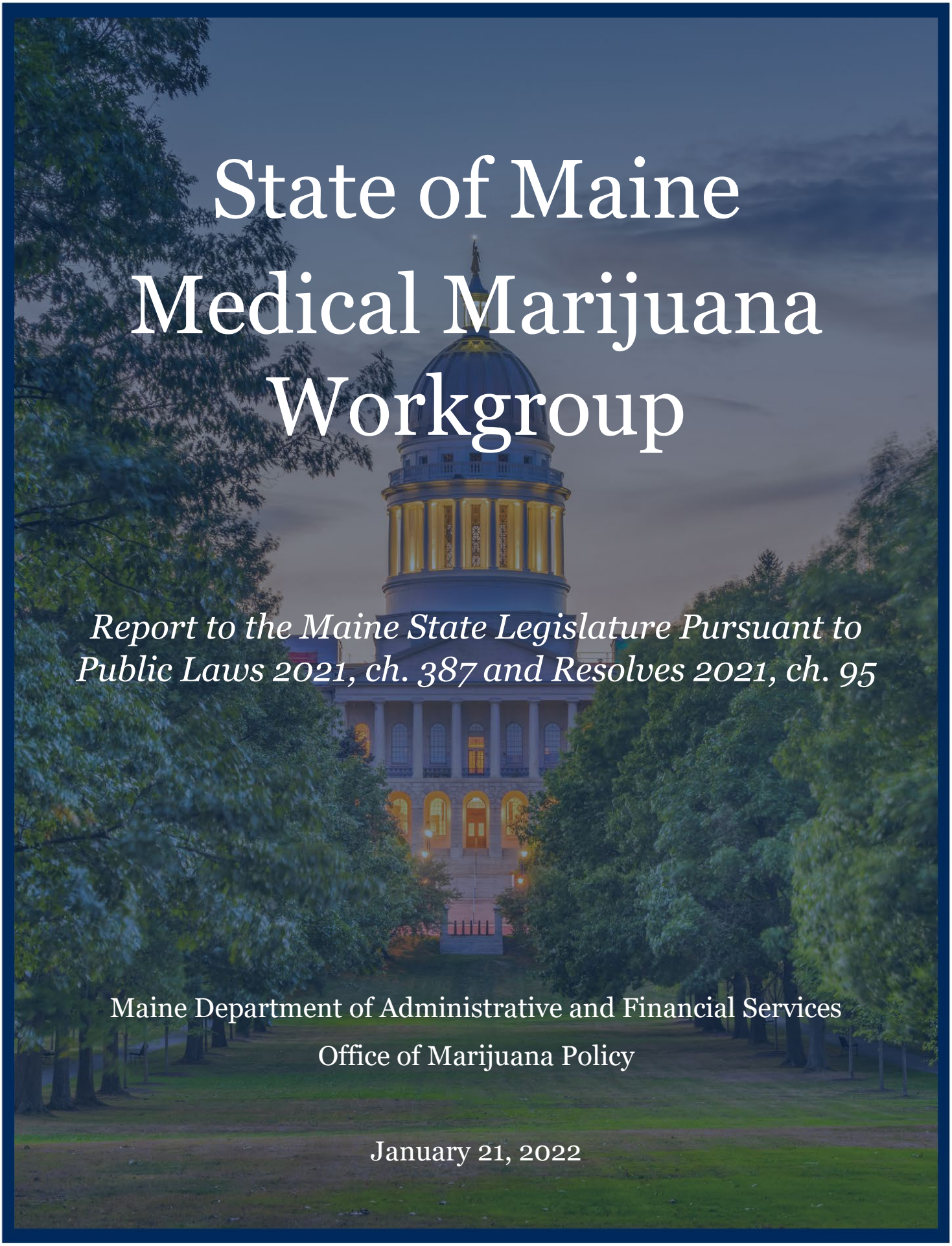

# State of Maine Medical Marijuana Workgroup

*Report to the Maine State Legislature Pursuant to Public Laws 2021, ch. 387 and Resolves 2021, ch. 95*

Maine Department of Administrative and Financial Services

Office of Marijuana Policy

January 21, 2022

# Contents

# I. Background

During the First Regular Session of the 130th Maine Legislature, several pieces of legislation related to medical marijuana were considered by the Joint Standing Committee on Veterans and Legal Affairs. Among the pieces of legislation reported out for consideration and subsequently enacted by the House of Representatives and Senate were Public Laws 2021, ch. 387 (LD 1242, An Act To Amend the Maine Medical Use of Marijuana Act) and Resolves 2021, ch. 95 (LD 882, Resolve, To Direct the Office of Marijuana Policy To Convene Stakeholder Meetings Regarding the Maine Medical Use of Marijuana Program).

LD 882 tasked the Department of Administrative and Financial Services (DAFS) with conducting stakeholder meetings intended to assist in studying, reviewing, and evaluating any changes or updates that may be necessary to the State of Maine's medical use of marijuana program. The Resolve identified several stakeholder groups and instructed the department to submit a report summarizing its findings and recommendations from the meetings convened to the Joint Standing Committee on Veterans and Legal Affairs (VLA).

LD 1242 took a vastly different approach. In addition to changing the classification of the regulations governing the Maine Medical Use of Marijuana Program (MMMP) from routine technical to major substantive, the legislation required DAFS, prior to provisionally adopting any new medical cannabis-related program regulations, to satisfy the following:

- Develop a process to consult with caregivers, registered caregivers, qualifying patients and medical providers with significant knowledge and experience with certifying patients;
- Develop a process to use when hiring consultants to advise on any new rules or proposed changes to existing rules governing the medical use of marijuana; and
- Using existing resources, conduct a study evaluating the economic effects that any new rules or proposed changes to existing rules may have, including but not limited to, the effects of implementing a statewide electronic portal on caregiver businesses of all sizes and how such rules could affect the access of patients to marijuana for medical use.

Similar to LD 882, this legislation identified several stakeholder groups and instructed the department to submit a report including the processes developed and the findings related to the economic effects of any new rules to the VLA Committee.

The contents of this report are intended to satisfy the reporting requirements of both pieces of legislation.

# II. Executive Summary

In response to LD 882 and LD 1242, the Office of Marijuana Policy chose to convene a group of qualified individuals to fill seats on a workgroup meant to advise on regulatory issues, best practices in patient access and education, and contribute to ongoing improvements in Maine's medical cannabis program. On August 20, 2021, the Office of Marijuana Policy released a call for applications for interested parties to apply for the Medical Marijuana Workgroup. The Office received a total of 83 applications for a 17 total members seats.

Following the competitive application process, the Office of Marijuana Policy held five virtual meetings with the Medical Marijuana Work Group between the months of September 2021 and December 2021. The meetings took place on the following dates and times:

1. September 28, 2021 from 2-4:00pm
2. October 12, 2021 from 2-3:30pm
3. November 2, 2021 from 2-4:00pm
4. November 30, 2021 from 2-4:00pm
5. December 14, 2021 from 2-4:00pm

Each meeting of the workgroup was conducted virtually and live streamed through the OMP YouTube channel and website.

In addition to the scheduled meetings held with all Medical Marijuana Workgroup members expected to be in attendance, OMP held nearly two hours of one-on-one discussions with individual members, as deemed necessary by the group. Similar to the regular workgroup meetings, these individual discussions were recorded and uploaded OMP YouTube channel and OMP website so they would be available to all interested parties.

OMP Director Erik Gundersen convened the first meeting by expressing an understanding that the Department's attempt at medical marijuana rulemaking missed the mark in early 2021, as evidenced by the recent policy decisions of the Maine Legislature. To establish an appropriate tone for the workgroup, it was articulated that OMP's vision in undertaking this work was to prioritize Maine patients and Maine businesses while developing standards that work for all interested stakeholders. This involved identifying areas for improvement in providing a better patient experience within the program, balancing the competing priorities of interested stakeholders, and improving education about medical cannabis at all levels.

# III. Membership

Individuals selected to serve on the workgroup volunteered their time and expertise to OMP, with the understanding that outcomes resulting from the meetings of the workgroup might include steps that may be taken through legislation and rulemaking or developing recommendations for streamlining the Office's licensing and compliance processes to ensure the medical use program is fulfilling the hallmarks of a regulated industry.

The Office sought individuals to fill the following positions: Six registered caregivers, two registered dispensary representatives, one marijuana testing facility representative, one products manufacturing facility representative, three qualifying patients who are not also registered caregivers, two individuals representing municipalities in Maine, and two relevant health care professionals. These positions were identified by OMP from both LD 882 and LD 1242.

## *Patient Representatives*

**Member Name:** Patricia Callahan
**Seat Held on Workgroup:** Patient Representative

**Biography:** Patricia Callahan has been smoking marijuana in Maine for almost 40 years, mostly on a daily basis for medicinal purposes. Callahan is a passionate believer in the benefits the plant may bring to one's health and quality of life, and she has spent years researching cannabis and interviewing people who use it.

Callahan's professional work experience includes teaching, advocacy, recovery group facilitation, and creative project development for which she received three awards. Callahan has also developed web content, most recently medical marijuana-oriented content. Her previous Mainely Thoughts blog was awarded 2016 News Blog of the Year by the Maine Press Association.

Callahan hoped her experience with patient rights and her love for marijuana would be useful to the workgroup.

Callahan graduated from the University of Maine at Augusta with a B.A. in English

**Reason Applying for Workgroup:** "I believe Maine's patients have the best program in the country, except for the lack of testing and consistent standards. I hope the outcomes of this workgroup will help fill these gaps."

**Member Name:** Michelle Caminos, EdD, RN
**Seat Held on Workgroup:** Patient Representative

**Biography:** Michelle is the parent of a pediatric brain cancer survivor with epilepsy who has been a medical marijuana patient in Maine since 2016. She decided to become a nurse after advocating for her son and experiencing his remarkable recovery. Prior to that, she had a decade-long career as a higher education administrator and educator.

**Reason Applying for Workgroup:** "I applied to this workgroup to represent the interests of pediatric patients who rely on accessible, affordable cannabis formulations for serious medical issues including neurodevelopmental disorders, epilepsy, and cancer."

**Member Name:** Sean McDonough, RN, BSN
**Job Title:** Owner/Operator
**Business:** Pawsitive Dognosis, LLC
**Seat Held on Workgroup:** Patient Representative

**Biography:** Born and raised in Maine, Sean McDonough is a graduate from Richmond High School and St. Joseph's College. His early career began focusing on the medical field with experience as a United States Navy Corpsman, United States Army Registered Nurse, and civilian Registered Nurse. Sean has clinical, research, and leadership experience within the medical industry.

After severe injuries in 2008 while serving in the Army, Sean found himself in a bad place due to prescription medications prescribed to him by the Department of Veterans Affairs. He returned home to Maine to retire, found a knowledgeable caregiver, and began micro dosing with cannabis.

He now owns and operates Pawsitive Dognosis, LLC, a nonprofit dedicated to helping people interested in obtaining a service dog.

**Reason Applying for Workgroup:** "Sean credits the respectful help of a caregiver with being able to end all harsh medications and to witnessing a noticeable improvement in his quality of life."

*Registered Caregiver Representatives*

**Member Name:** John Black
**Job Title:** CEO
**Business:** Earth Keeper Cannabis, LLC
**Seat Held on Workgroup:** Caregiver Representative

**Biography:** John Black was born and raised in Wilton, Maine on a family farm. He earned his degree in Plant and Soil Science from Southern Maine Community College and continued his horticultural studies at the University of Maine at Orono.

Black went on to graduate from the Maine Police Academy and served the Franklin County area as a Patrol Deputy, all while running his own business on the side, Rocky Hill Landscaping & Nursery. For the past 26 years, Black worked hard to grow his business that eventually led into cannabis cultivation, worm farming and manufacturing his own living soil line targeted towards organic cannabis growers. He was one of the Directors of the Legalize Maine team, a board member for Maine Organic Farmers and Gardeners Association's Certified Clean Cannabis (MC3) program and previously served as a Selectman for the Town of Wilton.
Black's facility is one of the few operations that continually earns its clean cannabis certification. He runs a small medical retail shop on the same site, providing quality and safe cannabis products to his patients.

**Membership in Trade and/or Civic Organizations:** Advisory Board Member for Hemp & Cannabis, Maine Farm Bureau

**Reason Applying for Workgroup:** "I applied to be part of this workgroup because I have an absolute interest in the sustainability of the cannabis industry and the regulations that rule over it. I have experience working with groups of people to make decisions that benefit small farmers, the cannabis community as a whole and our state."

**Member Name:** Catherine Lewis
**Job Title:** Owner/Operator
**Employer:** Homegrown of Hallowell, LLC
**Seat Held on Workgroup:** Caregiver Representative

**Biography:** Catherine Lewis was born in Augusta, spent her younger years in Alaska, and subsequently moved back to Boothbay, where she met her now-husband, Glenn, in junior high. Together they have two grown children and two grandsons. Catherine studied nursing and, in 1992, became a Certified Nurse's Assistant at St. Andrews Hospital and home hospice aide for several years before leaving the field to work in business sales.

Catherine and Glenn operate their own alternative wellness consulting and specialty garden business, Homegrown Healthcare of Maine, LLC, where they specialize in helping those with cancer, post-traumatic stress disorder, and pain.

**Membership in Trade and/or Civic Organizations:**

- Chair, Medical Marijuana Caregivers of Maine
- Board Member, New England Cannabis Trade Shows (NECANN)
- Member, Cannabis Council of Maine
- Former President, Hallowell Rotary
- Former Secretary, Winthrop Rotary

**Reason Applying for Workgroup:** "I have worked with patients, caregivers, dispensary owners, municipalities, law enforcement and others to help develop policies and procedures, proposing language for bills needed to improve our State program. I've held several round table meetings over the years to hear what others in our community would like to see added or changed. I'd like to see continued improvement in communication between participants and regulatory agencies. I'm hopeful that standard business practices can be implemented across the medical marijuana program. I think basic standards for recordkeeping that are useful and necessary need to be developed across the medical program."

**Member Name:** Paul T. McCarrier
**Job Title:** Owner/Operator
**Business:** 1 Mill
**Seat Held on Workgroup:** Caregiver Representative

**Biography:** Paul T. McCarrier has been involved with cannabis policy and operated as a caregiver since 2010. He has been instrumental in shaping state and local policy concerning cannabis in Maine. These days, he enjoys devoting his full-time to caregiving, cultivating and serving patients at 1 Mill, a caregiver retail store he operates in Belfast.

**Membership in Trade and/or Civic Organizations:**

- Member, Maine Craft Cannabis Association
- Member, Maine Cannabis Council

**Reason Applying for Workgroup:** "Some of my main concerns include: ensuring patient access to safe and affordable cannabis and ensuring public health and safety is considered through a lens of education, public engagement, and small business sustainability."

**Member Name:** Susan Meehan
**Job Title:** Owner
**Business:** Mae's Mamas Supplements and Consulting
**Seat Held on Workgroup:** Caregiver Representative

**Biography:** Susan Meehan became a marijuana advocate in 2012 to help her late daughter, Cyndimae, battle with seizures that started when she was 10 months old. A medical refugee from Connecticut to Maine in 2013, Cyndimae enjoyed the last three years of her life off pharmaceutical drugs that had kept her seizing and wheelchair bound. Cyndimae lived, laughed and loved playing like a normal child in the cold mountain streams and winter snows of Maine.

Just days before her death, Cyndimae sat on Susan's lap in the Connecticut State House fighting for pediatric access to medical cannabis in a law that bears her name. Cyndimae died in her sleep due to Sudden Unexplained Death in Epilepsy (SUDEP), on March 13, 2016, at age 13. Today Meehan, through Mae's Mamas, her caregiver business, works with other medical cannabis participants who donate lab time, materials, and product. Meehan provides discounted, lab-tested medicines to pediatric patients throughout Maine.

In 2020, Dawson Julia and Susan Meehan established the United Cannabis Patients and Caregivers of Maine, also known as the Maine Cannabis Coalition. This is a nonprofit that aims to protect safe, affordable access for cannabis patients, caregivers, and business owners.

**Membership in Trade and/or Civic Organizations:**

- Chairperson and Co-Founder, Maine Cannabis Coalition
- Co-Founder, Maine Children for Cannabis Therapy

**Reason Applying for Workgroup:** "I applied to participate in this workgroup to contribute to creating program rules that protect patients and ensure the survival of the caregiver businesses that have helped build this Maine industry that comprises thousands of small businesses that serve about 100,000 patients throughout Maine's rural expansive geography."

**Member Name:** Joel Pepin
**Job Title:** Co-Founder
**Businesses:** JAR Cannabis Company, SJR Labs
**Seat Held on Workgroup:** Caregiver Representative


**Biography:** Joel started as one of the first registered caregivers in the State of Maine in late 2010. In 2012, Pepin partnered with Ryan Roy and formed JAR Consulting LLC, a non-plant touching business focused on designing professional indoor cultivation facilities. In 2014, Pepin co-founded SJR Labs which, at the time, was the first CO2 extraction and manufacturing

business in Maine servicing licensed caregivers and patients. In January 2019, Pepin opened his first medical caregiver retail storefront in Windham. Today, Pepin and Roy manage JAR Cannabis Co. which operates vertically in both the medical and adult-use markets in Maine. JAR is focused on further developing its brand in both medical and adult use markets emphasizing professionalism, high quality, consistency, and our working relationships with other operators in Maine's cannabis market.

**Membership in Trade and/or Civic Organizations:** President, Maine Cannabis Industry Association

**Reason Applying for Workgroup:** "I have been passionate about Maine's cannabis industry since 2010. I have been actively participating in cannabis policy discussions in both Augusta and local municipalities since 2015. I believe Maine has some of the best quality medical and adult-use cannabis in the whole country. It's my goal to continue to work from a policy perspective on the future of Maine's Cannabis Industry through OMP's new Medical Marijuana Workgroup."

**Member Name:** David Vickers
**Job Title:** Owner/Operator
**Businesses:** ORIGINs, Shwaggle Farms, Sundown Beverage Co.
**Seat Held on Workgroup:** Caregiver Representative

**Biography:** David Vickers grew up in Augusta, Maine, and graduated from Cony High School in 1992. After graduating from Williams College in 1996, he returned home to Maine to build a career and family with his wife, Katie. Vickers is the proud owner and operator of businesses in both the adult-use and medical marijuana industry known as ORIGINs (retail), Shwaggle Farms (cultivation), and Sundown Beverage Co. (manufacturing).

**Reason Applying for Workgroup: "**I feel regulations should be clear, concise, and forward thinking for the greater good of our industry."

*Registered Dispensary Representatives*

**Member Name:** Joshua Quint
**Job Title:** Director of Operations
**Employer:** Canuvo
**Seat Held on Workgroup:** Dispensary Representative

**Biography:** Joshua Quint has been working in the Maine cannabis industry since 2012 and has labored at every position within a vertically integrated cannabis company. Employed by Canuvo since the beginning, he has been responsible for duties ranging from trimming and budtending (retail sales) to facility design and labor management.

Additionally, Quint has direct experience with the implementation of and compliance with local, state, and federal cannabis regulations. He has testified before the legislature on several occasions relating to improving the regulatory models utilized by the State of Maine in both medical and adult-use programs, he also has experience working with municipal governments to understand and craft local rules to compliment the state MMMP and AUMP programs.

**Membership in Trade and/or Civic Organizations:**

- Vice President, Maine Association of Cannabis Operators
- Member, State of Maine Marijuana Advisory Commission

**Reason Applying for Workgroup:** "I applied for this work group because I believe in medical cannabis. I have seen it improve the lives of countless people. I have seen good hardworking Mainers gain a better quality of life. I have seen the potential this plant has to drive our economy forward, to be a source of employment and entrepreneurship. And I have seen the difficulty in creating a new industry and market.

"The first decade of the Maine Medical Marijuana Program was hectic. No one ever knew what the program would look like a year in the future. Some changes to this program are necessary, but improvement requires agreement. The best way to maximize the benefits and minimize the costs, of any change, is to be able to talk frankly about what will work and what will not."

**Member Name:** Heather Sullivan
**Job Title:** Senior Licensing Manager
**Employer:** Curaleaf
**Seat Held on Workgroup:** Dispensary Representative

**Biography:** Heather Sullivan has a passion for drug policy advocacy and building responsible, transparent, and beneficial businesses that contribute positively to local communities. After a decade in insurance compliance, Heather joined the cannabis industry in 2016, playing a key role in the successful adult-use citizen's initiative in Maine. She has worked in a variety of roles including licensed non-cultivating caregiver, dispensary associate, compliance manager, and consultant.

Heather joined the Board of Directors of Maine Organic Therapy in 2019 and is currently Curaleaf's senior licensing manager, responsible for maintaining regulatory compliance and active cannabis licenses across 23 states. In addition, Heather worked with the Town of Hollis Select Board and Planning Board to draft the marijuana ordinances passed by voters in June 2021. She also regularly hosts one of the leading cannabis industry podcasts, Marijuana Today, focused on cannabis business, politics, and activism.

**Membership in Trade and/or Civic Organizations:**

- Member, Hollis Maine Planning Board Member (2016-present)
- President, Hollis Public Library Association (2018-present)

- Former Member, National Cannabis Industry Association, State Regulations Committee (2018)

**Reason Applying for Workgroup:** "My primary interest in serving as a member of the Workgroup is focused on assisting in the development of fair, responsible and meaningful licensing and compliance efficiencies for all stakeholders."

*Testing Facility Representative*

**Member Name:** Barry Chaffin
**Job Title:** Co-Owner/Managing Founder
**Business:** Nova Analytic Labs
**Seat Held on Workgroup:** Testing Facility Representative

**Biography:** Barry Chaffin is one of the owners and founders of Nova Analytic Labs, a cannabis testing facility located in Portland, Maine. Chaffin serves as a managing founder for the laboratory and engages with the lab's clientele, the state, and other governing/regulatory agencies regarding testing quality, appropriate testing, and other regulatory issues. In addition, he works with the lab to continually develop new and improved methodologies for accurate and reliable testing in the cannabis space.

Prior to opening Nova, Chaffin was very active in multiple laboratory industries including owning and/or operating clinical toxicology labs, pharmaceutical labs and environmental labs and has over two decades of hands on experience in the analytical laboratory space.

**Reason Applying for Workgroup:** "[I] applied to the workgroup in order to help provide input on how to better ensure safe, high quality medicine is available in the medical market while at the same time making sure the cost of the product stays reasonable and the accessibility to the market remains high."

*Product Manufacturing Representative*

**Member Name:** Alex McMahan
**Job Title:** CEO
**Employer:** The Healing Community MEDCo
**Seat Held on Workgroup:** Product Manufacturing Representative

**Biography:** Alex McMahan is co-founder and CEO at The Healing Community MEDCo, a retail cannabis provider and edibles production kitchen based in Lewiston. In that role, Alex is responsible for daily operations, new business development, and strategic partnerships. In a few short years, MEDCo has grown to four locations and a staff of over 50 people.

Before moving to Maine, McMahan worked previously in hospitality management in Charleston, a city known for its thriving hospitality industry.

After working his way up the Maine cannabis industry from trimming to cultivation, McMahan served as operations manager for one of the pioneering cannabis delivery companies in Maine, where he developed logistics systems for a high volume service model while still maintaining a focus on customer service.

McMahan is passionate about strengthening community, building business support infrastructure, and assisting others to thrive and grow in Maine's burgeoning cannabis community. He was recently a recipient of the 2021 Lewiston Auburn Metropolitan Chamber of Commerce President's Award.

**Membership in Trade and/or Civic Organizations:** Member, Maine Cannabis Industry Association Legislative Committee

**Reason Applying for Workgroup:** "My interest in serving as a member of the Workgroup stems from my passion for cannabis and protecting the soul of cannabis as the industry evolves. I have uprooted my life and devoted it to cannabis because I truly believe that cannabis has the power to positively impact society."

*Relevant Health Care Professionals*

**Member Name:** Jamie Comstock
**Job Title:** Health Promotion Manager
**Employer:** Public Health and Community Services Department, City of Bangor
**Seat Held on Workgroup:** Relevant Health Care Professional

**Biography:** Jamie Comstock serves as the Health Promotion Manager for the City of Bangor's Public Health and Community Services Department, where she is responsible for the chronic disease prevention programming, including a suite of substance abuse prevention programs and programs to increase access to healthy foods and opportunities for active living. She has worked with partners locally and statewide since 2007 to build and strengthen Maine's prevention and public health systems.

Comstock is a certified prevention specialist, holds a BA in Urban Studies from Loyola Marymount University and a Master of Urban and Regional Planning from California State Polytechnic University, Pomona.

**Membership in Trade and/or Civic Organizations:**

- Governor-appointed Member, Maine Substance Use Disorder Services Commission
- Member, Maine Center for Disease Control and Prevention's Marijuana Workgroup
- Member, State of Maine's Naloxone Steering Committee
- Member, Maine Council on Problem Gambling
- Board Member, Christine B. Foundation
- Member, New England Prevention Technology Transfer Center's Advisory Board
- President, Maine Network of Healthy Communities
- Former Board Member, Maine Public Health Association

**Reason Applying for Workgroup:** "I applied for this workgroup to give prevention and public health a voice in medical marijuana matters."

**Member Name:** Julie Milliken, MSN, APRN, FNP-c, ENP-c
**Job Title:** Owner and Lead Nurse Practitioner
**Business:** Maine Medical Certifications, LLC
**Seat Held on Workgroup:** Relevant Health Care Professional

**Biography:** Julie Milliken is a lifelong Mainer who graduated from a Lewiston hospital-based nursing program in 1994. She obtained her master's degree from the University of Southern Maine in 2016, and is a dual board certified as a Family Nurse Practitioner and as an Emergency Medicine Nurse Practitioner. Milliken is an active patient certification provider in the Maine Medical Use of Marijuana Program.

**Membership in Trade and/or Civic Organizations:**

- Member, Maine State Association of Nurse Practitioners
- Member, American Association of Nurse Practitioners
- Member, Emergency Nurses Association (since 2010)
- Member, Sigma Theta Tau Honor Society of Nursing

**Reason Applying for Workgroup:** "I applied to advocate for medical patients who rely on the medical program in Maine. Their voices need to continue to be part of the conversation when decisions about the program are being made. To understand the reasoning behind and participate in decisions being made about the medical program. To work collaboratively with all involved parties to find common ground so that the medical program and adult use program can co-exist, each serving the unique needs of their respective demographic."

*Municipal Representatives*

**Member Name:** Christopher Beaumont
**Job Title:** Marijuana Compliance Coordinator
**Employer:** City of Portland
**Seat Held on Workgroup:** Municipal Representative

**Biography:** Chris Beaumont currently serves the City of Portland as their marijuana compliance coordinator. This is a new position for the City of Portland, and he is the first individual to serve in this role. Beaumont served as a liaison for both the Permitting and Inspections Department and the Fire Department during the creation of the current municipal ordinance regulating marijuana businesses in the city. This ordinance regulates both medical and adult use in the city. He is the lead code enforcement officer for all marijuana occupancy inspections. Recently, Beaumont has been selected to serve as a principal for the development of

a new National Fire Protection Association (NFPA) standard covering fire protection and safety for cannabis cultivation and processing.

Prior to his time in Portland, he served as the Department Chair at Eastern Maine Community College's Fire Science Technology degree program and as full-time fire and emergency medical services lieutenant at Holden Fire and Rescue.

He currently lives in Westbrook with his wife and two daughters.

**Member Name:** Rebecca McMahon, Esq.
**Job Title:** Staff Attorney
**Employer:** Legal Services Department, Maine Municipal Association
**Seat Held on Workgroup:** Municipal Representative

**Biography:** Rebecca McMahon is a municipal attorney providing legal advice, consultation, and training to municipal officials from Maine's nearly 500 municipalities on adult use and medical marijuana, as well as other municipal issues.

**Reason Applying for Workgroup:** "My experience working with a variety of municipalities across the State provides me with a unique perspective into the issues municipalities of all types and sizes face with respect to medical marijuana regulation."

# IV. LD 882 Report Back: Workgroup Findings and Recommendations

From the conclusion of the very first meeting of the Medical Marijuana Workgroup, it became clear that OMP had selected the right candidates to serve in this important capacity. The passion and knowledge of the patient, registered caregiver, healthcare professional, registered dispensary, manufacturing facility, testing facility, and municipal government representatives brought varied experiences and perspectives to the working group. Members quickly established a rapport, and despite some significant differences in opinion, the discussions were always respectful and productive.

Discussions throughout the five meetings of the workgroup focused on topics such as patient centrism, the role of municipalities in regulating cannabis, OMP's role with respect to caregivers, useful data and metrics, medical cannabis testing, the differences between small and more commercialized caregivers, inventory tracking, and rulemaking.

The group reached consensus on several positions, which OMP confirmed by vote. In instances where almost all members of the working group supported a position, dissenting opinions are noted.

## *Patient Centrism: Access to Medical Cannabis*

Maine voters were among the first in the nation to legalize possession and use of medical marijuana by referendum in 1999. Ten years later, Maine voters established a legal mechanism for individuals to cultivate and purchase medical marijuana. The medical cannabis program, initially established as the MMMP with the Department of Health and Human Services, became operational in 2010 and was directed to carry out the implementation of the Maine Medical Use of Marijuana Act. The first of Maine's medical marijuana dispensaries began operation in 2011.

Since that time, the program has grown from eight dispensaries, nearly 600 caregivers, and 796 patients to a fully commercialized industry consisting of 13 dispensaries, approximately 3,000 registered caregivers, and more than 100,000 qualifying patients.

Throughout the years, several legislative initiatives have worked to expand access to medical cannabis in Maine. Among other policy decisions, information on the identities of qualifying patients was purged from state systems and the list of qualifying medical conditions necessary to obtain medical cannabis was repealed. This approach to medical cannabis differs from several regulatory jurisdictions and was quickly identified as one of the hallmarks of the MMMP by workgroup members.

Currently, licensed Maine medical physicians, nurse practitioners, and physicians' assistants in good standing utilize an online service to produce a standard printed certification for all patients in the MMMP. The system includes several precautions that ensure information privacy and data integrity and conforms to standard health care information security standards.

Patient information is not captured or stored in the online certification system. A basic transaction history is retained for statistical purposes, which includes the date, name of the certifying medical provider, the zip code of the patient and whether the patient is over age 18.

Several members expressed the sentiment that protections around patient identity promote and support access to medical cannabis, particularly as cannabis remains federally illegal and a general stigma around the consumption of marijuana continues to exist.

Caregiver Representative Catherine Lewis raised a concern about some of OMP's proposed 2021 rulemaking inadvertently violating patient confidentiality and educated members of the workgroup on her efforts to ensure the privacy of Maine patients on behalf of Medical Marijuana Caregivers of Maine. Similarly, Dispensary Representative Heather Sullivan highlighted that Maine's existing approach to patient privacy protects this information without also adding a layer of compliance standards, similar to the Health and Portability and Accountability Act (HIPAA), upon medical marijuana-related establishments.

**Recommendation:** By a unanimous vote, the workgroup affirmed that patient confidentiality should remain a priority when future regulatory or statutory changes are considered. Accordingly, OMP will consider the impact of any proposed rules on patient confidentiality and will ensure that proposed rules do not require registered caregivers, medical providers, or registered dispensaries to disclose or expose any personally identifiable information about patients.

### *Patient Centrism: Multi-part (Digital/Paper) Written Certifications*

Under the Maine Medical Use of Marijuana Act, medical providers may provide qualifying patient certifications to individual that are, "likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's medical diagnosis or symptoms associated with the medical diagnosis" (see: 22 M.R.S. § 2423-B).

Caregivers and dispensaries are required to verify that a patient has a valid written certification, defined as "a document on tamper-resistant paper signed by a medical provider" (see: 22 M.R.S. § 2422(16)). The problems identified with a physical document were (1) the wait associated with receiving a certification issued during a telemedicine visit and (2) the difficulty experienced by some patients in keeping up with the document.

As an example, some telemedicine services have gotten into the practice of providing patients with self-issued temporary/digital certifications even though reputable operators within the MMMP know that these documents are not acceptable for the purposes of conducting a sale of medical marijuana. Workgroup members also noted that physical certification documents were also prone to expire without a ready replacement, be lost by the patient, or become illegible or otherwise damaged during their one-year lifespan.

Conversely, the problem with an electronic-only document was that some patients may not have access to the necessary technology or resources to present a certification. Maine's commitment

to patient confidentiality makes a central patient registry which could be checked by MMMP operators impactable.

An additional issue raised by caregiver representatives is that other states are now issuing digital credentials for use by their patients. Following these workgroup discussions, OMP issued updates to Maine's visiting patient guidance[1] adding Missouri, Utah, and Virginia to the list of states from which registered caregivers and registered dispensaries operating in Maine's Medical Use of Marijuana Program may accept credentials from visiting qualifying patients.

OMP also clarified that medical cannabis patients from these states, along with all other states previously authorized, may use their state-of-residence issued credentials while visiting Maine, provided that the patient also possesses a valid government-issued photographic identification and the registered caregiver or registered dispensary providing harvested marijuana to patients determines the validity of the visiting patient's credentials.

Despite this clarification, OMP noted that the State of Maine does not issue digital or electronic patient certifications and that qualifying patients from Maine must possess a valid patient certification when attempting to purchase medical marijuana.

Members of the group came to the consensus that more flexibility should exist to allow Maine-based patients to access medical marijuana in Maine. Specifically, it was suggested that patients should have the option to utilize both a physical document and an electronic document that could be stored on a mobile device. OMP is supportive of this approach but is not currently in a position to independently enact such a change.

**Recommendation:** OMP would recommend that the VLA Committee consider modifying 22 M.R.S. § 2422 and § 2423-A to allow for the use of either a physical, signed patient certification or an image of this document. The Office is available to address any questions the committee may have regarding potential statutory changes.

### *Patient Centrism: Pediatric Patient Certification Process*

Several group members, including those representing patient viewpoints, expressed concerns about the differences between the written certification process for minor patients and that for patients 18 years of age or older. These differences are statutory, and include notification requirements and limitations on qualifying conditions. If a minor patient does not qualify for hospice care or have a diagnosis of epilepsy, cancer, developmental disability, or intellectual disability, then the provider must consult with a physician on a list maintained by OMP (see: 22 M.R.S. § 2423-B(2-A)(D)). The physician on the state-approved list has up to 10 days to respond, potentially causing hardship to the minor patient and family. More than one patient representative criticized the potential 10-day lag time based on their personal experiences. It should be noted, however, that since oversight of the MMMP was transferred to DAFS, this list has not been maintained and it is OMP's understanding that maintenance of the physician list was discontinued when the program was still within the jurisdiction of the Department of Health

[1] Visiting Patients: Approved List of States, Office of Marijuana Policy, https://www.maine.gov/dafs/omp/medical-use/visiting-patients

and Human Services. 22 M.R.S. § 2423-B(2-A)(D) does provide an opportunity for issuance of the pediatric patient certification by the original certifying physician if OMP or a consulting physician does not respond within 10 days of the initial request for an advisory opinion.

Several workgroup members identified the importance of maintaining an ongoing relationship between pediatric patients and their providers as the patients work with caregivers to identify the best formulations to address the pediatric patient's needs and address ongoing questions from other providers, patients, and parents regarding the pediatric patient's treatment with medical marijuana.

> *"I deal with, primarily, I'd say 95 percent of my patients are pediatric and the other 5 percent are adults who want tinctures. Those 95 percent that are pediatric, however, I think the process should be similar to the adult certification, but I absolutely think that there should be mandatory that the provider should provide the patient's parent, a way to access follow-up care….And as we know, I can't give them medical advice. …When I couldn't contact the doctor for follow up care, it was a real problem….they could streamline the certification process. We do need an exception that pediatric patients do require the provider to provide a means to contact them after that initial certification…"*
>
> **-- Susan Meehan, caregiver representative**

There was consensus among the group that the written certification process for minor patients should align as closely as possible with that for adults. OMP's position is that a change to the written certification process for minor patients is not currently within its rulemaking authority.

**Recommendation:** OMP recommends statutory changes to 22 M.R.S. § 2423-B(2-A) to better align the pediatric patient certification process with the patient certification process for adult qualifying patients. Those changes could include striking the list of qualifying conditions for pediatric patients included in 22 M.R.S. § 2423-B(2-A)(C) and/or striking the advisory opinion requirements of 22 M.R.S. § 2423-B(2-A)(D). Additionally, § 2423-B could be amended to clarify the standard of ongoing care required for certifying providing working with pediatric patients as part of their patient certification practice.

### *Patient Centrism: Making Educated Decisions*

One very clear area of consensus coming out of early discussions of the workgroup was a belief that that patient experience could be improved through educational resources. The consensus of the group was that patients, particularly parents of minor patients, should have access to reliable information about Maine laws and regulations regarding the use of medical cannabis.

Some topics which could be addressed to improve an understanding of the standards existing within the MMMP related to home cultivation, possession limits, and the differences between the adult use and medical system. Additionally, resources related the requirements for patients to

obtain a qualifying patient certification from a medical provider, how to identify whether their cannabis has been tested, and clarifying the federal illegality of marijuana were discussed. On the public health and safety front, the workgroup members discussed materials on responsible use of medical cannabis (i.e. refraining from operating a motor vehicle while under the influence), messaging related to the importance of treating cannabis similar to other medicines and ensuring they are safely stored away from minors (particularly edibles which may appear similar to non-THC containing confections and high-THC products), and the importance of not sharing medical marijuana with non-patients under 21 years of age.

Several workgroup members submitted examples of materials they distribute to qualifying patients. In particular, Municipal Representative Chris Beaumont shared a document that the City of Portland's Health and Human Services Department requires medical cannabis retailers display in their establishment in the view of qualifying patients. Caregiver Representative Susan Meehan provided an example of her correspondence with new patients, while Relevant Health Care Professional Julie Milliken provided an example of a handout she provides to all patients to whom she certifies.

These materials could be adapted for the purpose of OMP-provided education. The Office may further benefit from developing partnerships with various subject matter experts before pursuing this possibility.

Several group members also encouraged OMP to make information available about risks and benefits, side effects, and other materials of a more clinical nature. OMP appreciates these suggestions; however, as a regulator whose expertise focuses on licensing and compliance of cannabis establishments, OMP believes that it would be more appropriate for the patient to direct such questions to their individual medical providers.

Educational materials for medical providers were also mentioned and are likewise outside of the scope of what OMP can provide, particularly given the dearth of peer-reviewed research on the efficacy of and/or adverse effects of cannabis on existing medical conditions.

**Next Steps:** OMP will explore opportunities to enhance the medical use portion of its website to include more patient-centric information. The Office will also work with municipal, caregiver, dispensary, and provider stakeholders to create user-friendly materials that explain how to legally participate in MMMP.

### *A Single Card for Caregiver Assistants*

Currently, OMP requires a person applying for a registry identification card as an employee (assistant) of a registered caregiver to identify the applicant's employer (registrant). The effect is that a person who works for multiple caregivers must obtain a separate registry identification card for each employer. The consensus of the group was that the revised rules should allow for a person to obtain a registry identification card that would authorize work for any number of registered caregivers.

Some group members, prior to the vote, suggested that OMP issue a registry identification card that allows a person to work for a caregiver, dispensary, or manufacturing facility. However, OMP's position is this proposal would require a statutory change. Specifically, 22 M.R.S. § 2425-A(5) requires that a registry identification card issued to an assistant, officer or director of a caregiver, dispensary or manufacturing facility display the name of the registrant with whom the assistant is working and further require that a registry identification card issued to an assistant, officer or director expires 10 days after OMP receives notice from a registrant that the cardholder is no longer working for, or otherwise affiliated with, the registrant. These provisions appear to be vestiges of the pre-2018 MMMP, when a caregiver could employ only one other person to assist them in their caregiving responsibilities. In light of the changes to the program enacted through Public Laws 2017, ch. 452, specifically, that a caregiver is now authorized to employ any number of assistants, these provisions are cumbersome and unnecessary.

**Next steps:** OMP recommends statutory changes to 22 M.R.S. § 2425-A(5) to remove the requirement that an assistant, officer or director registry identification card display the name of the registrant with whom the cardholder is affiliated (paragraph C, subsection 1) and the requirement that an assistant, officer or director registry identification card expires 10 days after the cardholder terminates their relationship with a registrant (paragraph D).

### *Opposition to the Metrc Inventory Tracking System*

In 2018, the Maine Legislature passed two pieces of legislation critical to Maine's cannabis community: 1.) Public Laws 2017, ch. 409, An Act To Implement a Regulatory Structure for Adult Use Marijuana (LD 1719) and 2.) Public Laws 2017, ch. 452, An Act To Amend Maine's Medical Marijuana Law (LD 1539). While the former provided the legal framework for the voter-approved adult use program, the latter served as the most significant overhaul in the history of Maine's nearly two-decade old medical marijuana program.

The result was similar language around such overlapping topics as advertising, packaging and labeling, municipal opt-in, and inventory tracking. Critically, both pieces of legislation introduced inventory tracking for marijuana and marijuana products in Maine.

LD 1539 allowed registered caregivers to expand their business operations by allowing them to operate a retail store, hire an unlimited number of employees, and wholesale their products to other registrants. In exchange for these new opportunities, the legislature required these entities to submit additional regulatory oversight through inventory tracking.

| **Inventory Tracking Language in Current Statute** | |
|---|---|
| *Adult Use/Recreational (Title 28-B)* | *Medical Use (Title 22, Chapter 558-C)* |
| The department shall implement and administer a system, referred to in this section as "the tracking system," for the tracking of adult use marijuana and adult use marijuana products from immature marijuana plant to | The department shall develop and implement a statewide electronic portal through which registered caregivers, registered dispensaries, marijuana testing facilities and manufacturing facilities may submit to the department the records required under paragraph A and in |

| | |
|---|---|
| the point of retail sale, disposal or destruction.<br><br>1. Data submission requirements. The tracking system must allow licensees to submit tracking data for adult use marijuana or adult use marijuana products to the department through manual data entry or through the use of tracking system software commonly used within the marijuana industry as determined by the department.<br>2. Rules. The department shall adopt rules regarding the implementation and administration of the tracking system and tracking requirements for licensees.<br><br>See: 28-B M.R.S. § 105 | accordance with rules adopted by the department. A registered caregiver, registered dispensary, marijuana testing facility and manufacturing facility shall pay all costs and fees associated with the use of this electronic portal and all other fees associated with the keeping of records required in this section in accordance with rules adopted by the department. The department shall adopt rules regarding the process and content of records to be submitted, the frequency with which the records must be submitted, the costs and fees associated with using the electronic portal and any other requirements necessary to implement this paragraph.<br><br>See: 22 M.R.S. § 2430-G(1)(B) |

In 2019, the Office conducted a competitive procurement for an inventory tracking solution to fulfill this legislative mandate. Ultimately, in December 2019, OMP partnered with Metrc to provide these services. To make the implementation of Metrc as seamless as possible, the Office made the operational decision to focus on its deployment for the adult use marijuana program before shifting its focus to implementing the medical marijuana track and trace program.

Currently, adult use businesses use the inventory tracking system provided by Metrc LLC and have since just prior to the launch of the adult use industry in Fall 2020. Its use by OMP provides accountability and transparency to the adult-use program and works as an important public health and safety tool. Because the Metrc system tracks every cannabis product back to its original source plant, regulatory bodies such as OMP are able to ensure illicit cannabis does not enter the regulated market and no cannabis products are sold unlawfully outside it. Similarly, inventory tracking empowers OMP with near up-to-the-minute information about market performance, sales growth, tax revenue estimates, and information critical to guiding the office's compliance efforts. Finally, Metrc's track-and-trace system allows regulators to quickly identify, isolate, and recall plants and/or packages that may pose a public health risk. Metrc provided just this kind of support to states during the 2019 vaping crisis, helping prevent harmful products from reaching consumers.

Understanding that inventory tracking was one of the most contentious aspects of OMP's 2021 proposed medical marijuana rulemaking, the Office provided a limited tracking proposal to the Medical Marijuana Workgroup for consideration. This proposal occurred in the context of conversations related to mandatory testing for certain medical marijuana products being considered by the Medical Marijuana Workgroup.

Critically, OMP's prior MMMP rulemaking proposal initially called for the use of inventory tracking by all program registrants. The proposal submitted by OMP to the workgroup for consideration would have limited inventory tracking to registered dispensaries, registered caregivers operating caregiver retail stores, registered marijuana testing facilities, and registrants voluntarily opting-in. OMP estimated that this proposal would apply to 300-400 MMMP registrants out of approximately 3,100 total registrants.

The consensus of the group was that MMMP participants should not be required to use Metrc. Most in the group conceded that some form of enhanced recordkeeping system should be in place for MMMP. Several members, for example, expressed concern that without some form of tracking to tie testing results to specific product batches, patients would not be able to rely on the results.

One proposal was to have some form of tracking at the batch level, as opposed to tracking individual plants from seed to sale. A caregiver noted that, for edible products, the Department of Agriculture requires her to keep a log with batch numbers so that if someone gets sick, they can trace it back to a specific batch. She also keeps test results by batch number to demonstrate that she has done testing prior to transferring the product.

A small minority of members remain opposed to electronic tracking in MMMP. Some members expressed patient confidentiality concerns, such as that the inclusion of patient addresses in electronic transportation manifests would expose patients' identities. Other members acknowledged that diversion in the medical program was taking place but felt that those responsible would simply leave the system and return to the illicit market if seed-to-sale tracking were implemented.

**Recommendations:** In light of these discussions with the Medical Marijuana Workgroup, OMP will *not* propose rules including the use of Metrc in MMMP in 2022. Despite this decision, the Office maintains that there remains value in a tool which allows regulators, policymakers, and public health experts to: 1.) understand the volume of marijuana moving through Maine's regulated industries, 2.) analyze product and pricing trends, and 3.) overlay aggregate data with public health indicators to better understand how access affects Maine's youth and high-risk users, and 4) track any testing results of harvested marijuana.

OMP recommends that the legislature consider whether revisions to 22 M.R.S. § 2430-G(1)(B) may be warranted.

# V. Additional Discussions of the Working Group

In addition to the areas in which the working group reached consensus, the workgroup had several productive discussions on other topics at length. The following attempts to summarize these discussions for members of the VLA Committee; however, full recordings and transcripts of workgroup meetings are available on the OMP website and YouTube channel.

### *Patient Centrism: Accessibility, Price, and Education*

One of the key priorities expressed by both patient and caregiver representatives was ensuring that patients continue to have access to needed products. A key theme in supporting this vision was keeping the medical and adult use systems separate. This is a belief that OMP has shared since its founding in 2019, understanding that a medical cannabis program serves a very different client base than an adult use marketplace.

Some group members expressed concern that regulating MMMP like the adult use system would increase costs further or drive smaller, niche caregivers out of business. They noted that caregivers routinely offer products to low-income patients for free or at a reduced cost. One concern was that additional regulations would raise the cost of products in the medical market, sending patients to the illicit market and exposing them to dealers who sold illicit substances other than marijuana.

> *"...it's critical that we really protect this caregiver model. ... And even if [dispensaries] were able to provide like, say a weaker tincture, if I were to have bought the quantity that I needed to get to the dosing that I needed, it simply would have been, I couldn't have afforded it. It would just would have been unsustainable for pretty much anybody."*
>
> **-- Michelle Caminos, patient representative**

Several caregivers mentioned that pediatric patients, in particular, often require special formulations which are both expensive to prepare and are required by a small customer base. Therefore, some patients (or their exempt caregiver parent) may obtain specific formulations from a few select caregivers and their specific needs may not be addressed by inventory that is typically available at dispensaries or adult use stores.

> *"As my late daughter Cyndimae continued to fail medicine after medicine to control her seizures ... I moved to Maine to access the program ... and in Cindimae's memory and her honor, I advocate for safe and affordable access to cannabis, especially for our pediatric, geriatric, and disabled patients."*
>
> **-- Susan Meehan, caregiver representative**

However, a diversity of opinions was expressed by patient and caregiver representatives, with some noting that patients also needed to know that they could trust caregivers and that they were purchasing safe products. For example, a patient should be able to trust that a specific product is the same each time it is purchased. These viewpoints led to organic and spirited discussions on the importance of mandatory testing in the MMMP and actions taken by so-called "illegitimate caregivers" who willfully violate program rules.

Workgroup Patient Member Sean McDonough, in particular, helped spearhead this discussion.

> *"And as a registered nurse, I hold the term caregiver dear to my heart because it means specific things. You give care, you just don't sell pot. You guide an individual to get the best medicine, the five rights: the patient, the drug, the dose, the route, the time. That's what you need to do when you go into a caregiver or a caregiver's representative. They need to help you with that. And my hope through this group is that remains the biggest focus is ensuring we get safe, cost effective, legitimate marijuana from our caregivers."*
>
> **-- Sean McDonough, patient representative**

Current industry participants, particularly two operators who also participate in Maine's adult use program, provided insight on their concerns operating in an adult use program, which has mandatory testing, and a medical program with significantly relaxed standards and voluntary testing.

> "*And I think there should be some degree of testing on the medical side … there's a lot of, quite frankly, lazy, unprofessional caregivers that would spray whatever on their plants to save whatever crop they think they're going to have for their own personal financial interests and not have the morals to second guess selling that to somebody else. And that's a real thing in our program. And that's not good for all of us who are trying to follow the rules."*
>
> **-- Joel Pepin, caregiver representative**

> *"But when it comes to pesticides, heavy metals, microbials I mean, we're in this to help people. … I think if we're not testing our product, we're all setting a poor standard for our patients. And that's a piece that's very near and dear to my heart."*
>
> **-- David Vickers, caregiver representative**

A discussion regarding testing appears in the forthcoming pages.

Another proposal that was discussed for improving patient access was expanding the time that a written patient certification is valid so that qualifying patients do not need to consult with a

provider each year—particularly those patients with chronic medical conditions. The arguments presented against this idea were that patients should be seeing their providers regularly to ensure their continued health, to safeguard against complications from medications which may have been prescribed to the patient by another medical provider, and that prescriptions for other medications are only valid for a limited time.

A patient representative proposed making information about registered caregivers available to patients so that they could identify caregivers that have been the subject of complaints, a request which would not be permissible to fulfill under current law. A more in-depth discussion related to caregiver confidentiality appears later in this report.

Another aspect of patient access is access to reliable medical advice, particularly for pediatric patients and patients in rural areas. All workgroup members agreed that telemedicine is an important and valid method for providers to consult with patients and write certifications, particularly for patients in rural areas and those who receive medical care from Department of Veterans Affairs providers who are not permitted, under the terms of their employment with the federal government, to provide cannabis qualifying patient certifications. However, some group members expressed concern about providers who are "dishing out cards" without providing adequate counseling.

For example, a caregiver described interactions with parents of pediatric patients who had no way to seek advice outside of normal business hours and were unsure about dosages or methods of administration for their child's medical cannabis. She suggested that providers of written certifications to pediatric patients should be required to provide a means of contacting them.

**Recommendation:** As the VLA Committee revisits the statute governing the MMMP, it should continue to prioritize patient access, keeping medical cannabis affordable, and maintaining or strengthening the relationship between a medical provider and the patient they are serving.

### *Supporting Maine's Host Communities Wrestling with Municipal Regulation*

Aside from licensees and registrants who participate in Maine's regulated cannabis industries, municipal stakeholders are among the interested parties who most frequently contact OMP. These inquiries range from policy requests related to rule or law to compliance-related inquiries about individuals operating in their communities.

While the statutory language related to municipal opt-ins is similar between both the medical and adult use program, the differences and nuances are significant enough to warrant confusion among municipal officials. For example, in the adult use program, operators may be vertically integrated; however, cultivation, manufacturing, and retail operations all require a separate and distinct license from OMP and a clear municipal opt-in vote allowing their operation.

In the medical program, registered caregivers and registered dispensaries may engage in those very same vertically integrated activities by virtue of their single registration with OMP. Additionally, municipalities may not "prohibit or limit the number of registered caregivers" (see: 22 M.R.S. § 2429-D(1)), and their opt-in authority extends, among other registration types, to

retail stores operated by registered caregivers and not cultivation, manufacturing (except for inherently hazardous substance extraction), or sales of marijuana to qualifying patients in a home or office setting.

These nuances complicate the efforts of host municipalities who attempt to establish their own licensing regime for medical cannabis establishments. For example, OMP is strictly limited in disclosing information related to registered caregivers to municipal officials. 22 M.R.S. §2425-A(12)(E) states:

> "**Upon request** [emphasis added] of a code enforcement officer or, if a municipality does not employ a code enforcement officer, another municipal officer, the department shall verify whether a registry identification card is valid and whether the conduct is authorized without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card. The department may disclose the location at which the conduct is authorized if necessary to verify the registry identification card to the code enforcement officer or other municipal officer."

The statute, therefore, does not permit OMP to inform municipal officials proactively of registered caregivers operating within the jurisdiction. Additionally, a municipality must request information from OMP about a specific individual who may be operating in their community as a caregiver before such information may be provided by the office. In effect, municipalities must know that an activity is taking place before OMP can provide information to municipal officials about that activity.

This creates an awkward situation in which some registered caregivers—many of whom are operating increasingly large commercial cultivation or manufacturing operations—are completing state-level licensing without the municipal code officer even aware of their existence. A municipal representative on the workgroup noted that municipalities often cannot determine whether an operation is the type that they are allowed to prohibit or one they are required by statute to allow. One suggestion was a dedicated contact at OMP for municipalities. Municipal representatives suggested OMP provide a list, at a minimum, of caregiver retail stores, dispensaries, manufacturing facilities, and testing facilities within their jurisdictions.

A municipal representative explained that municipalities have an interest in understanding what types of businesses that people are running out of their homes. Many communities require home occupation permits because they are concerned about traffic and other nuisances typical of a business that may not be appropriate for a residentially zoned area. Some caregiver representatives were concerned that municipalities would use this information to try to shut them down. Although municipalities do not have the authority to prohibit or limit the number of caregivers, there have been reports of municipalities refusing to issue home occupation permits and trying to force caregivers to lease commercial property. An additional concern is that publicizing the locations of home-based caregivers could expose the caregivers and their families to violent crime.

Caregivers and representatives of licensed businesses also described frustration that municipal officials were slow to respond to questions and applications and that obtaining the necessary

municipal approval is a time-consuming process. In some rural communities, months may lapse between meetings to decide on new applications or local regulations. For new caregiver retail stores, registered dispensaries, testing facilities, or manufacturing facilities, an affirmative "opt-in" is required in Maine, contrasting with other states that allow any activity unless the municipality affirmatively opts out.

> *"Municipalities often aren't interested in this. And if even if they are interested in this, it's hard. It's hard to build an opt-in that works, that people are comfortable with, that doesn't cause you to lose your election next season."*
>
> **-- Heather Sullivan, dispensary representative**

Some caregivers also expressed frustration that municipalities do not understand what they are allowed to do and what they are not allowed to do—particularly, that municipalities may not prohibit or limit the number of caregivers operating in the jurisdiction.

Finally, there appeared to be a general agreement among members of the workgroup that—for so-called "commercial caregivers" or those not operating out of their homes/dwelling units—their information and identities should be able to be shared with communities by OMP or that different standards from the blanket confidentiality standard for registered caregivers which appears in 22 M.R.S. §2425-A(12) should apply.

**Next Steps/Recommendations:** OMP will aim to better understand the needs of communities throughout Maine and will partner with organizations, such as Maine Municipal Association, to provide additional education to municipal officials. The VLA Committee may wish to review the existing confidentiality language within the MMMP to determine whether certain commercial operators may have outgrown the original intent of the confidentiality clause.

### *Differentiating Between Small and Commercial Caregivers*

A common thread of the working group's discussions was that a "one-size-fits-all" approach to regulation is not appropriate for the MMMP. Patients can develop personal, trusting relationships with caregivers who cultivate and manufacture their own products. By contrast, stronger regulation of larger entities that obtain products through wholesale and have numerous employees potentially could provide peace of mind to patients.

Dispensaries and some of the caregivers operating on a larger scale acknowledged these differences and raised the possibility of tracking and testing requirements that exempted certain caregivers. A dispensary representative pointed out that some caregiver retail stores operated by registered caregivers were larger and likely had more revenue than some dispensaries. At the same time, caregivers wanted to point out that forcing all of the larger caregivers to become dispensaries was not an option, because many are "grandfathered" in municipalities that do not presently allow dispensaries or that restrict the hours of dispensaries. One suggestion that sought to alleviate this potential stumbling block was to consider grandfathering all existing caregiver retail stores to become dispensaries.

One of the most difficult aspects of this discussion arose when attempting to determine where to draw the line between larger operations which would be more tightly regulated and those that would remain largely unregulated by OMP.

Some ideas met strong opposition. For example, caregivers did not feel that annual revenue was a fair method of classifying caregivers, and this would be burdensome for OMP. Some proposed criteria for classifying caregivers included:

- Square footage of the entire operation;
- Residential/commercial zoning distinctions (where applicable);
- Whether the registered caregiver operates a caregiver retail store;
- Whether the registered caregiver purchases products wholesale from dispensaries or other caregivers;
- Whether the registered caregiver sells wholesale to dispensaries or other caregivers or whether they limit their transactions to only patients;
- Volume of patients served; and
- Number of employees.

Some of the other issues on which a variety of viewpoints were expressed included:

- How to determine whether a caregiver is operating a storefront;
- Allowing caregivers who do not operate a storefront to increase their cultivation size without being subject to municipal regulation; and
- Allowing smaller caregivers to do inherently hazardous substances extraction.

**Next Steps/Recommendations:** The VLA Committee may wish to review the definitions for MMMP registration types and the types of authorized conduct permitted to determine whether certain commercial operators may have outgrown the original intent of the program and whether revisions may be warranted.

### *Examining the Relationship Between OMP and the Caregiver Community*

Throughout the working group, participants referred to the often-contentious relationship between OMP and the caregiver community through the years, which one participant described as a "lack of open communication and open dialogue." Several caregivers described previous rounds of proposed rules as a threat to small businesses, noting that many of the 3,000 registered caregivers serve a limited number of patients and operate in rural communities. They touted the positive impact that registered caregivers have on tax revenue and employing Mainers.

The Office regrets that the relationship with OMP, in its role as a regulator, and registered caregivers, in their roles serving Maine patients, may have become unnecessarily strained as it sought to engage in administrative rulemaking that was firmly rooted in the foundational MMMP statutory language.

One caregiver noted that many of the complaints about "caregivers" are about people who are not registered caregivers but instead advertise illegal delivery operations on Instagram or Craigslist. While acknowledging that some registered caregivers also engage in illegal behavior, many felt that tighter regulation of registered caregivers will not address the problems associated with people who are not registered. It was also pointed out that the public lacks the information on how to distinguish between "legitimate" caregivers and those who are operating illegally due, in large part, to the confidentiality protections discussed in the municipal regulation section.

**Next Steps:** OMP will explore opportunities to expand upon the important work and relationship building afforded by the establishment of the Medical Marijuana Workgroup. In particular, OMP will seek to pursue opportunities listen and learn more from operators in the MMMP and remains committed to prioritizing Maine patients and Maine businesses operating in this space.

### *Using Data and Metrics*

A tension throughout the discussions was an insistence by some that OMP should not further regulate participants within the MMMP without clear data indicating problems exist which need to be addressed. This tension was coupled with a general resistance or reluctance to allowing OMP to collect more data from MMMP, most notably with respect to inventory tracking.

At the request of the workgroup, OMP provided data on the historical growth of the program—namely the increase in the number of qualifying patients, registered caregivers, and medical providers—and MMMP-related compliance inspections conducted by the Office. Additionally, data from Maine Revenue Services documenting that MMMP registrants generated approximately $290 million in taxable sales in calendar year 2020 and information from the Maine Health Data Organization on cannabis-related emergency department visits was made available. The latter drew attention following reporting from Maine Public[2] identifying an increase in poison control center calls and hospitalizations related to cannabis.

OMP's compliance-related data led to a discussion of what the benchmarks of program success should be when considering Maine's medical cannabis program. The Office provided data showing varying rates of compliance with program regulations including a 79.2 percent compliance rate on advertising and social media, 69.8 percent for caregiver assistants, and a 74.9 percent compliance rate on the use of trip tickets by registrants transferring medical cannabis to another location. More positively, compliance rates exceeded 98 percent in categories such as sales to visiting patients, obtaining local authorization for operating a retail establishment, and sourcing edibles from registered caregivers who hold valid food processor licensees.

OMP Deputy Director of Operations Vern Malloch joined the workgroup for the compliance-related discussions and reinforced the Office's commitment to providing technical education to violators in nearly every instance and taking enforcement action in only the most egregious of cases.

[2] More Maine households calling poison control because their kids ate marijuana gummies; Charlie Eichacker, Maine Public; October 5, 2021

Workgroup Members discussed such topics as a 93.5 percent compliance rate for having the required pesticide applicator license and 85.7 percent compliance rate for having pesticide safety training.

In the words of a dispensary representative working for a company operating in multiple states:

> *"Those are not numbers that anyone that I work with would say are okay with us. You know 99.8 feels a little bit better to me. ... These aren't surprise inspections, and the idea that we could have this much failure on an inspection that you know is going to happen, then what would possibly be happening out there if these were actually surprise inspections?"*
>
> **-- Heather Sullivan, dispensary representative**

Caregiver Representative Paul T. McCarrier provided his thoughts and insight on the importance of data:

> *"I think it's important to recognize that Maine is probably the best medical marijuana program in the whole country. And then you could argue, actually, one of the safest because, after operating for since 1999, I don't see there's lines going to the hospital. I don't see there being a bunch of complaints. I don't see there being any sort of news articles that are covering this alleged issue. Because we don't have data to back this up. ...*
>
> *"Between January of 2019 and September of 2020, the number of cannabis related emergency department visits is 24, and we're talking about a program that has a hundred thousand patients"*
>
> **-- Paul T. McCarrier, caregiver representative**

Testing Facility Representative Barry Chaffin provided fellow workgroup members with data from Nova Analytic Labs detailing pass/fail metrics for testing conducted by his laboratory. In previewing the data, Barry noted that 40 percent of the samples processed by Nova failed for pesticides and 9 percent failed for residual solvents. For the microbial analyte type, Nova witnessed an overall failure rate of 14 percent; however, when adult use compliance testing was removed from the sample pool and voluntary medical testing and adult use research and development testing remained, the failure rate increased to 30 percent.

> *"Pesticides may not have immediate or acute medical reactions. Those are things that may build in a person's system for 10, or 15, or 20 years. Saying we don't have the data because we're not seeing thousands of people flooding the emergency rooms is, I think, a bit of a misnomer because we may well see a balloon of problems 10, or 15, or 20 years down the line."*
>
> **-- Joshua Quint, dispensary representative**

OMP prides itself on making informed, data-driven policy decisions and recommendations. Where possible, the Office will continue to do so. However, OMP acknowledges that data limitations exist related to the MMMP.

**Next Steps/Recommendations:** The VLA Committee may wish, in reviewing the MMMP, to articulate what data or information it prioritizes when defining success for the medical cannabis program in Maine and whether the use of various policy levers would be prudent to ensure that both regulators and policymakers have the information necessary to make informed decisions.

### *Expanding Potency and Safety Testing*

One of the topics that has received the most attention around the workgroup's discussions on patient centrism was the implementation of testing in the MMMP. While the workgroup did not reach consensus on requiring testing, most members appeared to support some form of testing, if it could be done in a manner that minimized the impact on price.

It was clear that mandatory testing on par with current adult use regulations, as required by 28-B M.R.S. § 602 and 18-691 C.M.R. chs. 1 & 5, would meet with strong opposition. One caregiver representative, expressing opposition to mandatory testing, noted the inconsistency in requiring testing of every batch of marijuana but not testing other agricultural products.

Another caregiver representative hinted that testing was unnecessary because patients already are allowed to bring products to labs for testing. However, another responded that testing should not be the responsibility of patients.

OMP put forward a proposal to the workgroup members which would have introduced mandatory testing for products sold by registered dispensaries and caregiver retail stores only. This would have limited mandatory testing to roughly 300-400 program registrants while attempting to keep costs low for smaller operators whose volume may make mandatory testing a costly burden. OMP's proposal would have limited the products tested to final form and would have included an audit sampling component that would have divided testing costs among MMMP registrants and the Office.

Furthermore, OMP would have employed a deliberate, structured implementation of any analytes required for mandatory testing in the medical program. The Office utilized this approach successfully with adult use testing. Such an approach ensured adequate testing capacity existed and allowed ample time for licensees to engage in research and development testing to mitigate potential costs and identify issues in their business operations.

In response to concerns that capacity is insufficient, the laboratory representative assured the working group that his lab alone could handle all needed testing and offered pick up of samples anywhere in the state, with another lab offering similar services and two new labs entering the market.

Another proposal was to look at considering mandatory labeling, which would make it clear to qualifying patients whether any tests had been performed and if the product had successfully

passed laboratory analysis. Such an approach would enable patients to balance cost against safety concerns, as they might when deciding whether to pay more for organic produce. However, a caregiver representative spoke out against mandatory labeling, suggesting that it should be up to caregivers whether to test their products and whether to inform patients as to whether the product has been tested. Their alternative proposal would be for OMP to set a standard for what is to be tested and then collect data to see if the data supports the need for testing.

As noted, some working group members expressed skepticism that data collection would point to a widespread contamination problem. The laboratory representative, however, pointed out that more than one out of every four samples tested failed at least one test, mostly for pesticides and microbial contamination. This figure—27 percent—refers to all tests performed, including compliance testing in the adult use system and voluntary testing for research and development purposes in the adult use system and MMMP. However, the failure rate for adult use compliance testing is only 9 percent, suggesting that when people know they are subject to testing, they are more likely to produce clean products.

At least one working group member expressed concern that testing would be overly sensitive and lead to loss of product by those who were acting within best practices. Examples given were pesticides drifting from neighboring farms and microbes present naturally in organic growing media.

A sample of some of the statements made during this discussion has been compiled:

*"You look at the medicine that you get at CVS, or Walmart or Walgreens or whatever, that stuff goes through a testing procedure. And my caregiver tests his stuff, and I get the I get the printout. ... It's very satisfying to know that my stuff has been tested. I would be very shocked that anybody would go to a caregiver and not know that their stuff is tested.*

*"I'm here to represent the patient. I understand many of you here are making some sort of living off of helping patients, and I commend you for that, but I just want to make sure that people are fully understanding that in the end, it doesn't matter ... how much it's going to cost. You have to produce a safe product for the person to be able to use it."*

**-- Sean McDonough, patient representative**

*"We don't test apples. We don't test a lot of our agricultural products. And at the end of the day, cannabis is still an agricultural product."*

**-- Paul T. McCarrier, caregiver representative**

*"We truly have patients [who] need clean medicine, and [with] the chemicals that are being sprayed on the flower today, we hear the horror stories every day."*

**-- John Black, caregiver representative**

*"It's not a pharmaceutical, so it's not going to be tested like a pharmaceutical. It's an agricultural product, with agricultural problems, the pests, mold, mildews, that type of thing. ... If we want to turn this whole industry over to the pharmaceutical companies, we're not going to end up with the program that we have."*

**-- Catherine Lewis, caregiver representative**

*"Instituting a top-down mandatory policy with all the same standards as adult use is not a practical suggestion. ... an appropriate way to go forward given the concerns would be to have a fairly broad range of passing testing criteria and to slowly implement these things over a couple year period, so that there isn't a huge financial burden on the smallest operators."*

**-- Joshua Quint, dispensary representative**

*"To me, it's more like a supplement. ... Supplements are not regulated in the same way [as medications]. Supplements are kind of a buyer beware market. And I might say, 'Well, this supplement is very important to me, I take it every single day. And I take pretty high doses. So I'm going to get one that's GMP certified.'"*

**-- Michelle Caminos, patient representative**

*"I don't see an influx of Maine's patients to Maine hospitals that are sick from pesticide poisoning on record. I support only the spot check audit."*

**-- Susan Meehan, caregiver representative**

*"If we're not testing our product, we're all setting a poor standard for our patients."*

**-- David Vickers, caregiver representative**

*"The flower coming right off the plant may fail miserably because of mold or mildew, but the final product may be perfectly safe if they're processing it in ethanol and then filtering it. … It very much depends what the final product is that the patient is getting, and [OMP should be] making sure that somebody doesn't fail for something that is not going to be sold as is."*

**-- Michelle Caminos, patient representative**

**Next Steps:** With a goal of creating a more patient-centric program, OMP believes that the legislature should consider incorporating some type of mandatory testing regime. During the First Regulation Session of the 130th Maine Legislature, the VLA Committee seemed to articulate that testing would be a policy matter which would be revisited in the Second Regular Session.

The Medical Marijuana Workgroup discussed a number of potential options, ranging from OMP's proposal for more commercial entities to be subjected to testing and/or introducing transparency in labeling for product that has not been tested.

The extent to which mandatory testing may be introduced to a program which has not previously required it will be an important policy discussion to undertake. In addition to the members of the Medical Marijuana Workgroup, representatives of various cannabis trade association, and staff of the Office of Policy and Legal Analysis, OMP looks forward to being a part of these discussions.

# VI. LD 1242 Report Back: OMP's Approach to MMMP Rulemaking

In early 2021, OMP commenced rulemaking related to the MMMP. Ultimately, any changes to the program rules were delayed by the legislature, and OMP convened the Medical Marijuana Workgroup to—among other things—advise on improvements in Maine's medical cannabis program and fulfill the stakeholder engagement charges in LD 1242 and LD 882.

One of OMP's five guiding principles is to: "develop and institute regulations that are necessary, not over burdensome." The rules proposed by our office at the beginning of 2021—while rooted in the underlying statutory language—were too much, too soon for too many. In recognition of that, the Office submits the following information as required by LD 1242.

## *Development of Process for Stakeholder Engagement Related to Medical Marijuana Rulemaking*

OMP approached its 2021 medical marijuana rulemaking with information deficits. The knowledge and experience of the members selected to serve on the Medical Marijuana Workgroup has been invaluable to OMP as we have discussed improvements to the medical cannabis program in Maine. We have used the workgroup process as an opportunity to learn, and we intend to use the rulemaking process as an opportunity to clarify rules for all stakeholders while simultaneously looking at how best to approach mitigating the costs to both patients and registrants.

We believe that the knowledge and insight we have gained from this process is reflected in the work product formally proposed for rulemaking in the medical cannabis program. At the same time, we understand that some individuals or groups may not agree with some, most, or all of the program rules that are developed by OMP.

During the final Medical Marijuana Workgroup meeting, OMP outlined its intended approach to rulemaking in 2022 and subsequently communicated the following to MMMP registrants and stakeholders.

The proposed rule **does not**:

- Mandate electronic inventory tracking in the medical program;
- Require operating plans or standard operating procedures from registrants;
- Require escorting visitors and vendors while on the premises;
- Require reporting suspected illegal activity; and
- Refer to warrantless searches by law enforcement.

The rules to be proposed will remove most references to Maine-based patients and providers, deferring to statutory language. Additionally, for the vast majority of MMMP participants, the rules to be proposed will *not* require additional security measures.

The proposed rules will:

- Clarify that telemedicine is appropriate for issuing patient certifications;

- Limit new lighting and security camera requirements to only dispensaries and caregiver retails stores, while allowing for the use of motion-activated cameras and limiting the placement of lighting and cameras at cultivation operations to their access points;
- Limit registered caregivers to a single cultivation area; and
- Clarify the types of business entities a registered caregiver may operate.

While the formal duties of the Medical Marijuana Workgroup have come to a conclusion, we hope and expect that members of the workgroup will remain involved in MMMP rulemaking through both the administrative and legislative processes. This will include a rulemaking public hearing and written public comment period conducted by OMP during the Maine Administrative Procedures Act rulemaking process and, provided the Legislative Council agrees to accept late filed major substantive rules, a public hearing and work session(s) conducted by the VLA Committee.

**Next steps:** OMP will hold a public hearing on rules, consistent with the approach supported by the Medical Marijuana Workgroup, in early February 2022, with the intention to provisionally adopting the rules and filing them with the legislature in March 2022.

### *Process for Hiring Rulemaking Consultants*

In early 2019, DAFS leadership transitioned by virtue of the incoming administration of Governor Janet T. Mills. The new administration proceeded with an ongoing competitive procurement for the Department to hire a consultant to assist with the development of regulations related to cannabis. Since that time, the Office has partnered with Freedman & Koski to develop and revise Maine's regulation related to marijuana.

We appreciate our relationship with Freedman & Koski because their staff have brought a wealth of knowledge, expertise, and national perspective to the work of OMP. Additionally, the Freedman & Koski team has demonstrated the utmost professionalism when advising OMP, but it has always been OMP employees, who are Maine residents, making decisions on administrative process and cannabis regulations in Maine.

**Next Steps:** As a result of the natural growth of OMP since its founding, the Office will not be renewing the rulemaking consulting contract with Freedman & Koski that expires in March 2022. Should the Office be interested in pursuing rulemaking consulting services in the future, it will engage in another competitive bidding process to procure these services in accordance with Title 5, ch. 155 and ch. 110 and as directed by the Maine Division of Procurement Services.

### *Economic Effects of New Rules*

As articulated to members of the Medical Marijuana Workgroup at the December 14, 2021 meeting, OMP's proposed 2022 rulemaking for the medical program does not include inventory tracking or mandatory testing. As a result, the Office does not expect that administrative rulemaking in the state's medical cannabis program would adversely affect either Maine patients or MMMP registrants.

**Next Steps:** The Office will remain cognizant of the economic impact of statutory and regulatory changes regarding inventory tracking and mandatory testing considered during this upcoming legislative session.

Based upon the feedback of the workgroup, the Office is acutely aware that maintaining broad geographic access to affordable medicine is critical for qualifying patients. As demonstrated by Director Gundersen's comments to the workgroup, any changes to inventory tracking or mandatory testing requirements supported by the Office will balance increased safety to qualifying patients and the general public against increased costs to those same qualifying patients.

# VII. Summary

The meetings of the Medical Marijuana Workgroup were productive for OMP and have helped to clarify the approach to rulemaking in 2022 and beyond. Specifically, the workgroup achieved consensus on OMP's immediate agenda for rulemaking to begin the new calendar year. This consensus was possible due to honest, sometimes difficult, dialogue among the workgroup members and OMP.

Some key areas of agreement included that:

- Patient confidentiality cannot be compromised;
- The group supports a legislative change allowing for multi-part (paper and electronic) patient certifications;
- The group supports legislative changes to make pediatric certification more consistent with the process for adult patients;
- OMP will develop patient education materials that explain what can be done legally within MMMP, what the legal requirements are, and general information about MMMP, including the status of testing;
- OMP will support legislative initiatives which would allow for caregiver assistants or dispensary employees to use a single registry identification card when working for multiple employers;
- The industry members of the group were strongly opposed to the use of the METRC inventory tracking system;
- OMP should provide more information to municipalities, except regarding caregivers who operate out of their homes, and that OMP is willing to provide a list of retail storefronts, dispensaries, manufacturing facilities, and testing facilities, if permitted by statute;
- The majority of the group supports a limited, final form, testing regime for commercial caregivers or transparent labeling of products not tested in line with state requirements; and
- OMP will seek a sensible distinction between small caregivers and commercial operations, working with stakeholders to ensure that the distinctions represent the state of the industry.

The Office thanks the members of the workgroup for their interest in participating in the workgroup process and for being so generous with their knowledge and expertise. The willingness of members to volunteer their valuable time as a part of this endeavor—and to engage in respectful, honest discussion—was crucial to the success of this process.


# Appendix A — First Workgroup Meeting Materials

Meeting Date: September 28, 2021
Video Location: https://www.youtube.com/watch?v=EgRWF9eP04Y
Transcript Location: https://www.maine.gov/dafs/omp/workgroup

# AGENDA

**Medical Marijuana Workgroup**

**Date: 9/28/2021**

**2:00pm – 4:00pm**

**Attendees:** See Reverse

**Please Review:** Workgroup Welcome Package

| Time | Activity | |
|---|---|---|
| **2:00-2:15pm** | Welcome, Workgroup Vision, Legislative Charge | Erik Gundersen |
| **2:15-2:40pm** | Introductions | All Workgroup Members |
| **2:40-2:45pm** | Meeting Logistics | David Heidrich |
| **2:45-2:55pm** | Break | All Workgroup Members |
| **2:55-3:30pm** | Discussion: Patient Access | All Workgroup Members |
| **3:30-3:55pm** | Discussion: Patient Education | All Workgroup Members |
| **3:55pm** | Call for Next Meeting Agenda Items | All Workgroup Members |
| **4:00pm** | Adjourn | |

## Workgroup Membership

Representing Registered Caregivers:

- John Black, Earth Keeper Cannabis, LLC
- Catherine Lewis, Homegrown of Hallowell, LLC
- Paul T. McCarrier, 1 Mill
- Susan Meehan, Mae's Mamas Supplements and Consulting
- Joel Pepin, JAR Cannabis Company and SJR Labs
- David Vickers, ORIGINs, Shwaggle Farms, and Sundown Beverage Co.

Representing Registered Dispensaries:

- Joshua Quint, Canuvo
- Heather Sullivan, Curaleaf

Representing Testing Facilities:

- Barry Chaffin, Nova Analytic Labs

Representing Product Manufacturers:

- Alex McMahan, The Healing Community MEDCo

Representing Qualifying Patients:

- Patricia Callahan
- Michelle Caminos, EdD, RN
- Sean McDonough

Representing Relevant Health Care Professionals:

- Jamie Comstock, Bangor Public Health
- Julie Milliken, MSN, APRN, FNP-c, ENP-c., Maine Medical Certifications, LLC.

Representing Municipalities:

- Christopher Beaumont, City of Portland
- Rebecca McMahon, Esq., Maine Municipal Association

LAW WITHOUT GOVERNOR'S SIGNATURE

JUNE 26, 2021

CHAPTER 95

RESOLVES

**STATE OF MAINE**

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**IN THE YEAR OF OUR LORD**

**TWO THOUSAND TWENTY-ONE**

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**S.P. 296 - L.D. 882**

# Resolve, To Direct the Office of Marijuana Policy To Convene Stakeholder Meetings Regarding the Maine Medical Use of Marijuana Program

**Sec. 1. Stakeholder meetings. Resolved:** That the Department of Administrative and Financial Services, through its office of marijuana policy, shall convene meetings with stakeholders within the State's medical marijuana industry to study, review and evaluate any changes or updates that may be necessary to the State's medical use of marijuana program under the Maine Revised Statutes, Title 22, chapter 558-C. The department shall convene meetings with stakeholders representing every aspect of the State's medical marijuana industry, including, but not limited to, registered caregivers, registered dispensaries, marijuana testing facilities, marijuana manufacturing facilities, qualifying patients, municipal representatives, relevant health care professionals and any other relevant stakeholders affected by the Maine Medical Use of Marijuana Act.

**Sec. 2. Report. Resolved:** That the Department of Administrative and Financial Services shall submit a report summarizing its findings and recommendations from the meetings convened under section 1 to the joint standing committee of the Legislature having jurisdiction over medical use of marijuana matters no later than January 1, 2022. The joint standing committee of the Legislature having jurisdiction over medical use of marijuana matters may introduce legislation for presentation to the Second Regular Session of the 130th Legislature based on the findings and recommendations in the report.

LAW WITHOUT GOVERNOR'S SIGNATURE

JULY 1, 2021

CHAPTER

387

PUBLIC LAW

**STATE OF MAINE**

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**IN THE YEAR OF OUR LORD**

**TWO THOUSAND TWENTY-ONE**

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**H.P. 908 - L.D. 1242**

# An Act To Amend the Maine Medical Use of Marijuana Act

**Emergency preamble. Whereas,** acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** the Department of Administration and Financial Services' office of marijuana policy is currently proposing rules that may go into effect before the expiration of the 90-day period; and

**Whereas,** the proposed rules would significantly damage the well-being and health of tens of thousands of citizens of the State by restricting their access to medical marijuana; and

**Whereas,** the proposed rules would do irreparable economic harm to thousands of citizens of the State through a dramatic increase in the cost of medical marijuana; and

**Whereas,** the proposed rules would do irreparable economic harm to thousands of medical marijuana caregivers and to their thousands of employees; and

**Whereas,** the proposed rules would do irreparable harm to the economy of the State by destroying businesses owned and domiciled in the State to the benefit of companies that are not based in the State and will not reinvest in this State; and

**Whereas,** the proposed rules would impact the most vulnerable communities in this State the hardest, including rural municipalities with aging populations; and

**Whereas,** the proposed rules make major changes that warrant legislative involvement and oversight; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 22 MRSA §2422-A, sub-§2,** as enacted by PL 2017, c. 409, Pt. E, §3, is amended to read:

**2. Rulemaking.** The department, after consultation with the Department of Health and Human Services, may adopt rules as necessary to administer and enforce this chapter or amend rules previously adopted pursuant to this chapter. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. Before adopting rules pursuant to this subsection, the department shall consult with caregivers, registered caregivers, patients and medical providers with significant knowledge and experience certifying patients under this chapter. The department shall develop a process to use when hiring consultants to advise on rule changes related to this chapter and shall report any subsequent changes to that process to the joint standing committee of the Legislature having jurisdiction over medical use of marijuana matters.

**Sec. 2. 22 MRSA §2423-A, sub-§10, ¶D,** as repealed and replaced by PL 2019, c. 331, §13 and c. 354, §3, is repealed and the following enacted in its place:

D. The department shall adopt routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this paragraph are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A, governing marijuana testing facilities, including but not limited to:

(1) Marijuana testing facility officer or director qualification requirements;

(2) Required security for marijuana testing facilities; and

(3) Requirements for the registration, certification or other approval of marijuana testing facilities.

The failure of the department to adopt rules under this paragraph does not prevent a marijuana testing facility from engaging in activities in compliance with this chapter.

**Sec. 3. 22 MRSA §2423-A, sub-§10, ¶D-1,** as enacted by PL 2019, c. 354, §4, is amended to read:

D-1. Upon the adoption of rules pursuant to paragraph D and this paragraph, a marijuana testing facility must be certified by the certification program established pursuant to section 569 as meeting all operational and technical requirements in accordance with rules adopted by the department after consultation with the Maine Center for Disease Control and Prevention. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this paragraph are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. A marijuana testing facility operating in compliance with this chapter on the date of the adoption of rules pursuant to this paragraph and paragraph D may continue to operate pending completion of certification under this paragraph. The failure of the department to adopt rules under this paragraph does not prevent a marijuana testing facility from engaging in activities in compliance with this chapter.

**Sec. 4. 22 MRSA §2423-B, sub-§2-A, ¶D,** as enacted by PL 2017, c. 452, §5, is amended by amending the last blocked paragraph to read:

The department shall adopt routine technical rules as defined in Title 5, chapter 375, subchapter 2-A to implement the reimbursement request under this paragraph, except

that, beginning July 1, 2021, rules adopted pursuant to this paragraph are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 5. 22 MRSA §2423-F, sub-§10,** as repealed and replaced by PL 2019, c. 331, §17, is amended to read:

**10. Rulemaking.** The department shall adopt routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A, governing manufacturing facilities, including but not limited to:

A. Requirements for the registration of a manufacturing facility and an officer or director or assistant of a registered manufacturing facility;

B. Requirements for engaging in marijuana extraction using inherently hazardous substances;

C. Manufacturing facility officer or director qualification requirements;

D. Required security for manufacturing facilities;

E. Requirements of a disposal plan for harvested marijuana used in the manufacturing process; and

F. Minimum record-keeping requirements, including an annual audit requirement.

The failure of the department to adopt rules under this subsection does not prevent a person authorized pursuant to subsection 3, paragraph A from engaging in conduct authorized under this section.

**Sec. 6. 22 MRSA §2424, sub-§1-A,** as enacted by PL 2017, c. 452, §10, is amended to read:

**1-A. Rulemaking.** The department may adopt rules to carry out the purposes of this chapter. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 7. 22 MRSA §2424, sub-§4,** as amended by PL 2019, c. 217, §4, is further amended to read:

**4. Enforcement and compliance.** The department shall adopt routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, the department shall adopt major substantive rules as defined in Title 5, chapter 375, subchapter 2-A, regarding enforcement and compliance of authorized conduct under this chapter, including rules governing:

A. Minimum oversight requirements for dispensaries and registered caregivers and the one permitted additional location at which a dispensary cultivates marijuana plants for medical use by qualifying patients; and

B. Minimum security requirements for registered caregivers operating caregiver retail stores pursuant to section 2423-A, subsection 2, paragraph P and registered dispensaries and any additional location at which a dispensary cultivates marijuana plants for medical use by qualifying patients.

**Sec. 8. 22 MRSA §2425-A, sub-§3-A,** as amended by PL 2019, c. 331, §19, is further amended by amending the 2nd blocked paragraph to read:

The department, with the Department of Public Safety, Bureau of State Police, State Bureau of Identification, shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 9. 22 MRSA §2425-A, sub-§10,** as enacted by PL 2017, c. 452, §12, is amended to read:

**10. Fees.** The department shall adopt rules to establish fees in accordance with this subsection. The fees must be credited to the Medical Use of Marijuana Fund pursuant to section 2430. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

A. There is no annual registration fee for a qualifying patient or visiting qualifying patient or a caregiver who is not required to register pursuant to section 2423-A, subsection 3, paragraph C. There is no annual registration fee for a caregiver who does not cultivate marijuana plants for a qualifying patient.

B. There is an annual registration fee for a caregiver who cultivates marijuana plants on behalf of a qualifying patient pursuant to section 2423-A, subsection 2, paragraph B. The fee may not be less than $50 or more than $240 for each group of up to 6 mature marijuana plants cultivated by the caregiver. The caregiver shall notify the department of the number of marijuana plants the caregiver cultivates.

C. There is an annual registration fee for a dispensary, which may not be less than $5,000 or more than $12,000. There is a fee to change the location of a registered dispensary or the location at which a registered dispensary cultivates marijuana plants, which may not be less than $3,000 or more than $4,000.

D. There is an annual registration fee for a tier 1 manufacturing facility, which may not be less than $50 or more than $150.

E. There is an annual registration fee for a tier 2 manufacturing facility, which may not be less than $150 or more than $250.

F. There is an annual registration fee to engage in marijuana extraction under section 2423-F, subsection 3, which may not be less than $250 or more than $350.

G. There is an annual registration fee for a marijuana testing facility, which may not be less than $250 or more than $1,000, except that there is no fee if the testing facility is licensed in accordance with Title 28-B, chapter 1.

H. There is an annual registration fee for an officer or director or assistant of a registered caregiver or registered dispensary, which may not be less than $20 or more than $50.

I. There is a fee to replace a registry identification card that has been lost, stolen or destroyed or a card that contains information that is no longer accurate, which may not

be less than $10 or more than $20. Replacement of a registry identification card does not extend the expiration date.

J. There is an annual fee for a criminal history record check for a caregiver or an officer or director or assistant of a registered dispensary, marijuana testing facility or manufacturing facility, which may not be less than $31 or more than $60. The fee must be paid by the caregiver or by the registered dispensary, marijuana testing facility or manufacturing facility for an officer or director or assistant of the registered dispensary, marijuana testing facility or manufacturing facility.

**Sec. 10. 22 MRSA §2425-A, sub-§13, ¶A,** as enacted by PL 2017, c. 452, §12, is amended to read:

A. A registered caregiver or a dispensary shall submit annually a report of the number of qualifying patients and visiting qualifying patients assisted by the caregiver or dispensary. A report may not directly or indirectly disclose patient identity. The department shall adopt rules to implement this paragraph. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this paragraph are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 11. 22 MRSA §2430, sub-§5,** as amended by PL 2019, c. 331, §31, is further amended to read:

**5. Medical marijuana research grant program established.** The medical marijuana research grant program, referred to in this subsection as "the program," is established within the department to provide grant money to support objective scientific research, including observational and clinical trials and existing research, on the efficacy of harvested marijuana as part of medical treatment and the health effects of harvested marijuana used as part of medical treatment. The program must be funded from the fund. The department shall adopt rules necessary to implement the program, including, but not limited to, required qualifications of persons conducting the research; determining the scientific merit and objectivity of a research proposal; criteria for determining the amount of program funds distributed; criteria for determining the duration of the research; procedures for soliciting research participants, including outreach to patients, and for obtaining the informed consent of participants; and reporting requirements for the results of the research and evaluation of the research results. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 12. 22 MRSA §2430-E, sub-§2,** as enacted by PL 2017, c. 452, §24, is amended to read:

**2. Repeat forfeiture.** If a cardholder has previously forfeited excess marijuana pursuant to subsection 1 and a subsequent forfeiture occurs, the department shall revoke the registry identification card of the cardholder and the entire amount of marijuana plants or harvested marijuana possessed by that cardholder must be forfeited to a law enforcement officer. The department shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 13. 22 MRSA §2430-F, sub-§1,** as enacted by PL 2017, c. 452, §24, is amended to read:

**1. Department suspension or revocation.** The department may suspend or revoke a registry identification card for violation of this chapter and the rules adopted under this chapter. Revocation in accordance with section 2430-E, subsection 2 is considered a final agency action, subject to judicial review under Title 5, chapter 375, subchapter 7. Unless otherwise specified as final agency action, a person who has had authorization for conduct under this chapter revoked due to failure to comply with this chapter and rules adopted by the department may request an informal hearing. The department shall adopt rules to specify the period of time, which may not exceed one year, that the person whose registry identification card was revoked is ineligible for reauthorization under this chapter. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

The department shall immediately revoke the registry identification card of an officer or director or assistant of a dispensary who is found to have violated section 2428, subsection 9, paragraph B, and that person is disqualified from serving as an officer or director or assistant of a dispensary.

**Sec. 14. 22 MRSA §2430-G, sub-§1, ¶A,** as enacted by PL 2017, c. 452, §24, is amended by amending subparagraph (2) to read:

(2) Keep the books and records maintained by the registered caregiver, registered dispensary, marijuana testing facility or manufacturing facility for a period of 7 years; and

**Sec. 15. 22 MRSA §2430-G, sub-§1, ¶A,** as enacted by PL 2017, c. 452, §24, is amended by repealing subparagraph (3).

**Sec. 16. 22 MRSA §2430-G, sub-§1,** as amended by PL 2019, c. 331, §32, is further amended by amending the blocked paragraph to read:

The department may adopt rules to implement this subsection. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 17. Rules governing medical use of marijuana.** The rules governing the medical use of marijuana are those rules that were in effect as of February 28, 2021. Pursuant to the authority designated in this legislation, rules governing the medical use of marijuana beginning July 1, 2021 are major substantive rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A. Before provisionally adopting new rules and submitting the rules to the Legislature for review pursuant to Title 5, section 8072, including but not limited to rules necessary for the implementation of a statewide electronic portal under Title 22, section 2430-G, subsection 1, paragraph B, the Department of Administrative and Financial Services shall:

1. Develop a process to consult with caregivers, registered caregivers, qualifying patients and medical providers with significant knowledge and experience certifying patients under the Maine Medical Use of Marijuana Act, in accordance with Title 22, section 2422-A, subsection 2;

2. Develop a process to use when hiring consultants to advise on any new rules or proposed changes to existing rules governing the medical use of marijuana, in accordance with Title 22, section 2422-A, subsection 2; and

3. Using existing resources, conduct a study evaluating the economic effects that any new rules or proposed changes to existing rules may have, including, but not limited to, the effects of implementing a statewide electronic portal on caregiver businesses of all sizes and how such rules could affect the access of patients to marijuana for medical use.

The Department of Administrative and Financial Services shall submit a report including the processes developed under subsections 1 and 2 and the findings under subsection 3 to the joint standing committee of the Legislature having jurisdiction over medical use of marijuana matters no later than January 15, 2022. The joint standing committee of the Legislature having jurisdiction over medical use of marijuana matters may introduce legislation for presentation to the Second Regular Session of the 130th Legislature based on the information provided in the report.

**Sec. 18. Appropriations and allocations.** The following appropriations and allocations are made.

**ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF**

**Medical Use of Marijuana Fund Z265**

Initiative: Provides allocations for 8 Field Investigator positions and 2 Field Investigator Supervisor positions to handle increased inspections for providers to obtain compliance within the program.

| **OTHER SPECIAL REVENUE FUNDS** | **2021-22** | **2022-23** |
|---|---|---|
| POSITIONS - LEGISLATIVE COUNT | 10.000 | 10.000 |
| Personal Services | $852,486 | $890,292 |
| All Other | $194,362 | $194,935 |
| OTHER SPECIAL REVENUE FUNDS TOTAL | $1,046,848 | $1,085,227 |

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.


# Appendix B — Second Workgroup Meeting Materials

Meeting Date: October 12, 2021
Video Location: https://www.youtube.com/watch?v=b7jTrxQqeHQ
Transcript Location: https://www.maine.gov/dafs/omp/workgroup

# AGENDA

**Medical Marijuana Workgroup**

**Date: 10/12/2021**

**2:00pm – 3:30pm**

**Attendees:** See Reverse

**Please Review:** N/A

| Time | Activity | |
|---|---|---|
| **2:00-2:03pm** | Introductions | All Workgroup Members |
| **2:03-2:10pm** | Brief Recap of Kickoff Meeting | Erik Gundersen |
| **2:10-2:35pm** | OMP Action Items | Erik Gundersen |
| **2:35-3:05pm** | Discussion: OMP's Role with Caregivers | All Workgroup Members |
| **3:05-3:25pm** | Discussion: Useful Data and Metrics | All Workgroup Members |
| **3:25pm-3:30pm** | Call for Next Meeting Agenda Items<br>• Role of Municipalities in Regulating Medical Marijuana Establishments<br>• Patient Education | All Workgroup Members |
| **3:30pm** | Adjourn | |

## Workgroup Membership

Representing Registered Caregivers:

- John Black, Earth Keeper Cannabis, LLC
- Catherine Lewis, Homegrown of Hallowell, LLC
- Paul T. McCarrier, 1 Mill
- Susan Meehan, Mae's Mamas Supplements and Consulting
- Joel Pepin, JAR Cannabis Company and SJR Labs
- David Vickers, ORIGINs, Shwaggle Farms, and Sundown Beverage Co.

Representing Registered Dispensaries:

- Joshua Quint, Canuvo
- Heather Sullivan, Curaleaf

Representing Testing Facilities:

- Barry Chaffin, Nova Analytic Labs

Representing Product Manufacturers:

- Alex McMahan, The Healing Community MEDCo

Representing Qualifying Patients:

- Patricia Callahan
- Michelle Caminos, EdD, RN
- Sean McDonough, RN, BSN

Representing Relevant Health Care Professionals:

- Jamie Comstock, Bangor Public Health
- Julie Milliken, MSN, APRN, FNP-c, ENP-c., Maine Medical Certifications, LLC.

Representing Municipalities:

- Christopher Beaumont, City of Portland
- Rebecca McMahon, Esq., Maine Municipal Association

**Printed Certifications by County**

| County | 2018 | 2019 | 2020 |
|---|---|---|---|
| Androscoggin | 4,086 | 7,378 | 10,490 |
| Aroostook | 1,685 | 2,121 | 3,572 |
| Cumberland | 9,750 | 15,433 | 22,106 |
| Franklin | 899 | 1,105 | 1,948 |
| Hancock | 2,235 | 3,317 | 3,822 |
| Kennebec | 5,287 | 6,506 | 9,603 |
| Knox | 1,267 | 1,928 | 2,694 |
| Lincoln | 1,387 | 1,691 | 2,463 |
| Oxford | 2,190 | 3,056 | 4,479 |
| Penobscot | 4,741 | 6,390 | 9,873 |
| Piscataquis | 333 | 575 | 811 |
| Sagadahoc | 1,193 | 1,868 | 2,906 |
| Somerset | 1,705 | 2,026 | 3,024 |
| Waldo | 1,443 | 1,842 | 2,586 |
| Washington | 1,162 | 1,224 | 1,755 |
| York | 6,577 | 8,908 | 13,914 |
| **TOTALS** | **45,940** | **65,368** | **96,046** |

An online service hosted by the state's web portal provider allows for the immediate issuance of patient certifications.
The online system recorded, in 2020, that 96,046 certifications were printed, a 46.9 percent increase from the 65,368 certifications printed in 2019, and a 109.1 percent increase from the 45,940 printed in 2018.
The numbers contained herein are not an accurate reflection of the number of patients as it includes all certifications printed, including misprints, the reissuance of lost certifications, and other anomalies.

**Registered Caregivers by County**

| County | 2018 | 2019 | 2020 |
|---|---|---|---|
| Androscoggin | 241 | 245 | 295 |
| Aroostook | 74 | 84 | 106 |
| Cumberland | 610 | 646 | 705 |
| Franklin | 97 | 98 | 131 |
| Hancock | 58 | 60 | 60 |
| Kennebec | 223 | 227 | 245 |
| Knox | 60 | 60 | 66 |
| Lincoln | 68 | 69 | 87 |
| Oxford | 150 | 172 | 194 |
| Penobscot | 145 | 151 | 208 |
| Piscataquis | 17 | 21 | 25 |
| Sagadahoc | 66 | 65 | 76 |
| Somerset | 93 | 98 | 115 |
| Waldo | 78 | 68 | 75 |
| Washington | 53 | 52 | 51 |
| York | 429 | 480 | 607 |
| **TOTALS** | **2462** | **2596** | **3046** |

The number of registered caregivers increased by 17.3 percent, from 2,596 in 2019 to 3,046 in 2020.
There was an increase of registered caregivers in all counties except for Hancock and Washington.

**Medical Providers by County**

| County | 2018 | 2019 | 2020 |
|---|---|---|---|
| Androscoggin | 27 | 26 | 31 |
| Aroostook | 19 | 6 | 11 |
| Cumberland | 132 | 177 | 234 |
| Franklin | 6 | 5 | 5 |
| Hancock | 45 | 40 | 50 |
| Kennebec | 68 | 87 | 105 |
| Knox | 8 | 9 | 13 |
| Lincoln | 13 | 11 | 13 |
| Oxford | 9 | 13 | 14 |
| Penobscot | 68 | 60 | 79 |
| Piscataquis | 1 | 2 | 4 |
| Sagadahoc | 20 | 12 | 18 |
| Somerset | 4 | 5 | 8 |
| Waldo | 14 | 12 | 16 |
| Washington | 14 | 15 | 18 |
| York | 121 | 86 | 95 |
| **TOTALS** | **569** | **566** | **714** |

In 2020, there were a total of 686 medical providers registered in the system. Of those, 611 have an active registration.
In cases where a provider is practicing in multiple counties, they are listed multiple times.


# Appendix C — Third Workgroup Meeting Materials

Meeting Date: November 2, 2021
Video Location: https://www.youtube.com/watch?v=pV2Jkf8lPiQ
Transcript Location: https://www.maine.gov/dafs/omp/workgroup

# AGENDA

**Medical Marijuana Workgroup**

**Date: 11/2/2021**

**2:00pm – 4:00pm**

**Attendees:** See Reverse

**Please Review:** Materials Added to Workgroup Website: https://www.maine.gov/dafs/omp/workgroup

| Time | Activity | |
|---|---|---|
| 2:00-2:03pm | Introductions | All Workgroup Members |
| 2:03-2:10pm | Brief Recap of Second Meeting and OMP Action Items | Erik Gundersen |
| 2:10-2:55pm | Discussion: Patient Education/Centrism<br>• What are we doing for patient education?<br>• What is lacking in education?<br>• Who's making decision around product usage? Provider/caregiver relationship? | All Workgroup Members |
| 2:55-3:30pm | Discussion: Useful Data and Metrics | All Workgroup Members |
| 3:30pm-3:55pm | Discussion: Role of Municipalities in Regulating Medical Marijuana Establishments<br>• Challenges?<br>• Opportunities? | All Workgroup Members |
| 3:55-4:00pm | Call for Agenda Items | All Workgroup Members |
| 4:00pm | Adjourn | |

## Workgroup Membership

Representing Registered Caregivers:

- John Black, Earth Keeper Cannabis, LLC
- Catherine Lewis, Homegrown of Hallowell, LLC
- Paul T. McCarrier, 1 Mill
- Susan Meehan, Mae's Mamas Supplements and Consulting
- Joel Pepin, JAR Cannabis Company and SJR Labs
- David Vickers, ORIGINs, Shwaggle Farms, and Sundown Beverage Co.

Representing Registered Dispensaries:

- Joshua Quint, Canuvo
- Heather Sullivan, Curaleaf

Representing Testing Facilities:

- Barry Chaffin, Nova Analytic Labs

Representing Product Manufacturers:

- Alex McMahan, The Healing Community MEDCo

Representing Qualifying Patients:

- Patricia Callahan
- Michelle Caminos, EdD, RN
- Sean McDonough, RN, BSN

Representing Relevant Health Care Professionals:

- Jamie Comstock, Bangor Public Health
- Julie Milliken, MSN, APRN, FNP-c, ENP-c., Maine Medical Certifications, LLC.

Representing Municipalities:

- Christopher Beaumont, City of Portland
- Rebecca McMahon, Esq., Maine Municipal Association

## 2020 Medical Marijuana Sales

**Total**

| Month | Non-food | Food | Total |
|---|---|---|---|
| 1 | 10,162,228 | 721,613 | 10,883,841 |
| 2 | 11,045,875 | 799,194 | 11,845,069 |
| 3 | 22,365,809 | 1,156,975 | 23,522,783 |
| 4 | 15,113,389 | 949,026 | 16,062,416 |
| 5 | 18,655,369 | 1,023,866 | 19,679,235 |
| 6 | 32,787,606 | 1,692,810 | 34,480,416 |
| 7 | 22,546,667 | 1,189,144 | 23,735,811 |
| 8 | 22,595,922 | 1,297,774 | 23,893,695 |
| 9 | 37,517,504 | 1,882,833 | 39,400,337 |
| 10 | 21,346,172 | 1,404,941 | 22,751,113 |
| 11 | 19,279,781 | 1,194,191 | 20,473,972 |
| 12 | 39,001,038 | 2,172,337 | 41,173,375 |
| Total | 272,417,359 | 15,484,703 | 287,902,063 |

**Dispensaries**

| Month | Non-food | Food | Total |
|---|---|---|---|
| 1 | 1,796,583 | 161,542 | 1,958,125 |
| 2 | 1,807,196 | 161,955 | 1,969,151 |
| 3 | 2,067,765 | 177,371 | 2,245,136 |
| 4 | 1,880,835 | 144,168 | 2,025,003 |
| 5 | 2,000,304 | 164,861 | 2,165,165 |
| 6 | 2,025,933 | 171,149 | 2,197,082 |
| 7 | 2,145,914 | 180,507 | 2,326,421 |
| 8 | 2,036,872 | 184,452 | 2,221,324 |
| 9 | 2,090,722 | 171,818 | 2,262,541 |
| 10 | 1,978,895 | 182,077 | 2,160,972 |
| 11 | 1,765,049 | 136,858 | 1,901,908 |
| 12 | 1,867,865 | 173,312 | 2,041,177 |
| Total | 23,463,934 | 2,010,072 | 25,474,006 |

**Not dispensaries**

| Month | Non-food | Food | Total |
|---|---|---|---|
| 1 | 8,365,645 | 560,071 | 8,925,716 |
| 2 | 9,238,678 | 637,239 | 9,875,917 |
| 3 | 20,298,044 | 979,603 | 21,277,647 |
| 4 | 13,232,555 | 804,858 | 14,037,413 |
| 5 | 16,655,065 | 859,005 | 17,514,070 |
| 6 | 30,761,673 | 1,521,661 | 32,283,334 |
| 7 | 20,400,753 | 1,008,637 | 21,409,390 |
| 8 | 20,559,050 | 1,113,321 | 21,672,371 |
| 9 | 35,426,781 | 1,711,015 | 37,137,796 |
| 10 | 19,367,277 | 1,222,864 | 20,590,140 |
| 11 | 17,514,732 | 1,057,332 | 18,572,064 |
| 12 | 37,133,173 | 1,999,025 | 39,132,198 |
| Total | 248,953,425 | 13,474,632 | 262,428,057 |

**December 2020 Sales by Period Length, Excluding Dispensaries**

| | Sales | # accounts |
|---|---|---|
| Monthly | 20,954,760 | 266 |
| Quarterly | 14,190,556 | 597 |
| Semi-annual | 2,572,863 | 107 |
| Annual | 1,414,018 | 43 |
| Total | 39,132,198 | 1,013 |

**December 2020 Monthly Sales Distribution, Excluding Dispensaries and New Accounts**

Data Notes:
1) Monthly sales on returns for the period ending December 2020 are calculated by dividing sales by the number of months in the reporting period. For example, quarterly return sales are divided by 3
2) Excludes accounts that first reported medical marijuana sales in December 2020. (The starting point for sales is unclear.)
3) Sales are calculated by entity ID, not account.

| Sales Percentile | Sales Range* | Monthly Sales | # Entities |
|---|---|---|---|
| 0 - 25 | 0 - 1,500 | 156,554 | 220 |
| 25 - 50 | 1,500 - 4,500 | 623,440 | 220 |
| 50 - 75 | 4,500 - 15,400 | 1,796,582 | 220 |
| 75 - 95 | 15,400 - 135,300 | 8,397,325 | 176 |
| > 95 | >135,300 | 13,790,679 | 44 |
| Total | | 24,764,579 | 880 |

*End points rounded to nearest $100.

**General Data Note**

Taxpayers report medical marijuana sales with significant error. Many taxpayers who are not involved with marijuana report taxable medical marijuana sales, and known medical marijuana sellers occasionally report zero marijuana sales and significant regular taxable sales. Caregivers also are assigned a variety of business codes other than caregiver. We follow a number of rules to clean the data but some classification error is inevitable.

**Source**
Maine Revenue Services - Office of Tax Policy

## Number of Cannabis-Related Emergency Department Visits (based on primary diagnosis field only), Maine Hospitals

| Primary Diagnosis Code | Description | Encounters Resulting in an Inpatient Admission | | | | Outpatient Encounters | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | January 2019 September 2020 | | January 2015 September 2020 | | January 2019 December 2019 | | January 2015 December 2019 | |
| | | Number of Encounters | Number of Individuals | Number of Encounters | Number of Individuals | Number of Encounters | Number of Individuals | Number of Encounters | Number of Individuals |
| F12.10 | Cannabis abuse, uncomplicated | 0 | 0 | (s) | (s) | 68 | 64 | 274 | 269 |
| F12.11 | Cannabis abuse, in remission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| F12.120 | Cannabis abuse with intoxication, uncomplicated | 0 | 0 | 0 | 0 | 0 | 0 | (s) | (s) |
| F12.121 | Cannabis abuse with intoxication delirium | 0 | 0 | 0 | 0 | 0 | 0 | 11 | (s) |
| F12.122 | Cannabis abuse with intoxication with perceptual disturbance | 0 | 0 | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.129 | Cannabis abuse with intoxication, unspecified | (s) | (s) | (s) | (s) | 11 | 11 | 100 | 98 |
| F12.150 | Cannabis abuse with psychotic disorder with delusions | 0 | 0 | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.151 | Cannabis abuse with psychotic disorder with hallucinations | (s) | (s) | (s) | (s) | 0 | 0 | (s) | (s) |
| F12.159 | Cannabis abuse with psychotic disorder, unspecified | (s) | (s) | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.180 | Cannabis abuse with cannabis-induced anxiety disorder | 0 | 0 | 0 | 0 | (s) | (s) | 16 | 16 |
| F12.188 | Cannabis abuse with other cannabis-induced disorder | (s) | (s) | 17 | 16 | 57 | 49 | 110 | 92 |
| F12.19 | Cannabis abuse with unspecified cannabis-induced disorder | 0 | 0 | 0 | 0 | 0 | 0 | (s) | (s) |
| F12.20 | Cannabis dependence, uncomplicated | (s) | (s) | (s) | (s) | (s) | (s) | 31 | 31 |
| F12.21 | Cannabis dependence, in remission | 0 | 0 | 0 | 0 | 0 | 0 | (s) | (s) |
| F12.220 | Cannabis dependence with intoxication, uncomplicated | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| F12.221 | Cannabis dependence with intoxication delirium | 0 | 0 | 0 | 0 | 0 | 0 | (s) | (s) |
| F12.222 | Cannabis dependence with intoxication with perceptual disturbance | 0 | 0 | 0 | 0 | 0 | 0 | (s) | (s) |
| F12.229 | Cannabis dependence with intoxication, unspecified | 0 | 0 | 0 | 0 | (s) | (s) | (s) | (s) |
| F12.23 | Cannabis dependence with withdrawal | (s) | (s) | (s) | (s) | 0 | 0 | 0 | 0 |
| F12.250 | Cannabis dependence with psychotic disorder with delusions | 0 | 0 | (s) | (s) | 0 | 0 | (s) | (s) |
| F12.251 | Cannabis dependence with psychotic disorder with hallucinations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| F12.259 | Cannabis dependence with psychotic disorder, unspecified | (s) | (s) | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.280 | Cannabis dependence with cannabis-induced anxiety disorder | (s) | (s) | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.288 | Cannabis dependence with other cannabis-induced disorder | (s) | (s) | (s) | (s) | (s) | (s) | 20 | 20 |
| F12.29 | Cannabis dependence with unspecified cannabis-induced disorder | 0 | 0 | (s) | (s) | 0 | 0 | 0 | 0 |
| F12.90 | Cannabis use, unspecified, uncomplicated | 0 | 0 | 0 | 0 | 29 | 29 | 113 | 112 |
| F12.920 | Cannabis use, unspecified with intoxication, uncomplicated | 0 | 0 | 0 | 0 | 32 | 32 | 84 | 84 |
| F12.921 | Cannabis use, unspecified with intoxication delirium | 0 | 0 | (s) | (s) | (s) | (s) | 35 | 35 |
| F12.922 | Cannabis use, unspecified with intoxication with perceptual disturbanc | 0 | 0 | 0 | 0 | 13 | 13 | 33 | 33 |
| F12.929 | Cannabis use, unspecified with intoxication, unspecified | 0 | 0 | 0 | 0 | 46 | 46 | 134 | 134 |
| F12.93 | Cannabis use, unspecified with withdrawal | 0 | 0 | 0 | 0 | (s) | (s) | (s) | (s) |
| F12.950 | Cannabis use, unspecified with psychotic disorder with delusions | 0 | 0 | 0 | 0 | 0 | 0 | (s) | (s) |
| F12.951 | Cannabis use, unspecified with psychotic disorder with hallucinations | (s) | (s) | (s) | (s) | 0 | 0 | (s) | (s) |
| F12.959 | Cannabis use, unspecified with psychotic disorder, unspecified | 0 | 0 | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.980 | Cannabis use, unspecified with anxiety disorder | 0 | 0 | 0 | 0 | (s) | (s) | 21 | 21 |
| F12.988 | Cannabis use, unspecified with other cannabis-induced disorder | 0 | 0 | 13 | (s) | 68 | 62 | 167 | 154 |
| F12.99 | Cannabis use, unspecified with unspecified cannabis-induced disorder | 0 | 0 | 0 | 0 | (s) | (s) | 15 | 15 |
| **Total** | **Total** | **24** | **24** | **70** | **62** | **369** | **340** | **1,233** | **1,164** |

Data Source Maine Health Data Organization (MHDO), Hospital Inpatient Encounter Datasets, 2015 through 2020 Q1-Q3; Hospital Outpatient Encounter Dataset, 2015 through 2019

(s) Value is suppressed. As per MHDO policy, number of encounters and individuals are suppressed if it represents fewer than 11 people.

Total row represents a sum of distinct encounters and a sum of distinct individuals.

## Number of Cannabis-Related Emergency Department Visits (based on primary diagnosis or other diagnosis fields), Maine Hospitals

| Diagnosis Code | Description | Encounters Resulting in an Inpatient Admission | | | | Outpatient Encounters | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | January 2019 September 2020 | | January 2015 September 2020 | | January 2019 December 2019 | | January 2015 December 2019 | |
| | | Number of Encounters | Number of Individuals | Number of Encounters | Number of Individuals | Number of Encounters | Number of Individuals | Number of Encounters | Number of Individuals |
| F12.10 | Cannabis abuse, uncomplicated | 589 | 550 | 1,959 | 1,832 | 813 | 738 | 6,213 | 5,750 |
| F12.11 | Cannabis abuse, in remission | 22 | 22 | 39 | 39 | 12 | 11 | 34 | 31 |
| F12.120 | Cannabis abuse with intoxication, uncomplicated | (s) | (s) | (s) | (s) | (s) | (s) | 26 | 26 |
| F12.121 | Cannabis abuse with intoxication delirium | (s) | (s) | (s) | (s) | (s) | (s) | 16 | 15 |
| F12.122 | Cannabis abuse with intoxication with perceptual disturbance | (s) | (s) | (s) | (s) | (s) | (s) | 12 | 12 |
| F12.129 | Cannabis abuse with intoxication, unspecified | (s) | (s) | 13 | 13 | 45 | 45 | 236 | 231 |
| F12.150 | Cannabis abuse with psychotic disorder with delusions | 0 | 0 | (s) | (s) | (s) | (s) | 16 | 16 |
| F12.151 | Cannabis abuse with psychotic disorder with hallucinations | (s) | (s) | (s) | (s) | (s) | (s) | 15 | 15 |
| F12.159 | Cannabis abuse with psychotic disorder, unspecified | (s) | (s) | 15 | 15 | (s) | (s) | 12 | 12 |
| F12.180 | Cannabis abuse with cannabis-induced anxiety disorder | 0 | 0 | (s) | (s) | 22 | 20 | 55 | 53 |
| F12.188 | Cannabis abuse with other cannabis-induced disorder | 28 | 26 | 57 | 50 | 92 | 76 | 204 | 163 |
| F12.19 | Cannabis abuse with unspecified cannabis-induced disorder | (s) | (s) | 29 | 29 | (s) | (s) | 32 | 30 |
| F12.20 | Cannabis dependence, uncomplicated | 808 | 611 | 2,111 | 1,627 | 231 | 204 | 1,262 | 1,102 |
| F12.21 | Cannabis dependence, in remission | 26 | 23 | 84 | 76 | 59 | 58 | 100 | 99 |
| F12.220 | Cannabis dependence with intoxication, uncomplicated | 0 | 0 | 0 | 0 | (s) | (s) | (s) | (s) |
| F12.221 | Cannabis dependence with intoxication delirium | 0 | 0 | 0 | 0 | 0 | 0 | (s) | (s) |
| F12.222 | Cannabis dependence with intoxication with perceptual disturbance | 0 | 0 | (s) | (s) | 0 | 0 | (s) | (s) |
| F12.229 | Cannabis dependence with intoxication, unspecified | (s) | (s) | (s) | (s) | (s) | (s) | 24 | 24 |
| F12.23 | Cannabis dependence with withdrawal | (s) | (s) | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.250 | Cannabis dependence with psychotic disorder with delusions | (s) | (s) | (s) | (s) | 0 | 0 | (s) | (s) |
| F12.251 | Cannabis dependence with psychotic disorder with hallucinations | (s) | (s) | (s) | (s) | 0 | 0 | 0 | 0 |
| F12.259 | Cannabis dependence with psychotic disorder, unspecified | 13 | 13 | 27 | 27 | (s) | (s) | (s) | (s) |
| F12.280 | Cannabis dependence with cannabis-induced anxiety disorder | (s) | (s) | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.288 | Cannabis dependence with other cannabis-induced disorder | 15 | 15 | 35 | 33 | 13 | 13 | 40 | 38 |
| F12.29 | Cannabis dependence with unspecified cannabis-induced disorder | (s) | (s) | 27 | 27 | (s) | (s) | 15 | 14 |
| F12.90 | Cannabis use, unspecified, uncomplicated | 1,865 | 1,667 | 5,045 | 4,414 | 5,729 | 4,980 | 12,967 | 11,629 |
| F12.920 | Cannabis use, unspecified with intoxication, uncomplicated | (s) | (s) | (s) | (s) | 46 | 46 | 155 | 153 |
| F12.921 | Cannabis use, unspecified with intoxication delirium | (s) | (s) | (s) | (s) | 12 | 12 | 45 | 45 |
| F12.922 | Cannabis use, unspecified with intoxication with perceptual disturbanc | 0 | 0 | 0 | 0 | 15 | 15 | 41 | 41 |
| F12.929 | Cannabis use, unspecified with intoxication, unspecified | 15 | 15 | 74 | 74 | 95 | 95 | 374 | 372 |
| F12.93 | Cannabis use, unspecified with withdrawal | (s) | (s) | (s) | (s) | (s) | (s) | (s) | (s) |
| F12.950 | Cannabis use, unspecified with psychotic disorder with delusions | (s) | (s) | (s) | (s) | 0 | 0 | 11 | 11 |
| F12.951 | Cannabis use, unspecified with psychotic disorder with hallucinations | (s) | (s) | (s) | (s) | 0 | 0 | (s) | (s) |
| F12.959 | Cannabis use, unspecified with psychotic disorder, unspecified | (s) | (s) | 21 | 21 | (s) | (s) | 16 | 16 |
| F12.980 | Cannabis use, unspecified with anxiety disorder | (s) | (s) | 14 | 14 | 19 | 18 | 89 | 88 |
| F12.988 | Cannabis use, unspecified with other cannabis-induced disorder | 29 | 27 | 76 | 68 | 114 | 103 | 313 | 280 |
| F12.99 | Cannabis use, unspecified with unspecified cannabis-induced disorder | 150 | 142 | 398 | 354 | 33 | 32 | 765 | 747 |
| **Total** | **Total** | **3,621** | **2,951** | **10,075** | **7,981** | **7,379** | **6,223** | **23,076** | **20,048** |

Data Source Maine Health Data Organization (MHDO), Hospital Inpatient Encounter Datasets, 2015 through 2020 Q1-Q3; Hospital Outpatient Encounter Dataset, 2015 through 2019

(s) Value is suppressed. As per MHDO policy, number of encounters and individuals are suppressed if it represents fewer than 11 people.

Total row represents a sum of distinct encounters and a sum of distinct individuals.

# Number of Cannabis-Related Emergency Department Visits, Maine Hospitals

**Prepared by:** Maine Health Data Organization
**Production date:** May 4, 2021

## Notes

**Data Source:** Maine Health Data Organization (MHDO), Hospital Inpatient Encounter Datasets, 2015 through 2020 Q1-Q3; Hospital Outpatient Encounter Dataset, 2015 through 2019. For detailed information about the content of each release, please consult the MHDO Hospital Inpatient and Outpatient Data webpage: https://mhdo.maine.gov/inpatient_outpatient.htm.

**Note 1:** To obtain the counts of individuals with a cannabis-related diagnosis, we used the ICD-10-CM diagnosis codes listed as Header Code? = No on the tab "ICD 10 Codes".
**Note 2:** As per MHDO policy, number of encounters and individuals are suppressed if it represents fewer than 11 people.

| ICD Code | Description | Header Code? |
|---|---|---|
| F12 | Cannabis Related Disorders | Yes |
| F12.1 | Cannabis Abuse | Yes |
| F12.10 | Cannabis Abuse Uncomplicated | No |
| F12.11 | Cannabis Abuse in Remission | No |
| F12.12 | Cannabis Abuse with Intoxication | Yes |
| F12.120 | Cannabis Abuse with Intoxication Uncomplicated | No |
| F12.121 | Cannabis Abuse with Intoxication Delirium | No |
| F12.122 | Cannabis Abuse with Intoxication with Preceptual Disturbances | No |
| F12.129 | Cannabis Abuse with Intoxication Unspecified | No |
| F12.15 | Cannabis Abuse with Psychotic Disorder | Yes |
| F12.150 | Cannabis Abuse with Psychotic Disorder with Delusions | No |
| F12.151 | Cannabis Abuse with Psychotic Disorder with Hallucinations | No |
| F12.159 | Cannabis Abuse with Psychotic Disorder Unspecified | No |
| F12.18 | Cannabis Abuse with Other Cannabis-Induced Disorder | Yes |
| F12.180 | Cannabis Abuse with Cannabis-Induced Anxiety Disorder | No |
| F12.188 | Cannabis Abuse with Other Cannabis-Induced Disorder | No |
| F12.19 | Cannais Abuse with Unspecified Cannabis-Induced Disorder | No |
| F12.2 | Cannabis Dependence | Yes |
| F12.20 | Cannabis Dependence Uncomplicated | No |
| F12.21 | Cannabis Dependence in Remission | No |
| F12.22 | Cannabis Dependence with Intoxication | Yes |
| F12.220 | Cannabis Dependence with Intoxication uncomplicated | No |
| F12.221 | Cannabis Dependence with Intoxication delirium | No |
| F12.222 | Cannabis Dependence with Intoxication with perceptual disturbance | No |
| F12.229 | Cannabis Dependence with Intoxication unspecified | No |
| F12.23 | Cannabis Dependence with Withdrawal | No |
| F12.25 | Cannabis Dependence with Psychotic Disorder | Yes |
| F12.250 | Cannabis Dependence with Psychotic Disorder with Delusions | No |
| F12.251 | Cannabis Dependence with Psychotic Disorder with Hallucinations | No |
| F12.259 | Cannabis Dependence with Psychotic Disorder Unspecified | No |
| F12.28 | Cannabis Dependence with Other Cannabis-Induced Disorder | Yes |
| F12.280 | Cannabis Dependence with Cannabis-Induced Anxiety Disorder | No |
| F12.288 | Cannabis Dependnce with Other Cannabis-Induced Disorder | No |
| F12.29 | Cannabis Dependence with Unspecified Cannabis-Induced Disorder | No |
| F12.9 | Cannabis Use, Unspecified | Yes |
| F12.90 | Cannabis Use, Unspecified Uncomplicated | No |

| | | |
|---|---|---|
| F12.92 | Cannabis Use, Unspecified with Intoxication | Yes |
| F12.920 | Cannabis Use, Unspecified with Intoxication Uncomplicated | No |
| F12.921 | Cannabis Use, Unspecified with Intoxication Delirium | No |
| F12.922 | Cannabis Use, Unspecified with Intoxication with Perceptual Disturbance | No |
| F12.929 | Cannabis Use, Unspecified with Intoxication Unspecified | No |
| F12.93 | Cannabis Use, Unspecified with Intoxication with Withdrawal | No |
| F12.95 | Cannabis Use, Unspecified with Psychotic Disorder | Yes |
| F12.950 | Cannabis Use, Unspecified with Psychotic Disorder with Delusions | No |
| F12.951 | Cannabis Use, Unspecified with Psychotic Disorder with Hallunications | No |
| F12.959 | Cannabis Use, Unspecified with Psychotic Disorder Unspecified | No |
| F12.98 | Cannabis Use, Uspecified with Other Cannabis-Induced Disorder | Yes |
| F12.980 | Cannabis Use, Unspecified with Other Cannabis-Induced Disorder Unspecified with Anxity Disorder | No |
| F12.988 | Cannabis Use, Unspecified with Other Cannabis-Induced Disorder  Unspecified with other Cannabis-Induced Disorder | No |
| F12.99 | Cannabis Use, Unspecified with Other Cannabis-Induced Disorder with Unspecified Cannabis-Induced Disorder | No |

| Failure Rates | Pesticide (not mandatory for CPL yet) | Residual Solvent (not mandatory for CPL yet) | Heavy Metal | Microbial |
|---|---|---|---|---|
| Overall Failure Rate | 40% | 9% | 1% | 14% |
| Failure Rate When Compliance Tests are Removed | 40%<br>Failure rate with new limits is 33% | 9% | 3% | 30% |

| Pesticide cutoffs old vs new | old (ug/kg) | new (ug/kg) |
|---|---|---|
| Bifenthrin | 2.73 | 200 |
| Cyfluthrin | 2.73 | 1000 |
| Daminozide | 2.05 | 1000 |
| Etoxacole | 2.05 | 200 |
| Imazalil | 2.05 | 200 |
| Myclobutanil | 2.05 | 200 |
| Spiromesifen | 2.05 | 200 |
| Trifloxystrobin | 2.05 | 200 |

**Please note:** Overall failure rates include medical, adult use research and development, and adult use compliance (CPL/mandatory) testing.

**Source**
Nova Analytic Labs - October 2021

NOVA ANALYTIC LABS
Tomorrow's Testing, Today.

# TESTING SERVICES

| TEST TYPES | WHAT DO WE REPORT | R&D SAMPLE AMOUNT | $ |
|---|---|---|---|
| **POTENCY & CANNABINOID PROFILE** | **Total mg/g and weight % of 19 cannabinoids including:** THCs, CBDs and, CBG, CBGA, CBDV, CBDVA, THCV, THVCA, CBN, CBNA, exo-THC, delta-8-THC, delta-10-THC, CBL, CBLA, CBC, CBCA | **Flower**: 1 g<br>**Conc**: 0.5 g<br>**Infused**: 1 srv | **$ 40** |
| **TERPENE PROFILE** | **Total mg/g and weight % of 23 Terpenes including:** alpha-Pinene, Camphene, beta-Myrcene, beta-Pinene, Delta-3-Carene, alpha-Terpinene, beta-Ocimene, d-Limonene, p-Cymene, alpha-Ocimene, Eucalyptol, gamma-Terpinene, Terpinolene, Linalool, Isopulegol, Geraniol, b-Caryophyllene, alpha-Humulene, cis-Nerolidol, trans-Nerolidol, Guaiol, Caryophyllene Oxide, alpha-Bisabolol | **Flower**: 0.2 g<br>**Conc**: 0.2 g | **$ 65** |
| **MICROBIAL CONTAMINANTS** | **The presence and/or quantity of the following 6 targets:** ECI (E. coil), SAL (salmonella), ETB (enterobacter), total yeast & mold (YMR), ECT (total coliforms), TAC (total aerobic bacteria) | **Flower**: 1.5 g<br>**Conc**: 1.5 g<br>**Infused**: 1.5 g | **$ 150:** all targets<br>**$ 20 ea:** YMR, ECT, TAC<br>**$ 30 ea:** ECI, SAL, ETB |
| **MYCOTOXINS** | **Aflatoxin B1, B2, G1, G2 & Ochratoxin A** must total < 20 ppb | **Flower**: 0.2 g<br>**Conc**: 0.2 g | **$ 100** |
| **PESTICIDES** | **Bifenthrin, Cyfluthrin, Daminozide, Etoxazole, Imazalil, Myclobutanil, Spiromesifen, and Trifloxystrobin** Must be undetectable in sample. | **Flower**: 0.5 g<br>**Conc**: 0.5 g | **$ 150** |
| **HEAVY METALS** | **Cadmium, Lead, Arsenic & Mercury** Must be < concentration limits specified by product type. | **Flower**: 1 g<br>**Conc**: 1 g<br>**Infused**: 1 g | **$ 50** |
| **RESIDUAL SOLVENTS** | **20 Solvents** Butane, Hexane, Acetone, Benzene, Ethanol, Heptane, Pentane, Propane, Toluene, Methanol, Chloroform, Ethyl Ether, Acetonitrile, Ethyl Acetate, Ethylene Oxide, Xylenes, Isopropanol, Trichloroethylene, 1,2-Dichloroethane, Methylene Chloride | **Flower**: 0.2 g<br>**Conc**: 0.2 g | **$ 65** |
| **HOMOGENEITY** | **The percent difference of total THC or CBD between different samples must be <15%** | **Conc**: 2x0.5g<br>**Infused**: 2x1 srv | **$ 80** |
| **WATER ACTIVITY** | **Free water** Must be <0.65aW in plant material & <0.85aW in Marijuana product | **Flower**: 1 g<br>**Infused**: 1 srv | **$ 40** |
| **MOISTURE CONTENT** | **Total water** Must be <15% of total weight | **Flower**: 1 g | **$ 25** |
| **FILTH & FOREIGN MATERIAL** | **Visual, microscopic, inspection for contaminants such as:** hair, insects, feces, wood, metal, dirt, etc. | 1 g | **$ 40** |

## ADDITIONAL SERVICES

### On-Site Training
All of our clients are entitled to a free on-site training to ensure best practices are followed to minimize the risk of test failures

### New Facility Review
Our goal is to provide the most efficient testing service and provide you best practices to eliminate the risk of failing tests. If you have a new facility or operation, our experienced scientists can walk-through your facility and review your operating plans. We will provide you advice that aids in efficiently passing lab tests.

### Environmental Testing
Help diagnose microbe, heavy metal and pesticide issues with soil, water, air and surface sampling

### Special Projects
Have a specific test or analyte you need? Let us know and we will develop the test for you!

CoA Example

**CONTACT US FOR PACKAGE PRICING**

www.nova-analyticlabs.com | 65 Milliken Street Unit C Portland ME 04103 | 207.466.4661 | innovation@nova-analyticlabs.com

09/22/2021

# ADULT USE COMPLIANCE TESTING

- Required Test for Compliance Testing
- Mycotoxins required only when product is remediated or retested due to Yeast & Mold Failure
- Compliance test not yet required

| | Potency | Microbial | Moisture | Water Activity | Foreign Material | Homogeneity | Heavy Metals | Residual Solvents | Mycotoxins | Test Package Cost without mycotoxins | Pesticides |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **FRESH FROZEN** *Transfer: Cultivation to Manufacturing* | | | | | | | ● | | | $50 | ● |
| **CANNABIS, PRE-ROLL, KIEF** *Transfer: Cultivation to Manufacturing* | | | ● | ● | | | ● | | | $115 | ● |
| **CANNABIS, PRE-ROLL, KIEF** *Transfer: Cultivation to Retail* | ● | ● | ● | ● | ● | | ● | | ● | $345 | ● |
| **CONCENTRATE** *Transfer: Manufacturing to Retail* | ● | ● | | | ● | ● | ● | ● | ● | $425 | ● |
| **SEMI-SOLID or SOLID INFUSED*** *Transfer: Manufacturing to Retail* | ● | ● | | ● | ● | ● | ● | | ● | $400 | |
| **PRESERVED INFUSED PRODUCTS^** *Transfer: Manufacturing to Retail* | ● | ● | | | ● | ● | ● | | ● | $360 | |

*These products do not require additional preservation (i.e. refrigeration) and must be tested for water activity.
^These products are preserved and do not require water activity testing (e.g. beverage).

| Harvest Batch | Sample |
|---|---|
| <2.5 kg | 13 Increments of 0.5 g = 6.5 g |
| 2.5 kg to <5 kg | 19 Increments of 0.5 g = 9.5 g |
| 5 kg to <7.5 kg | 16 Increments of 1.0 g = 16 g |
| 7.5 kg to <10 kg | 22 Increments of 1.0 g = 22 g |

| Production Batch | Sample |
|---|---|
| <0.5 kg | 12 Increments of 0.5 g = 6.0 g |
| 0.5 kg to <1 kg | 16 Increments of 0.5 g = 8.0 g |
| 1 kg to <1.5 kg | 20 Increments of 0.5 g = 10 g |
| 1.5 kg to <2.0 kg | 24 Increments of 0.5 g = 12 g |
| 2.0 kg to <5.0 kg | 28 Increments of 0.5 g = 14 g |

| Production Units* | Sample |
|---|---|
| <50 | 3 Units |
| 50 - 150 | 3 Units |
| 151 - 500 | 5 Units |
| 501 - 1,200 | 8 Units |
| 1,201 - 3200 | 13 Units |
| 3,201 - 10,000 | 20 Units |

*Production Units can be unpackaged servings or packaged retail units of cannabis concentrates & products

## DID YOU REMEMBER?

> Select the right type of test in METRC (e.g. Metals Flower/Trim vs. Metals Concentrate

> Use R&D testing to screen for micro and heavy metals to avoid costly compliance failures

> Homogeneity requires collection of two additional 1 gram increments in separate containers. This counts towards the required sample size

> Chain of Custody (COC) is completely electronic in TagLeaf. Make use of the METRC integration to expedite order entry

> Use security seals and "For Testing Purposes Only"

> Print 3x METRC Manifests and 3x TagLeaf COCs to transport samples

> Contact us to assist you at any point and to schedule sample pickups

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09/22/2021

# ADULT USE TESTING THRESHOLDS

## RESIDUAL SOLVENTS
(mg/kg, ppm)

| | |
|---|---|
| Acetone | 5000 |
| Acetonitrile | 410 |
| Butane | 5000 |
| Ethanol | 5000 |
| Ethyl Acetate | 5000 |
| Ethyl Ether | 5000 |
| Heptane | 5000 |
| Hexane | 290 |
| Isopropyl Alcohol | 5000 |
| Methanol | 3000 |
| Pentane | 5000 |
| Propane | 5000 |
| Toluene | 890 |
| Total Xylenes | 2170 |
| 1,2-Dichloroethane | 1 |
| Benzene | 1 |
| Chloroform | 1 |
| Ethylene Oxide | 1 |
| Methylene Chloride | 1 |
| Trichloroethylene | 1 |

Applies to Extracts Only

## POTENCY

Edibles only: Total THC must be ≤10.5 mg/serving and ≤ 105 mg in the entire package

## MOISTURE CONTENT

The total % moisture in plant material must be <15%. This does not apply to Fresh Frozen

## WATER ACTIVITY

Plant material, excluding fresh frozen, must be < 0.65 aW. Solid or semi-solid products must be <0.85 aW.

## HOMOGENEITY

Concentrates and manufactured products must have a % RSD ≤ 15% between the 3 individual homogeneity increments

## FOREIGN MATERIAL

Fails for one insect (dead or alive), hair, or mammalian excreta. Fails if >1/4 of the surface is covered by Mold, Soil, Sand, Dirt or embedded foreign material.

## MYCOTOXINS

All Mycotoxins combined (Total Mycotoxins) must be less than 20 ppb or ug/kg

| | | Plant | Extracts | Inhalation Products | Ingestion, Edibles, or Suppository | Topical |
|---|---|---|---|---|---|---|
| Microbial Analysis (CFU/g) | Total Viable Aerobic Bacteria | 100,000 | 10,000 | 10,000 | 10,000 | 10,000 |
| | Total Yeast and Mold | 10,000 | 1,000 | 1,000 | 1,000 | 1,000 |
| | Total Coliform | 1,000 | 100 | 100 | 100 | 100 |
| | Enerobacteriacaea | 1,000 | 100 | 100 | 100 | 100 |
| | E. coli (pathogenic strains) | <1 | <1 | <1 | <1 | <1 |
| | Salmonella | <1 | <1 | <1 | <1 | <1 |
| Heavy Metals (ug/kg, ppb) | Cadmium | 200 | 200 | 200 | 500 | 5,000 |
| | Lead | 500 | 500 | 500 | 500 | 10,000 |
| | Arsenic | 200 | 200 | 200 | 1,500 | 1,000 |
| | Mercury | 100 | 100 | 100 | 3,000 | 1,000 |

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09/22/2021

| State | Type | Required Test | Required Analytes | Pass Limits | Products | State Information |
|---|---|---|---|---|---|---|
| **Alaska** | **Fully Legal** | Microbials | E. coli (Shiga-producing - STEC) | <1 cfu/g | Marijuana Products | Website |
| **Alaska** | **Fully legal** | Microbials | Salmonella | <1 cfu/g | Concentrates | https://www.commerce.alaska.gov/web/amco/MarijuanaRegulations.aspx |
| **Alaska** | **Fully legal** | Microbials | Aspergillus fungi (fumigatus, flavus, and niger) | <1 cfu/g | | Alcohol and Marijuana Control Office |
| **Alaska** | **Fully legal** | | | | | |
| **Alaska** | **Fully legal** | Cannabinoids | THC | NA | Flower, Concentrates | Contacts |
| **Alaska** | **Fully legal** | Cannabinoids | THCA | NA | Marijuana Products | Generic: (907) 269-0350 |
| **Alaska** | **Fully legal** | Cannabinoids | CBD | NA | | |
| **Alaska** | **Fully legal** | Cannabinoids | CBDA | NA | | |
| **Alaska** | **Fully legal** | Cannabinoids | CBN | NA | | |
| **Alaska** | **Fully legal** | | | | | |
| **Alaska** | **Fully legal** | Homogeneity | THC | 20% of label | Marijuana Products | 10 lb batch size limit |
| **Alaska** | **Fully legal** | | | | | |
| **Alaska** | **Fully legal** | Heavy Metals | Arsenic | | | |
| **Alaska** | **Fully legal** | Heavy Metals | Cadmium | | | |
| **Alaska** | **Fully legal** | Heavy Metals | Lead | | | |
| **Alaska** | **Fully legal** | Heavy Metals | Mercury | | | |
| **Alaska** | **Fully legal** | | | | | |
| **Alaska** | **Fully legal** | Solvents | Butanes | 800 ppm | Solvent-based | |
| **Alaska** | **Fully legal** | Solvents | Heptanes | 500 ppm | Concentrates | |
| **Alaska** | **Fully legal** | Solvents | Benzene | 1 ppm | | |
| **Alaska** | **Fully legal** | Solvents | Toluene | 1 ppm | | |
| **Alaska** | **Fully legal** | Solvents | Hexane | 10 ppm | | |
| **Alaska** | **Fully legal** | Solvents | Total Xylenes | 1 ppm | | |
| **Arizona** | **Medical only** | Cannabinoids | THC | +/- 20 % of label | Marijuana or Marijuana Product | |
| **Arizona** | **Medical only** | Cannabinoids | THCA | +/- 20% of label | | |
| **Arizona** | **Medical only** | Cannabinoids | CBD | +/- 20% of label | | |
| **Arizona** | **Medical only** | Cannabinoids | CBDA | +/- 20% of label | | |
| **Arizona** | **Medical only** | | | | | Website |
| | | | | | | https://www.azdhs.gov/licensing/medical-marijuana/index.php#rules-statutes |
| **Arizona** | **Medical only** | Pesticides | Abamectin | 0.5 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Acephate | 0.4 ppm | | Arizona Dept of Health Services - Licensing |
| **Arizona** | **Medical only** | Pesticides | Acequinocyl | 2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Acetamiprid | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Aldicarb | 0.4 ppm | | AZ Updated 12/18/20 |
| **Arizona** | **Medical only** | Pesticides | Azoxystrobin | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Bifenazate | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Bifenthrin | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Boscalid | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Carbaryl | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Carbofuran | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Chlorantraniliprole | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Chlorfenapyr | 1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Chlorpyrifos | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Clofentezine | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Cyfluthrin | 1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Cypermethrin | 1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Daminozide | 1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | DDVP (Dichlorvos) | 0.1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Diazinon | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Dimethoate | 0.2 ppm | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Arizona** | **Medical only** | Pesticides | Ethoprophos | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Etofenprox | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Etoxazole | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Fenoxycarb | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Fenpyroximate | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Fipronil | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Flonicamid | 1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Fludioxonil | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Hexythiazox | 1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Imazalil | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Imidacloprid | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Kresoxim-methyl | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Malathion | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Metalaxyl | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Methiocarb | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Methomyl | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Myclobutanil | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Naled | 0.5 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Oxamyl | 1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Paclobutrazol | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Permethrins | 0 2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Phosmet | 0 2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Piperonylbutoxide | 2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Prallethrin | 0 2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Propiconazole | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | propoxur | 0 2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Pyrethrins | 1 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Pyridaben | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Spinosad | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Spiromesifen | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Spirotetramat | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Spiroxamine | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Tebuconazole | 0.4 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Thiacloprid | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Thiamethoxam | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Trifloxystrobin | 0.2 ppm | | |
| **Arizona** | **Medical only** | Pesticides | Pendimethalin | 0.1 ppm | | |
| **Arizona** | **Medical only** | | | | | |
| **Arizona** | **Medical only** | Solvents | Acetone | 1000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Acetonitrile | 410 ppm | | |
| **Arizona** | **Medical only** | Solvents | Butanes | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Ethanol | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Ethyl Acetate | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Ethyl Ether | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Heptane | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Hexanes | 290 ppm | | |
| **Arizona** | **Medical only** | Solvents | Isopropyl Acetate | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Methanol | 3000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Pentanes | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Propane | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Toluene | 890 ppm | | |
| **Arizona** | **Medical only** | Solvents | Total Xylenes | 2170 ppm | | |
| **Arizona** | **Medical only** | Solvents | Benzene | 2 ppm | | |
| **Arizona** | **Medical only** | Solvents | Chloroform | 60 ppm | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Arizona** | **Medical only** | Solvents | 2-Propanol (IPA) | 5000 ppm | | |
| **Arizona** | **Medical only** | Solvents | Methylene Chloride | 600 ppm | | |
| **Arizona** | **Medical only** | | | | | |
| **Arizona** | **Medical only** | Heavy Metals | Arsenic | 0.4 ppm | | |
| **Arizona** | **Medical only** | Heavy Metals | Cadmium | 0.4 ppm | | |
| **Arizona** | **Medical only** | Heavy Metals | Lead | 1.0 ppm | | |
| **Arizona** | **Medical only** | Heavy Metals | Mercury | 1.2 ppm | | |
| **Arizona** | **Medical only** | | | | | |
| **Arizona** | **Medical only** | Mycotoxins | Total Aflatoxins (B1, B2, G1, and G2) | 20 ppb | MIPs except for topicals | |
| **Arizona** | **Medical only** | Mycotoxins | Ochratoxin A | 20 ppb | MIPs except for topicals | |
| **Arizona** | **Medical only** | | | | | |
| **Arizona** | **Medical only** | Microbials | E. coli | 100 cfu/g | | |
| **Arizona** | **Medical only** | Microbials | Salmonella | <1 cfu/g | | |
| **Arizona** | **Medical only** | Microbials | Aspergillus fungi (fumigatus, flavus, terreus, and niger) | <1 cfu/g | | |
| **Arizona** | **Medical only** | | | | | |
| **Arkansas** | **Medical only** | Pesticides | Abamectin | 0.5 ppm | Concentrates/Extracts | |
| **Arkansas** | **Medical only** | Pesticides | Acephate | 0.4 ppm | Usable Marijuana | Website<br>https://www.healthy arkansas gov/programs-services/topics/medical-marijuana<br>Arkansas Dept of Health - Medical Marijuana |
| **Arkansas** | **Medical only** | Pesticides | Acequinocyl | 2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Acetamiprid | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Aldicarb | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Azoxystrobin | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Bifenazate | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Bifenthrin | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Boscalid | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Carbaryl | 0.2 ppm | | Arkansas Marijuana Laws<br>https://www safeaccessnow.org/arkansas_medical_marijuana_laws_and_regulations |
| **Arkansas** | **Medical only** | Pesticides | Carbofuran | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Chlorantraniliprole | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Chlorfenapyr | 1 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Chlorpyrifos | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Clofentezine | 0.2 ppm | | Contacts<br>Generic: (501) 682-4982 |
| **Arkansas** | **Medical only** | Pesticides | Cyfluthrin | 1 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Cypermethrin | 1 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Daminozide | 1 ppm | | Email:<br>adh.medicalmarijuana@arkansas.gov |
| **Arkansas** | **Medical only** | Pesticides | DDVP (Dichlorvos) | 0.1 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Diazinon | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Dimethoate | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Ethoprophos | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Etofenprox | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Etoxazole | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Fenoxycarb | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Fenpyroximate | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Fipronil | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Flonicamid | 1 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Fludioxonil | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Hexythiazox | 1 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Imazalil | 0 2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Imidacloprid | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Kresoxim-methyl | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Malathion | 0 2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Metalaxyl | 0 2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Methiocarb | 0.2 ppm | | |

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| **Arkansas** | **Medical only** | Pesticides | Methomyl | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Methyl parathion | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | MGK-264 | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Myclobutanil | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Naled | 0.5 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Oxamyl | 1 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Paclobutrazol | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Permethrins | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Phosmet | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Piperonylbutoxide | 2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Prallethrin | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Propiconazole | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | propoxur | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Pyrethrins | 1 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Pyridaben | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Spinosad | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Spiromesifen | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Spirotetramat | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Spiroxamine | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Tebuconazole | 0.4 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Thiacloprid | 0.2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Thiamethoxam | 0 2 ppm | | |
| **Arkansas** | **Medical only** | Pesticides | Trifloxystrobin | 0 2 ppm | | |
| **Arkansas** | **Medical only** | | | | | |
| **Arkansas** | **Medical only** | Solvents | Acetone | 5000 ppm | Concentrates/Extracts | |
| **Arkansas** | **Medical only** | Solvents | Acetonitrile | 410 ppm | Usable Marijuana | |
| **Arkansas** | **Medical only** | Solvents | Butane | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 1-Butanol | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 2-Butanol | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 2-Butanone | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Benzene | 2 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Cumene | 70 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Cyclohexane | 3880 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Dichloromethane | 600 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 1,2-Dimethoxyethane | 100 ppm | | |
| **Arkansas** | **Medical only** | Solvents | N,N-Dimethylacetamide | 1090 ppm | | |
| **Arkansas** | **Medical only** | Solvents | N,N-Dimethylformamide | 880 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Dimethyl sulfoxide | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 1,4-Dioxane | 380 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 2,2-Dimethylbutane | 290 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 2,3-Dimethylbutane | 290 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 1,2-Dimethylbenzene | 2170 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 1,3-Dimethylbenzene | 2170 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 1,4-Dimethylbenzene | 2170 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Ethanol | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 2-Ethoxyethanol | 160 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Ethyl acetate | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Ethylene glycol | 620 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Ethyl ether | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Ethylbenzene | 2170 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Ethylene Oxide | 50 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Heptanes | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Hexane | 290 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Isopropyl acetate | 5000 ppm | | |

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| **Arkansas** | **Medical only** | Solvents | Methanol | 3000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 2-Methylbutane | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Methylpropane | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 2-Methylpentane | 290 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 3-Methylpentane | 290 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Pentane | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 1-Pentanol | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 1-Propanol | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | 2-Propanol | 5000 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Pyridine | 200 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Sulfolane | 160 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Tetrahydrofuran | 720 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Toluene | 890 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Xylenes | 2170 ppm | | |
| **Arkansas** | **Medical only** | Solvents | Propane | 5000 ppm | | |
| **Arkansas** | **Medical only** | | | | | |
| **Arkansas** | **Medical only** | Water Activity | Water Activity | 0.65 Aw | Usable Marijuana | |
| **Arkansas** | **Medical only** | Moisture Content | Moisture Content | <15% | Usable marijuana | |
| **Arkansas** | **Medical only** | | | | | |
| **Arkansas** | **Medical only** | Heavy Metals | Arsenic | 200 ppb | Concentrates/Extracts | |
| **Arkansas** | **Medical only** | Heavy Metals | Cadmium | 200 ppb | Usable Marijuana | |
| **Arkansas** | **Medical only** | Heavy Metals | Lead | 500 ppb | | |
| **Arkansas** | **Medical only** | Heavy Metals | Mercury | 100 ppb | | |
| **Arkansas** | **Medical only** | | | | | |
| **Arkansas** | **Medical only** | Cannabinoids | THC | | Concentrates/Extracts | |
| **Arkansas** | **Medical only** | Cannabinoids | THCA | | Usable Marijuana | |
| **Arkansas** | **Medical only** | Cannabinoids | CBD | | | |
| **Arkansas** | **Medical only** | Cannabinoids | CBDA | | | |
| **Arkansas** | **Medical only** | | | | | |
| **Arkansas** | **Medical only** | Homogeneity | | 30% RSD | Usable Marijuana | |
| **Arkansas** | **Medical only** | | | | | |
| **Arkansas** | **Medical only** | Microbials | E. coli (Total) | >100 CFU/g | Usable Marijuana | |
| **California** | **Fully Legal** | Cannabinoids | THC | NA | | |
| **California** | **Fully legal** | Cannabinoids | THCA | NA | | |
| **California** | **Fully legal** | Cannabinoids | CBD | NA | | Website |
| **California** | **Fully legal** | Cannabinoids | CBDA | NA | | https://www.bcc.ca.gov/ |
| **California** | **Fully legal** | Cannabinoids | CBG | NA | | Bureau of Cannabis Control |
| **California** | **Fully legal** | Cannabinoids | CBN | NA | | |
| **California** | **Fully legal** | | | | | Contacts |
| **California** | **Fully legal** | Filth & Foreign Material | Mold or foreign material | <5% by weight | | General: (833) 768-5880 |
| **California** | **Fully legal** | Filth & Foreign Material | Mammalian excreta | <1 mg/lb | | |
| **California** | **Fully legal** | | | | | |
| **California** | **Fully legal** | | | **Topicals/Inhalables/ Others ppm** | | Email: |
| **California** | **Fully legal** | Heavy Metals | Arsenic | 3 0 / 0.2 / 1.5 ppm | | bcc@dca.ca.gov |
| **California** | **Fully legal** | Heavy Metals | Cadmium | 5.0 / 0.2 / 0.5 ppm | | |
| **California** | **Fully legal** | Heavy Metals | Lead | 10 / 0 5 / 0.5 ppm | | |
| **California** | **Fully legal** | Heavy Metals | Mercury | 1.0 / 0.1 / 3 ppm | | |
| **California** | **Fully legal** | | | | | |
| **California** | **Fully legal** | Microbials | **Inhalables** | | | |
| **California** | **Fully legal** | Microbials | E. coli (Shiga-producing - STEC) | <1 cfu/g | | |
| **California** | **Fully legal** | Microbials | Salmonella | <1 cfu/g | | |

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| | | | Aspergillus fungi (fumigatus, flavus, | | |
| **California** | **Fully legal** | Microbials | terreus, and niger) | <1 cfu/g | |
| **California** | **Fully legal** | Microbials | **Non-Inhalables** | | |
| **California** | **Fully legal** | Microbials | E. coli (Shiga-producing - STEC) | <1 cfu/g | |
| **California** | **Fully legal** | Microbials | Salmonella | <1 cfu/g | |
| **California** | **Fully legal** | | | | |
| **California** | **Fully legal** | Water Activity | Water Activity | 0.65 Aw | Flower |
| **California** | **Fully legal** | Water Activity | Water Activity | 0 85 Aw | Edibles (semi solid and solid) |
| **California** | **Fully legal** | | | | |
| **California** | **Fully legal** | Moisture Content | Moisture Content | 5% - 13% | Flower |
| **California** | **Fully legal** | | | | |
| **California** | **Fully legal** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) | 20 ppb | |
| **California** | **Fully legal** | Mycotoxins | Ochratoxin A | 20 ppb | |
| **California** | **Fully legal** | | | | |
| **California** | **Fully legal** | Pesticides | **Category I** | | |
| **California** | **Fully legal** | Pesticides | Aldicarb | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Carbofuran | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Chlordane | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Chlorfenapyr | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Chlorpyrifos | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Coumaphos | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Daminozide | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | DDVP (Dichlorvos) | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Dimethoate | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Ethoprophos | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Etofenprox | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Fenoxycarb | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Fipronil | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Imazalil | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Methiocarb | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Methyl parathion | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Mevinphos | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Paclobutrazol | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Propoxur | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Spiroxamine | < 0.10 ppm | |
| **California** | **Fully legal** | Pesticides | Thiacloprid | < 0.10 ppm | |
| | | | | **Inhalables/Others** | |
| **California** | **Fully legal** | Pesticides | **Category II** | **ppm** | |
| **California** | **Fully legal** | Pesticides | Abamectin | 0.1 / 0.3 ppm | |
| **California** | **Fully legal** | Pesticides | Acephate | 0.1 / 5 ppm | |
| **California** | **Fully legal** | Pesticides | Acequinocyl | 0.1 / 4 ppm | |
| **California** | **Fully legal** | Pesticides | Acetamiprid | 0.1 / 5 ppm | |
| **California** | **Fully legal** | Pesticides | Azoxystrobin | 0.1 / 40 ppm | |
| **California** | **Fully legal** | Pesticides | Bifenazate | 0.1 / 5 ppm | |
| **California** | **Fully legal** | Pesticides | Bifenthrin | 3 / 0.5 ppm | |
| **California** | **Fully legal** | Pesticides | Boscalid | 0.1 / 10 ppm | |
| **California** | **Fully legal** | Pesticides | Captan | 0.7 / 5 ppm | |
| **California** | **Fully legal** | Pesticides | Carbaryl | 0.5 / 0.5 ppm | |
| **California** | **Fully legal** | Pesticides | Chlorantraniliprole | 10 / 40 ppm | |
| **California** | **Fully legal** | Pesticides | Clofentezine | 0.1 / 0.5 ppm | |
| **California** | **Fully legal** | Pesticides | Cyfluthrin | 2 / 1 ppm | |
| **California** | **Fully legal** | Pesticides | Cypermethrin | 1 / 1 ppm | |
| **California** | **Fully legal** | Pesticides | Diazinon | 0.1 / 0.2 ppm | |
| **California** | **Fully legal** | Pesticides | Dimethomorph | 2 / 20 ppm | |

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| **California** | **Fully legal** | Pesticides | Etoxazole | 0.1 / 1.5 ppm | | |
| **California** | **Fully legal** | Pesticides | Fenhexamid | 0.1 / 10 ppm | | |
| **California** | **Fully legal** | Pesticides | Fenpyroximate | 0.1 / 2 ppm | | |
| **California** | **Fully legal** | Pesticides | Flonicamid | 0.1 / 2 ppm | | |
| **California** | **Fully legal** | Pesticides | Fludioxonil | 0.1 / 30 ppm | | |
| **California** | **Fully legal** | Pesticides | Hexythiazox | 0.1 / 2 ppm | | |
| **California** | **Fully legal** | Pesticides | Imidacloprid | 5 / 3 ppm | | |
| **California** | **Fully legal** | Pesticides | Kresoxim-methyl | 0.1 / 1 ppm | | |
| **California** | **Fully legal** | Pesticides | Malathion | 0 5 / 5 ppm | | |
| **California** | **Fully legal** | Pesticides | Metalaxyl | 2 / 15 ppm | | |
| **California** | **Fully legal** | Pesticides | Methomyl | 1 / 0.1 ppm | | |
| **California** | **Fully legal** | Pesticides | Myclobutanil | 0.1 / 9 ppm | | |
| **California** | **Fully legal** | Pesticides | Naled | 0.1 / 0.5 ppm | | |
| **California** | **Fully legal** | Pesticides | Oxamyl | 0.5 / 0.2 ppm | | |
| **California** | **Fully legal** | Pesticides | Pentachloronitrobenzene | 0.1 / 0.2 ppm | | |
| **California** | **Fully legal** | Pesticides | Permethrins | 0.5 / 20 ppm | | |
| **California** | **Fully legal** | Pesticides | Phosmet | 0.1 / 0.2 ppm | | |
| **California** | **Fully legal** | Pesticides | Piperonylbutoxide | 3 / 8 ppm | | |
| **California** | **Fully legal** | Pesticides | Prallethrin | 0.1 / 0.4 ppm | | |
| **California** | **Fully legal** | Pesticides | Propiconazole | 0.1 / 20 ppm | | |
| **California** | **Fully legal** | Pesticides | Pyrethrins | 0 5 / 1 ppm | | |
| **California** | **Fully legal** | Pesticides | Pyridaben | 0.1 / 3 ppm | | |
| **California** | **Fully legal** | Pesticides | Spinetoram | 0.1 / 3 ppm | | |
| **California** | **Fully legal** | Pesticides | Spinosad | 0.1 / 3 ppm | | |
| **California** | **Fully legal** | Pesticides | Spiromesifen | 0.1 / 12 ppm | | |
| **California** | **Fully legal** | Pesticides | Spirotetramat | 0.1 / 13 ppm | | |
| **California** | **Fully legal** | Pesticides | Tebuconazole | 0.1 / 2 ppm | | |
| **California** | **Fully legal** | Pesticides | Thiamethoxam | 5 / 4.5 ppm | | |
| **California** | **Fully legal** | Pesticides | Trifloxystrobin | 0.1 / 30 ppm | | |
| **California** | **Fully legal** | | | | | |
| **California** | **Fully legal** | Solvents | Acetone | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Acetonitrile | 410 ppm | | |
| **California** | **Fully legal** | Solvents | Butanes | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Ethanol | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Ethyl Acetate | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Ethyl Ether | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Heptanes | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Hexane | 290 ppm | | |
| **California** | **Fully legal** | Solvents | Isopropyl Alcohol | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Methanol | 3000 ppm | | |
| **California** | **Fully legal** | Solvents | Pentane | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Propane | 5000 ppm | | |
| **California** | **Fully legal** | Solvents | Toluene | 890 ppm | | |
| **California** | **Fully legal** | Solvents | Total Xylenes | 2170 ppm | | |
| **California** | **Fully legal** | Solvents | 1,2 Dichloroethane | 1 ppm | | |
| **California** | **Fully legal** | Solvents | Benzene | 1 ppm | | |
| **California** | **Fully legal** | Solvents | Chloroform | 1 ppm | | |
| **California** | **Fully legal** | Solvents | Ethylene Oxide | 1 ppm | | |
| **California** | **Fully legal** | Solvents | Methylene Chloride | 1 ppm | | |
| **California** | **Fully legal** | Solvents | Trichloroethylene | 1 ppm | | |
| **Colorado** | **Fully legal** | Microbials | E. coli (Shiga-producing - STEC) | <1 cfu/g | Plant material, concentrates, and MIPs | |
| **Colorado** | **Fully legal** | Microbials | Salmonella | <1 cfu/g | Plant material, concentrates, and MIPs | **Updated 3/17/21** |

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| **Colorado** | **Fully legal** | Microbials | Total Yeast & Mold | $10^4$ cfu/g | Plant material, concentrates, and MIPs | Website |
| **Colorado** | **Fully legal** | Mycotoxins | Aflatoxins (B1 B2 G1 G2) | 20 ppb | Extracts from failed plant batches | https://www.colorado.gov/pacific/marijuana |
| **Colorado** | **Fully legal** | Mycotoxins | Ochratoxin A | 20 ppb | Extracts from failed plant batches | |
| **Colorado** | **Fully legal** | | | | | Contacts |
| **Colorado** | **Fully legal** | Solvents | Acetone | 1000 ppm | Extracts | General: () |
| **Colorado** | **Fully legal** | Solvents | Butanes | 1000 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Ethanol | 1000 ppm | Extracts, except orally ingested products | Email: |
| **Colorado** | **Fully legal** | Solvents | Heptanes | 1000 ppm | Extracts | marijuanainfo@state.co.us |
| **Colorado** | **Fully legal** | Solvents | Isopropyl Alcohol | 1000 ppm | Extracts | medical.marijuana@state.co.us |
| **Colorado** | **Fully legal** | Solvents | Propane | 1000 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Benzene | 2 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Toluene | 180 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Pentane | 1000 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Hexane | 60 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Total Xylenes | 430 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Methanol | 600 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Ethyl Acetate | 1000 ppm | Extracts | |
| **Colorado** | **Fully legal** | Solvents | Any solvent not permitted for use | non detect | Extracts | |
| **Colorado** | **Fully legal** | | | | | |
| **Colorado** | **Fully legal** | | | **Inhaled/Topical/Ingested** | | |
| **Colorado** | **Fully legal** | Heavy Metals | Arsenic | 0 2/3/1 5 ppm | Plant material, concentrates, and MIPs | |
| **Colorado** | **Fully legal** | Heavy Metals | Cadmium | 0.2/3/0 5 ppm | Plant material, concentrates, and MIPs | |
| **Colorado** | **Fully legal** | Heavy Metals | Lead | 0.5/10/1 ppm | Plant material, concentrates, and MIPs | |
| **Colorado** | **Fully legal** | Heavy Metals | Mercury | 0.1/1/1.5 ppm | Plant material, concentrates, and MIPs | |
| **Colorado** | **Fully legal** | | | | | |
| **Colorado** | **Fully legal** | Pesticides | Abamectin (Avermectins B1a & B1b) | .07 ppm | Flower & Trim | 0.01 - 0.07 ppm suggested for concentrates - not law yet. |
| **Colorado** | **Fully legal** | Pesticides | Azoxystrobin | .02 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Bifenazate | .02 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Etoxazole | .01 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Imazalil | .04 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Imidacloprid | .02 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Malathion | .05 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Myclobutanil | .04 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Permethrins | .04 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Spinosad (A & D) | .06 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Spiromesifen | .03 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Spirotetramat | .02 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | Pesticides | Tebuconazole | .01 ppm | Flower & Trim | |
| **Colorado** | **Fully legal** | | | | | |
| **Colorado** | **Fully legal** | Cannabinoids | THC | NA | | |
| **Colorado** | **Fully legal** | Cannabinoids | THCA | NA | | |
| **Colorado** | **Fully legal** | Cannabinoids | CBD | NA | | |
| **Colorado** | **Fully legal** | Cannabinoids | CBDA | NA | | |
| **Colorado** | **Fully legal** | Cannabinoids | CBN | NA | | |
| **Colorado** | **Fully legal** | | | | | |

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|---|---|---|---|---|---|---|
| **Colorado** | **Fully legal** | Homogeneity | Homogeneity | 15% | | |
| **Connecticut** | **Medical only** | Mycotoxins | Aflatoxin B1 | 20 ppb | | |
| **Connecticut** | **Medical only** | Mycotoxins | Aflatoxin B2 | 20 ppb | | |
| **Connecticut** | **Medical only** | Mycotoxins | Aflatoxin O1 | 20 ppb | | Website |
| | | | | | | https://portal.ct gov/DCP/Medical-Marijuana-Program/Medical-Marijuana-Program |
| **Connecticut** | **Medical only** | Mycotoxins | Aflatoxin O2 | 20 ppb | | |
| **Connecticut** | **Medical only** | Mycotoxins | Ochratoxin A | 20 ppb | | Department of Consumer Protection - Medical Marijuana Program |
| **Connecticut** | **Medical only** | | | | | |
| **Connecticut** | **Medical only** | Heavy Metals | Arsenic | 0.14 ppb BW/day | | |
| **Connecticut** | **Medical only** | Heavy Metals | Cadmium | 0.09 ppb BW/day | | Contacts |
| **Connecticut** | **Medical only** | Heavy Metals | Lead | 0.29 ppb BW/day | | General: (860) 713-6066 |
| **Connecticut** | **Medical only** | Heavy Metals | Mercury | 0.29 ppb BW/day | | |
| **Connecticut** | **Medical only** | | | | | |
| | | | Satisfies standards in Section 111 of US | | | |
| **Connecticut** | **Medical only** | Microbials | Pharmacopeia | | | Email: |
| **Connecticut** | **Medical only** | | | | | dcp.mmp@ct.gov |
| **Connecticut** | **Medical only** | Pesticides | Must be below standards set forth in | | | |
| **Connecticut** | **Medical only** | | Subpart C of EPA's regs for Tolerances and | | | Email SENT |
| **Connecticut** | **Medical only** | | Exemptions for Pesticide Chemical | | | |
| | | | (Not sure how - there are no limits for | | | |
| **Connecticut** | **Medical only** | | marijuana) | | | |
| **Florida** | **Medical only** | Cannabinoids | THC | NA | | Website |
| **Florida** | **Medical only** | Cannabinoids | | NA | | https://knowthefactsmmj.com/ |
| **Florida** | **Medical only** | Cannabinoids | | NA | | Florida Dept of Health - Office of Medical Marijuana Use |
| **Florida** | **Medical only** | Cannabinoids | | NA | | |
| **Florida** | **Medical only** | Cannabinoids | | NA | | Email: |
| **Florida** | **Medical only** | Cannabinoids | | NA | | MedicalMarijuanaUse@flhealth.gov |
| **Florida** | **Medical only** | Cannabinoids | | NA | | |
| **Florida** | **Medical only** | Cannabinoids | | NA | | Contacts |
| **Florida** | **Medical only** | Cannabinoids | CBD | NA | | General: (800) 808-9580 |
| **Hawaii** | **Medical only** | Cannabinoids | THC | NA | | |
| **Hawaii** | **Medical only** | Cannabinoids | THCA | NA | | Website: |
| **Hawaii** | **Medical only** | Cannabinoids | CBD | NA | | https://health.hawaii.gov/medicalcannabisregistry/ |
| **Hawaii** | **Medical only** | Cannabinoids | CBDA | NA | | State of Hawaii - Department of Health |
| **Hawaii** | **Medical only** | Cannabinoids | CBG | NA | | |
| **Hawaii** | **Medical only** | Cannabinoids | CBN | NA | | Email: |
| **Hawaii** | **Medical only** | | | | | Use portal under "Contact Us" on website |
| **Hawaii** | **Medical only** | Heavy Metals | Arsenic | 10 ppm | | |
| **Hawaii** | **Medical only** | Heavy Metals | Cadmium | 4 ppm | | Contacts: |
| **Hawaii** | **Medical only** | Heavy Metals | Lead | 6 ppm | | General( (808) 586-4400 |
| **Hawaii** | **Medical only** | Heavy Metals | Mercury | 2 ppm | | |
| **Hawaii** | **Medical only** | | | | | |
| **Hawaii** | **Medical only** | Pesticides | Abamectin | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Acephate | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Acequinocyl | 2 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Acetamiprid | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Aldicarb | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Azoxystrobin | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Bifenazate | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Bifenthrin | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Boscalid | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Carbaryl | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Carbofuran | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Chlorantraniliprole | 1 ppm | | |

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|---|---|---|---|---|---|---|
| **Hawaii** | **Medical only** | Pesticides | Chlorfenapyr | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Chlorpyrifos | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Clofentezine | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Cyfluthrin | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Cypermethrin | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | DDVP (Dichlorvos) | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Diazinon | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Dimethoate | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Ethoprophos | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Etofenprox | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Etoxazole | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Fenpyroximate | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Fipronil | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Flonicamid | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Fludioxonil | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Hexythiazox | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Imazalil | 0.1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Imidacloprid | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Kresoxim-methyl | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Malathion | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Metalaxyl | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Methiocarb | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Methomyl | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Methyl parathion | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | MGK-264 | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Myclobutanil | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Naled | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Oxamyl | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Paclobutrazol | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Permethrins | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Phosmet | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Piperonylbutoxide | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Prallethrin | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Propiconazole | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Propoxur | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Pyrethrins | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Pyridaben | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Spinosad | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Spiromesifen | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Spirotetramat | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Tebuconazole | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Thiacloprid | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Thiamethoxam | 1 ppm | | |
| **Hawaii** | **Medical only** | Pesticides | Trifloxystrobin | 1 ppm | | |
| **Hawaii** | **Medical only** | | | | | |
| **Hawaii** | **Medical only** | Solvents | Butanes | 800 ppm | | |
| **Hawaii** | **Medical only** | Solvents | Heptanes | 500 ppm | | |
| **Hawaii** | **Medical only** | Solvents | Benzene | 1 ppm | | |
| **Hawaii** | **Medical only** | Solvents | Toluene | 1 ppm | | |
| **Hawaii** | **Medical only** | Solvents | Hexane | 10 ppm | | |
| **Hawaii** | **Medical only** | Solvents | Total Xylenes | 1 ppm | | |
| **Hawaii** | **Medical only** | | | | | |
| **Hawaii** | **Medical only** | Moisture Content | Moisture Content | <15% | | |
| **Hawaii** | **Medical only** | | | | | |

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|---|---|---|---|---|---|---|
| **Hawaii** | **Medical only** | Filth & Foreign Material | Foreign Material | No visible | | |
| **Hawaii** | **Medical only** | | | | | |
| **Hawaii** | **Medical only** | | | **Extracts/Other** | | |
| **Hawaii** | **Medical only** | Microbials | E. coli (pathogenic strains) | <1 cfu/g | | |
| **Hawaii** | **Medical only** | Microbials | Salmonella | <1 cfu/g | | |
| **Hawaii** | **Medical only** | Microbials | Aspergillus fungi (fumigatus, flavus, and niger) | <1 cfu/g | | |
| **Hawaii** | **Medical only** | Microbials | Total Aerobic Bacteria | $10^4$ / $10^5$ cfu/g | | |
| **Hawaii** | **Medical only** | Microbials | Total Yeast & Mold | 100 / $2x10^4$ cfu/g | | |
| **Hawaii** | **Medical only** | Microbials | Total Coliform | 100 / $10^3$ cfu/g | | |
| **Hawaii** | **Medical only** | Microbials | Bile-tolerant Gram Negative Bacteria | 100 / $10^3$ cfu/g | | |
| **Hawaii** | **Medical only** | | | | | |
| **Hawaii** | **Medical only** | Mycotoxins | Total Mycotoxins | 20 ppb | | |
| **Illinois** | **Fully legal** | | | **Extracts/Others** | | |
| **Illinois** | **Fully legal** | Microbials | Total Aerobic Bacteria | $10^4$ / $10^5$ cfu/g | | |
| **Illinois** | **Fully legal** | Microbials | Total Yeast & Mold | $10^3$ / $10^4$ cfu/g | | |
| **Illinois** | **Fully legal** | Microbials | Total Coliform | 100 / $10^3$ cfu/g | | |
| **Illinois** | **Fully legal** | Microbials | Bile-tolerant Gram Negative Bacteria | 100 / $10^3$ cfu/g | | Website: |
| **Illinois** | **Fully legal** | Microbials | E. coli (pathogenic strains) | <1 cfu/g | | https://www.idfpr.com/profs/adultusecan.asp |
| **Illinois** | **Fully legal** | Microbials | Salmonella | <1 cfu/g | | Illinois Dept of Financial and Professional Regulation |
| **Illinois** | **Fully legal** | | | | | |
| **Illinois** | **Fully legal** | Mycotoxins | Aflatoxin B1 | 20 ppb | | Email: |
| **Illinois** | **Fully legal** | Mycotoxins | Aflatoxin B2 | 20 ppb | | FPR.AdultUseCannabis@illinois.gov |
| **Illinois** | **Fully legal** | Mycotoxins | Aflatoxin G1 | 20 ppb | | |
| **Illinois** | **Fully legal** | Mycotoxins | Aflatoxin G2 | 20 ppb | | Contacts |
| **Illinois** | **Fully legal** | Mycotoxins | Ochratoxin A | 20 ppb | | General: No phone given |
| **Illinois** | **Fully legal** | | | | | |
| **Illinois** | **Fully legal** | Pesticides | Must be below standards set forth in | | | |
| **Illinois** | **Fully legal** | | Subpart C of EPA's regs for Tolerances and | | | 20 lb batch limit |
| **Illinois** | **Fully legal** | | Exemptions for Pesticide Chemical | | | |
| **Illinois** | **Fully legal** | | (Not sure how - there are no limits for marijuana) | | | |
| **Illinois** | **Fully legal** | | | | | |
| **Illinois** | **Fully legal** | Solvents | Total solvents | <10 ppm | | |
| **Illinois** | **Fully legal** | | | | | |
| **Illinois** | **Fully legal** | Cannabinoids | Active Ingredient Analysis | NA | | |
| **Maine** | **Fully legal** | | | | | |
| **Maine** | **Fully legal** | Microbials | | **Extracts/Others** | | |
| **Maine** | **Fully legal** | Microbials | Total Aerobic Bacteria | $10^4$ / $10^5$ cfu/g | | |
| **Maine** | **Fully legal** | Microbials | Total Yeast & Mold | $10^3$ / $10^4$ cfu/g | | |
| **Maine** | **Fully legal** | Microbials | Total Coliform | 100 / $10^3$ cfu/g | | |
| **Maine** | **Fully legal** | Microbials | Enterobacteriacaea | 100 / $10^3$ cfu/g | | |
| **Maine** | **Fully legal** | Microbials | E. coli (Total) | <1 cfu/g | | |
| **Maine** | **Fully legal** | Microbials | Salmonella | <1 cfu/g | | |
| **Maine** | **Fully legal** | | | | | |
| **Maine** | **Fully legal** | Mycotoxins | Total Mycotoxins to include Aflatoxins (B1, B2, G1, and G2) and Ochratoxin A | 20 ppb | | |
| **Maine** | **Fully legal** | | | | | |
| **Maine** | **Fully legal** | Water Activity | Water Activity | 0.65 Aw (plant) | | |
| **Maine** | **Fully legal** | Water Activity | Water Activity | 0.85 Aw (edible) | | |
| **Maine** | **Fully legal** | | | | | |
| **Maine** | **Fully legal** | Filth & Foreign Material | Fail is presence of any living or dead insect at any life cycle | | | |

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|---|---|---|---|---|
| **Maine** | **Fully legal** | Filth & Foreign Material | stage, or one hair, or one count of mammalian excretia per three grams of sample. | |
| **Maine** | **Fully legal** | Filth & Foreign Material | | |
| **Maine** | **Fully legal** | Filth & Foreign Material | | |
| **Maine** | **Fully legal** | Filth & Foreign Material | Fail is also more than 1/4 of total area is covered by mold, sand, cinders, dirt, or imbedded foreign material. | |
| **Maine** | **Fully legal** | | | |
| **Maine** | **Fully legal** | | | **Topicals/Inhalables/ Others ppm** |
| **Maine** | **Fully legal** | Heavy Metals | Arsenic | 1.0 / 0 2 / 1 5 ppm |
| **Maine** | **Fully legal** | Heavy Metals | Cadmium | 5.0 / 0 2 / 0 5 ppm |
| **Maine** | **Fully legal** | Heavy Metals | Lead | 10 / 0.5 / 0.5 ppm |
| **Maine** | **Fully legal** | Heavy Metals | Mercury | 1 0 / 0.1 / 3 ppm |
| **Maine** | **Fully legal** | | | |
| **Maine** | **Fully legal** | Pesticides | Trifloxystrobin | Any detection |
| **Maine** | **Fully legal** | Pesticides | Bifenthrin | Any detection |
| **Maine** | **Fully legal** | Pesticides | Cyfluthrin | Any detection |
| **Maine** | **Fully legal** | Pesticides | Daminozide | Any detection |
| **Maine** | **Fully legal** | Pesticides | Etoxazole | Any detection |
| **Maine** | **Fully legal** | Pesticides | Imazalil | Any detection |
| **Maine** | **Fully legal** | Pesticides | Myclobutanil | Any detection |
| **Maine** | **Fully legal** | Pesticides | Spiromesifen | Any detection |
| **Maine** | **Fully legal** | Pesticides | Any other from list of 195 | Any detection |
| **Maine** | **Fully legal** | | | |
| **Maine** | **Fully legal** | Solvents | Acetone | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Acetonitrile | 410 ppm |
| **Maine** | **Fully legal** | Solvents | Butanes | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Ethanol | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Ethyl Acetate | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Ethyl Ether | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Heptanes | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Hexane | 290 ppm |
| **Maine** | **Fully legal** | Solvents | Isopropyl Alcohol | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Methanol | 3000 ppm |
| **Maine** | **Fully legal** | Solvents | Pentane | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Propane | 5000 ppm |
| **Maine** | **Fully legal** | Solvents | Toluene | 890 ppm |
| **Maine** | **Fully legal** | Solvents | Total Xylenes | 2170 ppm |
| **Maine** | **Fully legal** | Solvents | 1,2 Dichloroethane | 1 ppm |
| **Maine** | **Fully legal** | Solvents | Benzene | 1 ppm |
| **Maine** | **Fully legal** | Solvents | Chloroform | 1 ppm |
| **Maine** | **Fully legal** | Solvents | Ethylene Oxide | 1 ppm |
| **Maine** | **Fully legal** | Solvents | Methylene Chloride | 1 ppm |
| **Maine** | **Fully legal** | Solvents | Trichloroethylene | 1 ppm |
| **Maine** | **Fully legal** | | | |
| **Maine** | **Fully legal** | Cannabinoids | THC | NA |
| **Maine** | **Fully legal** | Cannabinoids | THCA | NA |
| **Maine** | **Fully legal** | Cannabinoids | CBD | NA |
| **Maine** | **Fully legal** | Cannabinoids | CBDA | NA |
| **Maine** | **Fully legal** | | | |
| **Maine** | **Fully legal** | Homogeneity | Homogeneity of THC or CBD (whichever is greater %) | <15% RSD |

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|---|---|---|---|---|---|---|
| **Maryland** | **Medical only** | Pesticides | Abamectin | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Acetamiprid | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Aldicarb | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Ancymidol | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Azoxystrobin | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Bifenazate | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Bifenthrin | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Boscalid | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Carbaryl | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Carbofuran | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Chlorantraniliprole | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Chlorpyrifos | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Clofentezine | LOQ | | Website: |
| **Maryland** | **Medical only** | Pesticides | Cyfluthrin | LOQ | | https://mmcc.maryland gov/Pages/home aspx |
| **Maryland** | **Medical only** | Pesticides | Daminozide | LOQ | | Maryland Medical Cannabis Commission |
| **Maryland** | **Medical only** | Pesticides | DDVP (Dichlorvos) | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Diazinon | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Dimethoate | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Ethephon | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Etoxazole | LOQ | | Contacts |
| **Maryland** | **Medical only** | Pesticides | Fenpyroximate | LOQ | | General: (410) 487-8100 |
| **Maryland** | **Medical only** | Pesticides | Fipronil | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Flonicamid | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Fludioxonil | LOQ | | 10 lb batch size limit |
| **Maryland** | **Medical only** | Pesticides | Flurprimidol | LOQ | | 0.5% of batch sampled |
| **Maryland** | **Medical only** | Pesticides | Hexythiazox | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Imazalil | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Imidacloprid | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Kresoxim-methyl | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Malathion | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Metalaxyl | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Methiocarb | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Methomyl | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Myclobutanil | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Naled | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Oxamyl | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Paclobutrazol | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Permethrins | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Phosmet | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Piperonylbutoxide | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Propiconazole | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Pyrethrins | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Spinosad | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Spiromesifen | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Thiacloprid | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Thiamethoxam | LOQ | | |
| **Maryland** | **Medical only** | Pesticides | Trifloxystrobin | LOQ | | |
| **Maryland** | **Medical only** | | | | | |
| **Maryland** | **Medical only** | Solvents | Butanes | 5000 ppm | | |
| **Maryland** | **Medical only** | Solvents | Heptanes | 5000 ppm | | |
| **Maryland** | **Medical only** | Solvents | Benzene | 2 ppm | | |
| **Maryland** | **Medical only** | Solvents | Toluene | 890 ppm | | |
| **Maryland** | **Medical only** | Solvents | Hexane | 290 ppm | | |
| **Maryland** | **Medical only** | Solvents | Total Xylenes | 2170 ppm | | |

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|---|---|---|---|---|---|---|
| **Maryland** | **Medical only** | Solvents | Propane | 5000 ppm | | |
| **Maryland** | **Medical only** | Solvents | Ethanol | 5000 ppm | | |
| **Maryland** | **Medical only** | | | | | |
| **Maryland** | **Medical only** | Microbials | Total Aerobic Bacteria | $10^5$ cfu/g | | |
| **Maryland** | **Medical only** | Microbials | Total Yeast & Mold | $10^4$ cfu/g | | |
| **Maryland** | **Medical only** | Microbials | E. coli (Total) | 100 cfu/g | | |
| **Maryland** | **Medical only** | Microbials | Salmonella | <1 cfu/g | | |
| **Maryland** | **Medical only** | | | | | |
| **Maryland** | **Medical only** | Mycotoxins | Aflatoxin B1 | 20 ppb | | |
| **Maryland** | **Medical only** | Mycotoxins | Aflatoxin B2 | 20 ppb | | |
| **Maryland** | **Medical only** | Mycotoxins | Aflatoxin G1 | 20 ppb | | |
| **Maryland** | **Medical only** | Mycotoxins | Aflatoxin G2 | 20 ppb | | |
| **Maryland** | **Medical only** | Mycotoxins | Ochratoxin A | 20 ppb | | |
| **Maryland** | **Medical only** | | | | | |
| **Maryland** | **Medical only** | Water Activity | Water Activity | 0.65 Aw | | |
| **Maryland** | **Medical only** | | | | | |
| **Maryland** | **Medical only** | Heavy Metals | Arsenic | 0.4 ppm | | |
| **Maryland** | **Medical only** | Heavy Metals | Cadmium | 0.4 ppm | | |
| **Maryland** | **Medical only** | Heavy Metals | Lead | 1.0 ppm | | |
| **Maryland** | **Medical only** | Heavy Metals | Mercury | 0.2 ppm | | |
| **Maryland** | **Medical only** | Heavy Metals | Chromium | 0.6 ppm | | |
| **Maryland** | **Medical only** | Heavy Metals | Barium | 60 ppm | | |
| **Maryland** | **Medical only** | Heavy Metals | Silver | 1.4 ppm | | |
| **Maryland** | **Medical only** | Heavy Metals | Selenium | 26 ppm | | |
| **Maryland** | **Medical only** | | | | | |
| **Maryland** | **Medical only** | Moisture Content | Moisture Content | NA | | |
| **Maryland** | **Medical only** | | | | | |
| **Maryland** | **Medical only** | Filth & Foreign Material | Foreign Material | | | |
| **Maryland** | **Medical only** | | | | | |
| **Maryland** | **Medical only** | Cannabinoids | Cannabinoids | NA | | |
| **Massachusetts** | **Fully legal** | Heavy Metals | | **All Uses/Ingestion** | | |
| **Massachusetts** | **Fully legal** | Heavy Metals | Arsenic | 0.2 / 1.5 ppm | | |
| **Massachusetts** | **Fully legal** | Heavy Metals | Cadmium | 0.2 / 0.5 ppm | | |
| **Massachusetts** | **Fully legal** | Heavy Metals | Lead | 0.5 / 1.0 ppm | | |
| **Massachusetts** | **Fully legal** | Heavy Metals | Mercury | 0.1 / 1.5 ppm | | |
| **Massachusetts** | **Fully legal** | | | | | |
| **Massachusetts** | **Fully legal** | Pesticides | Bifenazate | ND at 10 ppb | | Website: |
| **Massachusetts** | **Fully legal** | Pesticides | Bifenthrin | ND at 10 ppb | | https://mass-cannabis-control.com/ |
| **Massachusetts** | **Fully legal** | Pesticides | Cyfluthrin | ND at 10 ppb | | Cannabis Control Commission |
| **Massachusetts** | **Fully legal** | Pesticides | Etoxazole | ND at 10 ppb | | |
| **Massachusetts** | **Fully legal** | Pesticides | Imazalil | ND at 10 ppb | | Email: |
| **Massachusetts** | **Fully legal** | Pesticides | Imidacloprid | ND at 10 ppb | | Use portal under "Contact Us" on website |
| **Massachusetts** | **Fully legal** | Pesticides | Myclobutanil | ND at 10 ppb | | |
| **Massachusetts** | **Fully legal** | Pesticides | Spiromesifen | ND at 10 ppb | | Contacts |
| **Massachusetts** | **Fully legal** | Pesticides | Trifloxystrobin | ND at 10 ppb | | General: (774) 415-0200 |
| **Massachusetts** | **Fully legal** | | | | | |
| **Massachusetts** | **Fully legal** | Microbials | | **Extracts/Others** | | |
| **Massachusetts** | **Fully legal** | Microbials | Total Aerobic Bacteria | $10^4$ / $10^5$ cfu/g | | |
| **Massachusetts** | **Fully legal** | Microbials | Total Yeast & Mold | $10^3$ / $10^4$ cfu/g | | |
| **Massachusetts** | **Fully legal** | Microbials | Total Coliform | 100 / $10^3$ cfu/g | | |
| **Massachusetts** | **Fully legal** | Microbials | Bile-tolerant Gram Negative Bacteria | 100 / $10^3$ cfu/g | | |
| **Massachusetts** | **Fully legal** | Microbials | E. coli (pathogenic strains) | <1 cfu/g | | |

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| **Massachusetts** | **Fully legal** | Microbials | Salmonella | <1 cfu/g | | |
| **Massachusetts** | **Fully legal** | | | | | |
| **Massachusetts** | **Fully legal** | Mycotoxins | Aflatoxin B1 | 20 ppb | | |
| **Massachusetts** | **Fully legal** | Mycotoxins | Aflatoxin B2 | 20 ppb | | |
| **Massachusetts** | **Fully legal** | Mycotoxins | Aflatoxin G1 | 20 ppb | | |
| **Massachusetts** | **Fully legal** | Mycotoxins | Aflatoxin G2 | 20 ppb | | |
| **Massachusetts** | **Fully legal** | Mycotoxins | Ochratoxin A | 20 ppb | | |
| **Massachusetts** | **Fully legal** | | | | | |
| **Massachusetts** | **Fully legal** | Solvents | Acetic acid | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Acetone | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Acetonitrile | 410 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Anisole | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 1-Butanol | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 2-Butanol | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Butyl acetate | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Tert-Butylmethyl ether | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Chlorobenzene | 360 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Chloroform | 60 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Cumene | 70 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Cyclohexane | 3880 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 1,2-Dichloroethene | 1870 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Dichloromethane | 600 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 1,2-Dimethoxyethane | 100 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | N,N-Dimethylacetamide | 1090 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | N,N-Dimethylformamide | 880 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Dimethyl sulfoxide | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 1,4-Dioxane | 380 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Ethanol | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 2-Ethoxyethanol | 160 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Ethyl acetate | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Ethylene glycol | 620 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Ethyl ether | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Ethyl formate | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Formamide | 220 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Formic acid | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Heptanes | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Hexane | 290 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Isobutyl acetate | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Isopropyl acetate | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Methanol | 3000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 2-Methoxyethanol | 50 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Methyl acetate | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 3-Methyl-1-butanol | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Methylbutylketone | 50 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Methylcyclohexane | 1180 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Methylethyl ketone | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Methylisobutyl ketone | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 2-Methyl-1-propanol | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | N-Methylpyrrolidone | 530 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Nitromethane | 50 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Pentane | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 1-Pentanol | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 1-Propanol | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 2-Propanol | 5000 ppm | | |

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| **Massachusetts** | **Fully legal** | Solvents | Propyl acetate | 5000 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Pyridine | 200 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Sulfolane | 160 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Tetrahydrofuran | 720 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Tetralin | 100 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Toluene | 890 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | 1,1,2-Trichloroethylene | 80 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Xylenes | 2170 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Propane | 1 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | n-Butane | 1 ppm | | |
| **Massachusetts** | **Fully legal** | Solvents | Isobutane | 1 ppm | | |
| **Massachusetts** | **Fully legal** | | | | | |
| **Massachusetts** | **Fully legal** | Cannabinoids | THC | NA | | |
| **Massachusetts** | **Fully legal** | Cannabinoids | CBD | NA | | |
| **Michigan** | **Fully legal** | Cannabinoids | Total THC | NA | | |
| **Michigan** | **Fully legal** | Cannabinoids | Total CBD | NA | | |
| **Michigan** | **Fully legal** | | | | | |
| **Michigan** | **Fully legal** | Pesticides | Abamectin | 0.5 ppm | | Website: |
| **Michigan** | **Fully legal** | Pesticides | Acephate | 0.4 ppm | | MRA - Marijuana Regulatory Agency (michigan.gov) |
| **Michigan** | **Fully legal** | Pesticides | Acequinocyl | 2 ppm | | Michigan Dept of Licensing and Regulatory Affairs - Marijuana Regulatory Agency |
| **Michigan** | **Fully legal** | Pesticides | Acetamiprid | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Aldicarb | 0.4 ppm | | Email: |
| **Michigan** | **Fully legal** | Pesticides | Azoxystrobin | 0.2 ppm | | MRA-SCF@Michigan.gov |
| **Michigan** | **Fully legal** | Pesticides | Bifenazate | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Bifenthrin | 0.2 ppm | | Contacts |
| **Michigan** | **Fully legal** | Pesticides | Boscalid | 0.4 ppm | | Claire Patterson 517-230-2097 |
| **Michigan** | **Fully legal** | Pesticides | Carbaryl | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Carbofuran | 0.2 ppm | | 50 lb Maximum batch |
| **Michigan** | **Fully legal** | Pesticides | Chlorantraniliprole | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Chlorfenapyr | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Chlorpyrifos | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Clofentezine | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Cyfluthrin | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Cypermethrin | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Daminozide | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | DDVP (Dichlorvos) | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Diazinon | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Dimethoate | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Ethoprophos | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Etofenprox | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Etoxazole | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Fenoxycarb | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Fenpyroximate | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Fipronil | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Flonicamid | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Fludioxonil | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Hexythiazox | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Imazalil | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Imidacloprid | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Kresoxim-methyl | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Malathion | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Metalaxyl | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Methiocarb | 0.2 ppm | | |

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| **Michigan** | **Fully legal** | Pesticides | Methomyl | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Methyl parathion | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | MGK-264 | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Myclobutanil | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Naled | 0.5 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Oxamyl | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Paclobutrazol | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Permethrins | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Prallethrin | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Phosmet | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Propiconazole | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Propoxur | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Pyridaben | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Pyrethrins | 1 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Spinosad | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Spiromesifen | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Spirotetramat | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Spiroxamine | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Tebuconazole | 0.4 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Thiacloprid | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Thiamethoxam | 0.2 ppm | | |
| **Michigan** | **Fully legal** | Pesticides | Trifloxystrobin | 0.2 ppm | | |
| **Michigan** | **Fully legal** | | | | | |
| **Michigan** | **Fully legal** | Solvents | | **Inhalation/Others** | | |
| **Michigan** | **Fully legal** | Solvents | Acetone | 750 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Acetonitrile | 60 / 410 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Butanes | 800 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Ethanol | 1000 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Ethyl Acetate | 400 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Ethyl Ether | 500 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Heptanes | 500 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Hexane | 50 / 290 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Isopropyl Alcohol | 500 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Methanol | 250 / 3000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Pentane | 750 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Propane | 2100 / 5000 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Toluene | 150 / 890 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Total Xylenes | 150 / 2170 ppm | | |
| **Michigan** | **Fully legal** | Solvents | 1,2 Dichloroethane | 2 / 5 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Benzene | 1 / 2 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Chloroform | 2 / 60 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Ethylene Oxide | 5 / 50 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Methylene Chloride | 125 / 600 ppm | | |
| **Michigan** | **Fully legal** | Solvents | Trichloroethylene | 25 / 80 ppm | | |
| **Michigan** | **Fully legal** | | | | | |
| **Michigan** | **Fully legal** | Water Activity | Water Activity | 0.65 Aw (plant) | | |
| **Michigan** | **Fully legal** | Water Activity | Water Activity | 0.85 Aw (edible) | | |
| **Michigan** | **Fully legal** | | | | | |
| **Michigan** | **Fully legal** | Microbials | | **Extracts/Others** | | |
| **Michigan** | **Fully legal** | Microbials | Total Yeast & Mold | $10^3$ / $10^4$ cfu/g | | |
| **Michigan** | **Fully legal** | Microbials | Total Coliform | 100 / $10^3$ cfu/g | | |
| **Michigan** | **Fully legal** | Microbials | E. coli STEC | <1 cfu/g | | |
| **Michigan** | **Fully legal** | Microbials | Salmonella | <1 cfu/g | | |

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| **Michigan** | **Fully legal** | Microbials | Aspergillus fungi (fumigatus, flavus, terreus, and niger) | <1 cfu/g | | |
| **Michigan** | **Fully legal** | | | | | |
| **Michigan** | **Fully legal** | Filth & Foreign Material | Foreign Material | < 5% Stems | | |
| **Michigan** | **Fully legal** | Filth & Foreign Material | Foreign Material | <2% other foreign matter (mites, hair, mold, etc.) | | |
| **Michigan** | **Fully legal** | | | | | |
| **Michigan** | **Fully legal** | | | **Flower/Inhaled/Other** | | |
| **Michigan** | **Fully legal** | Heavy Metals | | | | |
| **Michigan** | **Fully legal** | Heavy Metals | Arsenic | 0.4 / 0.2/1 5 ppm | | |
| **Michigan** | **Fully legal** | Heavy Metals | Cadmium | 0.4/0.2 / 0 5 ppm | | |
| **Michigan** | **Fully legal** | Heavy Metals | Lead | 1.0 / 0.5/0 5 ppm | | |
| **Michigan** | **Fully legal** | Heavy Metals | Nickel | 1.0/0.5/N/A | | |
| **Michigan** | **Fully legal** | Heavy Metals | Copper | 3.0* | *Vapes Only | |
| **Michigan** | **Fully legal** | Heavy Metals | Mercury | 0.2/0.1 / 3 0 ppm | | |
| **Michigan** | **Fully legal** | Heavy Metals | Chromium | 1.2/0.6 / 2 0 ppm | | |
| **Michigan** | **Fully legal** | | | | | |
| **Michigan** | **Fully legal** | Other Analytes | Vitamin E Acetate | 100 ppm | Vapes only | |
| **Michigan** | **Fully legal** | | | | | |
| **Michigan** | **Fully legal** | Homogeneity | Homogeneity (compared to label value) | + / - 15% | | |
| **Minnesota** | **Medical only** | Cannabinoids | THC | NA | | |
| **Minnesota** | **Medical only** | Cannabinoids | CBD | NA | | Website: |
| **Minnesota** | **Medical only** | | | | | https://www.health state.mn.us/people/cannabis/ |
| **Minnesota** | **Medical only** | Solvents | Manufacturer develops acceptance criteria | | | Minnesota Dept of Health |
| **Minnesota** | **Medical only** | | | | | |
| **Minnesota** | **Medical only** | Pesticides | Manufacturer develops acceptance criteria | | | Email: |
| **Minnesota** | **Medical only** | | | | | health.cannabis@state.mn.us |
| **Minnesota** | **Medical only** | Microbials | Manufacturer develops acceptance criteria (fungus) | | | |
| **Minnesota** | **Medical only** | | | | | Contacts |
| **Minnesota** | **Medical only** | Heavy Metals | Manufacturer develops acceptance criteria | | | General: (651) 201-5598 |
| **Missouri** | **Medical only** | Cannabinoids | THC | | Final Products | |
| **Missouri** | **Medical only** | Cannabinoids | THCA | | | |
| **Missouri** | **Medical only** | Cannabinoids | CBD | | | Website: |
| **Missouri** | **Medical only** | Cannabinoids | CBDA | | | https://health.mo.gov/safety/medical-marijuana/ |
| **Missouri** | **Medical only** | Cannabinoids | CBN | | | Missouri Dept of Health & Senior Services |
| **Missouri** | **Medical only** | | | | | |
| **Missouri** | **Medical only** | Microbials | E. coli (pathogenic strains) | < 1 cfu/g | Final Products | Email: |
| **Missouri** | **Medical only** | Microbials | Salmonella | < 1 cfu/g | | MedicalMarijuanainfo@health.mo.gov |
| **Missouri** | **Medical only** | Microbials | Aspergillus fungi (fumigatus, flavus, terreus, and niger) | < 1 cfu/g | | |
| **Missouri** | **Medical only** | | | | | Contacts |
| **Missouri** | **Medical only** | Pesticides | Abamectin | 0.5 ppm | Final Products | General: (866) 219-0165 |
| **Missouri** | **Medical only** | Pesticides | Acephate | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Acequinocyl | 2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Acetamiprid | 0.2 ppm | | Rules: |
| **Missouri** | **Medical only** | Pesticides | Aldicarb | 0.4 ppm | | https://www.sos.mo.gov/CMSImages/AdRules/csr/current/19csr/19c30-95.pdf |
| **Missouri** | **Medical only** | Pesticides | Azoxystrobin | 0.2 ppm | | |

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| **Missouri** | **Medical only** | Pesticides | Bifenazate | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Bifenthrin | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Boscalid | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Carbaryl | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Carbofuran | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Chlorantraniliprole | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Chlorfenapyr | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Chlorpyrifos | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Clofentezine | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Cyfluthrin | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Cypermethrin | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Daminozide | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | DDVP (Dichlorvos) | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Diazinon | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Dimethoate | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Ethoprophos | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Etofenprox | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Etoxazole | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Fenoxycarb | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Fenpyroximate | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Fipronil | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Flonicamid | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Fludioxonil | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Hexythiazox | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Imazalil | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Imidacloprid | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Kresoxim-methyl | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Malathion | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Metalaxyl | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Methiocarb | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Methomyl | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Methyl parathion | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | MGK-264 | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Myclobutanil | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Naled | 0.5 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Oxamyl | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Paclobutrazol | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Permethrins | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Phosmet | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Piperonylbutoxide | 2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Prallethrin | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Propiconazole | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | propoxur | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Pyrethrins | 1 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Pyridaben | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Spinosad | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Spiromesifen | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Spirotetramat | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Spiroxamine | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Tebuconazole | 0.4 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Thiacloprid | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Thiamethoxam | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Trifloxystrobin | 0.2 ppm | | |
| **Missouri** | **Medical only** | Pesticides | Chlormequat Chloride | 0.2 ppm | | |

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|---|---|---|---|---|---|---|
| **Missouri** | **Medical only** | | | | | |
| **Missouri** | **Medical only** | Heavy Metals | | Inhalants/Infused | Final Products | |
| **Missouri** | **Medical only** | Heavy Metals | Arsenic | 0 2 ppm / 1.5 ppm | | |
| **Missouri** | **Medical only** | Heavy Metals | Cadmium | 0 2 ppm / 0.5 ppm | | |
| **Missouri** | **Medical only** | Heavy Metals | Lead | 0 5 ppm / 0.5 ppm | | |
| **Missouri** | **Medical only** | Heavy Metals | Mercury | 0.1 ppm / 3.0 ppm | | |
| **Missouri** | **Medical only** | Heavy Metals | Chromium | 0.6 ppm / 2.0 ppm | | |
| **Missouri** | **Medical only** | | | | | |
| **Missouri** | **Medical only** | Solvents | | Inhalants/Infused | Final Products | |
| **Missouri** | **Medical only** | Solvents | 1,2-Dichloroethane | 2 ppm / 5 ppm | | |
| **Missouri** | **Medical only** | Solvents | Acetone | 750 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Acetonitrile | 60 ppm / 410 ppm | | |
| **Missouri** | **Medical only** | Solvents | Benzene | 1 ppm / 2 ppm | | |
| **Missouri** | **Medical only** | Solvents | Butanes | 800 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Chloroform | 2 ppm / 60 ppm | | |
| **Missouri** | **Medical only** | Solvents | Ethanol | 1000 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Ethyl Acetate | 400 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Ethyl ether | 500 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Ethylene oxide | 5 ppm / 50 ppm | | |
| **Missouri** | **Medical only** | Solvents | Heptane | 500 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Hexanes | 50 ppm / 290 ppm | | |
| **Missouri** | **Medical only** | Solvents | Isopropyl alcohol | 500 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Methanol | 250 ppm / 3000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Methylene chloride | 125 ppm / 600 ppm | | |
| **Missouri** | **Medical only** | Solvents | Pentanes | 750 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Propane | 2100 ppm / 5000 ppm | | |
| **Missouri** | **Medical only** | Solvents | Toluene | 150 ppm / 890 ppm | | |
| **Missouri** | **Medical only** | Solvents | Trichloroethylene | 25 ppm / 80 ppm | | |
| **Missouri** | **Medical only** | Solvents | Xylenes | 150 ppm / 2170 ppm | | |
| **Missouri** | **Medical only** | | | | | |
| **Missouri** | **Medical only** | Water Activity | Water Activity | 0.65 Aw | Dry, unprocessed marijuana | |
| **Missouri** | **Medical only** | Moisture Content | Moisture Content | Not between 5.0 % and 13 0 % | Dry, unprocessed marijuana | |
| **Missouri** | **Medical only** | | | | | |
| **Missouri** | **Medical only** | Filth & Foreign Material | Foreign Material | >5% stems >3mm diameter | Final Products | |
| **Missouri** | **Medical only** | | | > 2% other (mites, hair, dirt, etc.) | | |
| **Missouri** | **Medical only** | | | | | |
| **Montana** | **Medical only** | | | | | |
| **Montana** | **Medical only** | Cannabinoids | | | | |
| **Montana** | **Medical only** | | | | | Website: |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Montana** | **Medical only** | Filth & Foreign Material | Waiting for final rules | | | https://dphhs.mt.gov/marijuana |
| **Montana** | **Medical only** | | | | | Montana Dept of Public Health and Human Services |
| **Montana** | **Medical only** | Pesticides | | | | |
| **Montana** | **Medical only** | | | | | Rules: |
| **Montana** | **Medical only** | Solvents | | | | https://leg.mt.gov/bills/2017/billpdf/SB0333.pdf |
| **Montana** | **Medical only** | | | | | |
| **Montana** | **Medical only** | Microbials | | | | Email: |
| **Montana** | **Medical only** | | | | | mtmarijuanaprogram@mt.gov |
| **Montana** | **Medical only** | | | | | |
| **Montana** | **Medical only** | | | | | Contacts |
| **Montana** | **Medical only** | | | | | General: (406) 444-0596 |
| **Nevada** | **Fully legal** | Cannabinoids | THC | NA | | |
| **Nevada** | **Fully legal** | Cannabinoids | THCA | NA | | |
| **Nevada** | **Fully legal** | Cannabinoids | CBD | NA | | |
| **Nevada** | **Fully legal** | Cannabinoids | CBDA | NA | | Website: |
| **Nevada** | **Fully legal** | Cannabinoids | CBN | NA | | http://dpbh.nv.gov/Reg/Medical_Marijuana/ |
| | | | | | | Nevada Dept of Health and Human Services - Division of Public and |
| **Nevada** | **Fully legal** | | | | | Behavioral Health |
| **Nevada** | **Fully legal** | Terpenoids | Alpha-Bisabolol | NA | | |
| **Nevada** | **Fully legal** | Terpenoids | Alpha-Humulene | NA | | Email: |
| **Nevada** | **Fully legal** | Terpenoids | Alpha-Pinene | NA | | sfgilbert@health.nv gov |
| **Nevada** | **Fully legal** | Terpenoids | Alpha-Terpinolene | NA | | Steve Gilbert - Program Manager |
| **Nevada** | **Fully legal** | Terpenoids | Beta-Caryophyllene | NA | | |
| **Nevada** | **Fully legal** | Terpenoids | Beta-Myrcene | NA | | Contacts |
| **Nevada** | **Fully legal** | Terpenoids | Beta-Pinene | NA | | General: (775) 684-3487 |
| **Nevada** | **Fully legal** | Terpenoids | Caryophyllene Oxide | NA | | Education and Information Officer |
| **Nevada** | **Fully legal** | Terpenoids | Limonene | NA | | |
| **Nevada** | **Fully legal** | Terpenoids | Linalool | NA | | |
| **Nevada** | **Fully legal** | | | | | |
| **Nevada** | **Fully legal** | | | **Inhalables** | | |
| **Nevada** | **Fully legal** | Moisture Content | Moisture Content | < 15% | Usable Marijuana | |
| **Nevada** | **Fully legal** | | | | | |
| | | | | No foreign matter | | |
| **Nevada** | **Fully legal** | Filth & Foreign Material | Foreign Material | detected | | |
| **Nevada** | **Fully legal** | | | | | |
| **Nevada** | **Fully legal** | Mycotoxins | | **Inhalables/Extracts** | | |
| **Nevada** | **Fully legal** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) | 20 / TBD ppb | | |
| **Nevada** | **Fully legal** | Mycotoxins | Ochratoxin A | 20 / TBD ppb | | |
| **Nevada** | **Fully legal** | | | | | |
| **Nevada** | **Fully legal** | Heavy Metals | | **Extract/Inhalable** | | |
| **Nevada** | **Fully legal** | Heavy Metals | Arsenic | 2.0 / 2.0 ppm | | |
| **Nevada** | **Fully legal** | Heavy Metals | Cadmium | .82 / .82 ppm | | |
| **Nevada** | **Fully legal** | Heavy Metals | Lead | 1.2 / 1.2 ppm | | |
| **Nevada** | **Fully legal** | Heavy Metals | Mercury | 0.4 / 0.4 ppm | | |
| **Nevada** | **Fully legal** | | | | | |
| | | | | **Extract/Inhalable/E** | | |
| **Nevada** | **Fully legal** | Microbials | | **dible** | | |
| **Nevada** | **Fully legal** | Microbials | Total Aerobic Bacteria | NA / NA / $10^5$ cfu/g | | |
| **Nevada** | **Fully legal** | Microbials | Total Yeast & Mold | $10^3$ / $10^4$ / NA cfu/g | | |
| **Nevada** | **Fully legal** | Microbials | Total Coliform | NA / $10^3$ / NA cfu/g | | |
| **Nevada** | **Fully legal** | Microbials | Bile-tolerant Gram Negative Bacteria | 100 / $10^3$ / $10^3$ cfu/g | | |
| **Nevada** | **Fully legal** | Microbials | E. coli (pathogenic strains) | ND / ND / ND | | |
| **Nevada** | **Fully legal** | Microbials | Salmonella | ND / ND / ND | | |

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|---|---|---|---|---|---|---|
| **Nevada** | **Fully legal** | Microbials | Aspergillus fungi (fumigatus, flavus, terreus, and niger) | ND / ND / NA | | |
| **Nevada** | **Fully legal** | | | | | |
| **Nevada** | **Fully legal** | Solvents | Total Solvents | **non-CO2 Extracts** | | |
| **Nevada** | **Fully legal** | Solvents | Total Solvents | 500 ppm | | |
| **Nevada** | **Fully legal** | | | | | |
| **Nevada** | **Fully legal** | Homogeneity | Homogeneity (compared to label value) | + / - 15% | | |
| **Nevada** | **Fully legal** | | | | | |
| **Nevada** | **Fully legal** | Water Activity | Water Activity | **Edibles** | | |
| **Nevada** | **Fully legal** | Water Activity | Water Activity | <0.86 Aw or pH < 4.6 | | |
| **Nevada** | **Fully legal** | | | | | |
| **Nevada** | **Fully legal** | Pesticides | Minimum risk pesticides only | **Inhalables** | | |
| **Nevada** | **Fully legal** | | | | | |
| **New Hampshire** | **Medical only** | Cannabinoids | THC | NA | | |
| **New Hampshire** | **Medical only** | Cannabinoids | THCV | NA | | Website: |
| **New Hampshire** | **Medical only** | Cannabinoids | | | | https://www dhhs.nh gov/oos/tcp/ |
| | | | | | | New Hampshire Dept of Health and Human Services - Therapeutic Cannabis Program |
| **New Hampshire** | **Medical only** | Cannabinoids | | | | |
| **New Hampshire** | **Medical only** | Cannabinoids | | | | |
| **New Hampshire** | **Medical only** | Cannabinoids | | | | Email: |
| **New Hampshire** | **Medical only** | Cannabinoids | CBC | NA | | Nope |
| **New Hampshire** | **Medical only** | Cannabinoids | CBD | NA | | |
| **New Hampshire** | **Medical only** | Cannabinoids | CBDV | NA | | Contacts |
| **New Hampshire** | **Medical only** | Cannabinoids | CBN | NA | | General: (603) 271-9333 |
| **New Hampshire** | **Medical only** | Cannabinoids | CBG | NA | | |
| **New Jersey** | **Medical only** | | | | | |
| **New Jersey** | **Medical only** | | | | | Website: |
| **New Jersey** | **Medical only** | No required testing yet | | | | https://www.nj.gov/health/medicalmarijuana/ |
| **New Jersey** | **Medical only** | | | | | New Jersey Dept of Health - Division of Medicinal Marijuana |
| **New Jersey** | **Medical only** | | | | | |
| **New Jersey** | **Medical only** | | | | | Email: |
| **New Jersey** | **Medical only** | | | | | https://www.nj gov/health/medicalmarijuana/contact.shtml |
| **New Jersey** | **Medical only** | | | | | |
| **New Jersey** | **Medical only** | | | | | Contacts |
| **New Jersey** | **Medical only** | | | | | General: (609) 292-0424 |
| **New Jersey** | **Medical only** | | | | | |
| **New Jersey** | **Medical only** | | | | | |
| **New Mexico** | **Medical only** | Solvents | Acetone | 2000 ppm | | |
| **New Mexico** | **Medical only** | Solvents | Butanes | 800 ppm | | |
| **New Mexico** | **Medical only** | Solvents | Ethylbenzene | 2000 ppm | | |
| **New Mexico** | **Medical only** | Solvents | Cyclohexane | 1000 ppm | | |
| **New Mexico** | **Medical only** | Solvents | Isobutane | 800 ppm | | Website: |
| **New Mexico** | **Medical only** | Solvents | Heptanes | 1000 ppm | | https://nmhealth.org/about/mcp/svcs/ |
| **New Mexico** | **Medical only** | Solvents | Hexane | 250 ppm | | New Mexico Dept of Health - Medical Cannabis Program |
| **New Mexico** | **Medical only** | Solvents | Isopropyl Alcohol | 2000 ppm | | |
| **New Mexico** | **Medical only** | Solvents | Methanol | 1000 ppm | | Email: |
| **New Mexico** | **Medical only** | Solvents | Pentane | 800 ppm | | medical.cannabis@state.nm.us |
| **New Mexico** | **Medical only** | Solvents | Propane | 800 ppm | | |
| **New Mexico** | **Medical only** | Solvents | Toluene | 800 ppm | | Contacts |
| **New Mexico** | **Medical only** | Solvents | Total Xylenes | 2000 ppm | | General: (505) 827-2321 |
| **New Mexico** | **Medical only** | Solvents | Benzene | 2 ppm | | |
| **New Mexico** | **Medical only** | Solvents | Methylene Chloride | 500 ppm | | |
| **New Mexico** | **Medical only** | | | | | |

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|---|---|---|---|---|---|---|
| **New Mexico** | **Medical only** | Cannabinoids | THC | NA | | |
| **New Mexico** | **Medical only** | Cannabinoids | THCA | NA | | |
| **New Mexico** | **Medical only** | Cannabinoids | CBD | NA | | |
| **New Mexico** | **Medical only** | Cannabinoids | CBDA | NA | | |
| **New Mexico** | **Medical only** | Cannabinoids | CBN | NA | | |
| **New Mexico** | **Medical only** | | | | | |
| **New Mexico** | **Medical only** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) and Ochratoxin A | 20 ppb | | |
| **New Mexico** | **Medical only** | | | | | |
| **New Mexico** | **Medical only** | Microbials | Total Aerobic Bacteria | $10^5$ cfu/g | | |
| **New Mexico** | **Medical only** | Microbials | Total Yeast & Mold | $10^3$ cfu/g | | |
| **New Mexico** | **Medical only** | Microbials | Bile-tolerant Gram Negative Bacteria | $10^3$ cfu/g | | |
| **New Mexico** | **Medical only** | Microbials | *E. coli* | <1 cfu/g | | |
| **New Mexico** | **Medical only** | Microbials | Salmonella | <1 cfu/g | | |
| **New Mexico** | **Medical only** | | | | | |
| **New Mexico** | **Medical only** | Heavy Metals | Arsenic | 0.14 ppb | | |
| **New Mexico** | **Medical only** | Heavy Metals | Cadmium | 0 09 ppb | | |
| **New Mexico** | **Medical only** | Heavy Metals | Lead | 0 29 ppb | | |
| **New Mexico** | **Medical only** | Heavy Metals | Mercury | 0 29 ppb | | |
| **New Mexico** | **Medical only** | | | | | |
| **New Mexico** | **Medical only** | Moisture Content | States that they do test but no analytes or linits can be found | | | |
| **New Mexico** | **Medical only** | | | | | |
| **New Mexico** | **Medical only** | Water Activity | States that they do test but no analytes or linits can be found | | | |
| **New Mexico** | **Medical only** | | | | | |
| **New Mexico** | **Medical only** | Pesticides | States that they do test but no analytes or linits can be found | | | |
| **New York** | **Medical only** | Cannabinoids | THC | NA | | |
| **New York** | **Medical only** | Cannabinoids | THCA | NA | | |
| **New York** | **Medical only** | Cannabinoids | THCV | NA | | Website: |
| **New York** | **Medical only** | Cannabinoids | CBC | NA | | https://www.health.ny.gov/regulations/medical_marijuana/ |
| **New York** | **Medical only** | Cannabinoids | CBD | NA | | New York Dept of Health - Medical Marijuana Program |
| **New York** | **Medical only** | Cannabinoids | CBDA | NA | | |
| **New York** | **Medical only** | Cannabinoids | CBDV | NA | | Email: |
| **New York** | **Medical only** | Cannabinoids | CBG | NA | | mmp@health.ny.gov |
| **New York** | **Medical only** | Cannabinoids | CBN | NA | | |
| **New York** | **Medical only** | | | | | Contacts |
| **New York** | **Medical only** | Homogeneity | Homogeneity (compared to label value) | + / - 5% | | General: (844) 863-9312 |
| **New York** | **Medical only** | | | | | |
| **New York** | **Medical only** | Microbials | E. coli (Total) | <1 cfu/g | | |
| **New York** | **Medical only** | Microbials | Salmonella | None given | | |
| **New York** | **Medical only** | Microbials | Bile-tolerant Gram Negative Bacteria | None given | | |
| **New York** | **Medical only** | Microbials | Klebsiella | None given | | |
| **New York** | **Medical only** | Microbials | Pseudomonas (inhalation only) | None given | | |
| **New York** | **Medical only** | Microbials | Streptococcus | None given | | |
| **New York** | **Medical only** | Microbials | Aspergillus | None given | | |
| **New York** | **Medical only** | Microbials | Mucor species | None given | | |
| **New York** | **Medical only** | Microbials | Penicillium species | None given | | |
| **New York** | **Medical only** | Microbials | Thermophilic Actinomyces species | None given | | |
| **New York** | **Medical only** | | | | | |
| **New York** | **Medical only** | Mycotoxins | Aflatoxin | None given | | |
| **New York** | **Medical only** | Mycotoxins | Ochratoxin | None given | | |
| **New York** | **Medical only** | | | | | |

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|---|---|---|---|---|---|---|
| **New York** | **Medical only** | Heavy Metals | Arsenic | None given | | |
| **New York** | **Medical only** | Heavy Metals | Cadmium | None given | | |
| **New York** | **Medical only** | Heavy Metals | Chromium | None given | | |
| **New York** | **Medical only** | Heavy Metals | Antimony | None given | | |
| **New York** | **Medical only** | Heavy Metals | Copper | None given | | |
| **New York** | **Medical only** | Heavy Metals | lead | None given | | |
| **New York** | **Medical only** | Heavy Metals | Nickel | None given | | |
| **New York** | **Medical only** | Heavy Metals | Zinc | None given | | |
| **New York** | **Medical only** | Heavy Metals | Mercury | None given | | |
| **New York** | **Medical only** | | | | | |
| **New York** | **Medical only** | Pesticides | Any pesticides/herbicide/fungicide or growth regulator used during production | None given | | |
| **North Dakota** | **Medical only** | Pesticides | Must be below standards set forth in | | | |
| **North Dakota** | **Medical only** | | Subpart C of EPA's regs for Tolerances and | None given | | |
| **North Dakota** | **Medical only** | | Exemptions for Pesticide Chemical | | | |
| **North Dakota** | **Medical only** | | (Not sure how - there are no limits for marijuana) | | | Website: |
| **North Dakota** | **Medical only** | | | | | https://www.health.nd gov/mm |
| **North Dakota** | **Medical only** | Terpenoids | Terpenes | NA | | North Dakota Dept of Health - Division of Medical Marijuana |
| **North Dakota** | **Medical only** | | | | | |
| **North Dakota** | **Medical only** | Microbials | | **Extracts/Others** | | Email: |
| **North Dakota** | **Medical only** | Microbials | Total Aerobic Bacteria | $10^4$ / $10^5$ cfu/g | | medmarijuana@nd.gov |
| **North Dakota** | **Medical only** | Microbials | Total Yeast & Mold | $10^3$ / $10^4$ cfu/g | | |
| **North Dakota** | **Medical only** | Microbials | Total Coliform | 100 / $10^3$ cfu/g | | Contacts |
| **North Dakota** | **Medical only** | Microbials | Bile-tolerant Gram Negative Bacteria | 100 / $10^3$ cfu/g | | General: (701) 328-1311 |
| **North Dakota** | **Medical only** | Microbials | E. coli (pathogenic strains) | <1 cfu/g | | |
| **North Dakota** | **Medical only** | Microbials | Salmonella | <1 cfu/g | | |
| **North Dakota** | **Medical only** | | | | | |
| **North Dakota** | **Medical only** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) | 20 ppb | | |
| **North Dakota** | **Medical only** | Mycotoxins | Ochratoxin A | 20 ppb | | |
| **North Dakota** | **Medical only** | | | | | |
| **North Dakota** | **Medical only** | Heavy Metals | Arsenic | 0.4 ppm | | |
| **North Dakota** | **Medical only** | Heavy Metals | Cadmium | 0.3 ppm | | |
| **North Dakota** | **Medical only** | Heavy Metals | Lead | 1.0 ppm | | |
| **North Dakota** | **Medical only** | Heavy Metals | Mercury | 0.2 ppm | | |
| **North Dakota** | **Medical only** | | | | | |
| **North Dakota** | **Medical only** | Moisture Content | Moisture Content | < 15% (plant) | | |
| **North Dakota** | **Medical only** | | | | | |
| **North Dakota** | **Medical only** | Water Activity | Water Activity | 0.65 Aw (plant) | | |
| **North Dakota** | **Medical only** | | | | | |
| **North Dakota** | **Medical only** | Cannabinoids | THC | NA | | |
| **North Dakota** | **Medical only** | Cannabinoids | THCA | NA | | |
| **North Dakota** | **Medical only** | Cannabinoids | CBC | NA | | |
| **North Dakota** | **Medical only** | Cannabinoids | CBD | NA | | |
| **North Dakota** | **Medical only** | | | | | |
| **North Dakota** | **Medical only** | Homogeneity | Homogeneity (compared to label value) | + / - 15% | | |
| **North Dakota** | **Medical only** | | | | | |
| **North Dakota** | **Medical only** | Solvents | Butanes | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Ethylene oxide | 50 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Propane | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | 1, 4-Dioxane | 380 ppm | | |
| **North Dakota** | **Medical only** | Solvents | 2-Butanol | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | 2-Ethoxyethanol | 160 ppm | | |
| **North Dakota** | **Medical only** | Solvents | 2-Propanol | 5000 ppm | | |

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| **North Dakota** | **Medical only** | Solvents | Acetone | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Acetonitrile | 410 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Benzene | 2 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Cumene | 70 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Cyclohexane | 3880 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Dichloromethane | 600 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Ethyl Acetate | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Ethyl Ether | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Ethylene glycol | 620 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Heptanes | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Hexane | 290 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Isopropyl acetate | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Methanol | 3000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Pentane | 5000 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Tetrahydrofuran | 720 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Toluene | 890 ppm | | |
| **North Dakota** | **Medical only** | Solvents | Xylenes | 2170 ppm | | |
| **Ohio** | **Medical only** | Pesticides | Must be below "most stringent" standards | | | |
| **Ohio** | **Medical only** | | set forth in Subpart C of EPA's regs for | None given | | |
| **Ohio** | **Medical only** | | Tolerances and Exemptions for Pesticide | | | |
| **Ohio** | **Medical only** | | | | | |
| **Ohio** | **Medical only** | Heavy Metals | Arsenic | 0.14 ppb | | |
| **Ohio** | **Medical only** | Heavy Metals | Cadmium | 0.09 ppb | | |
| **Ohio** | **Medical only** | Heavy Metals | Lead | 0 29 ppb | | Website: |
| **Ohio** | **Medical only** | Heavy Metals | Mercury | 0 29 ppb | | https://medicalmarijuana.ohio.gov/ |
| **Ohio** | **Medical only** | | | | | Ohio Medical Marijuana Control Program |
| **Ohio** | **Medical only** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) | 20 ppb | | |
| **Ohio** | **Medical only** | Mycotoxins | Ochratoxin A | 20 ppb | | Email: |
| **Ohio** | **Medical only** | | | | | Use portal under "Contact Us" on website |
| **Ohio** | **Medical only** | Cannabinoids | THC | NA | | |
| **Ohio** | **Medical only** | Cannabinoids | THCA | NA | | Contacts |
| **Ohio** | **Medical only** | Cannabinoids | CBC | NA | | Nope |
| **Ohio** | **Medical only** | Cannabinoids | CBD | NA | | |
| **Ohio** | **Medical only** | Cannabinoids | CBN | NA | | |
| **Ohio** | **Medical only** | | | | | |
| | | | Only on products that used hydrocarbon | | | |
| **Ohio** | **Medical only** | Solvents | based extraction. | None given | | |
| **Ohio** | **Medical only** | | | | | |
| **Ohio** | **Medical only** | Microbials | | **Extracts/Others** | | |
| **Ohio** | **Medical only** | Microbials | Total Aerobic Bacteria | $10^4$ / $10^5$ cfu/g | | |
| **Ohio** | **Medical only** | Microbials | Total Yeast & Mold | $10^3$ / $10^4$ cfu/g | | |
| **Ohio** | **Medical only** | Microbials | Total Coliform | 100 / $10^3$ cfu/g | | |
| **Ohio** | **Medical only** | Microbials | Bile-tolerant Gram Negative Bacteria | 100 / $10^3$ cfu/g | | |
| **Ohio** | **Medical only** | Microbials | E. coli (pathogenic strains) | <1 cfu/g | | |
| **Ohio** | **Medical only** | Microbials | Salmonella | <1 cfu/g | | |
| **Ohio** | **Medical only** | | | | | |
| **Ohio** | **Medical only** | Moisture Content | Moisture Content | None given | | |
| **Ohio** | **Medical only** | | | | | |
| **Ohio** | **Medical only** | Water Activity | Water Activity | None given | | |
| **Ohio** | **Medical only** | | | | | |
| **Ohio** | **Medical only** | Filth & Foreign Material | Foreign Material | None given | | |
| **Oklahoma** | **Medical only** | Cannabinoids | THC | NA | | |
| **Oklahoma** | **Medical only** | Cannabinoids | THCA | NA | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Oklahoma** | **Medical only** | Cannabinoids | CBC | NA | | |
| **Oklahoma** | **Medical only** | Cannabinoids | CBD | NA | | Website: |
| **Oklahoma** | **Medical only** | Cannabinoids | CBN | NA | | http://omma.ok.gov/home |
| **Oklahoma** | **Medical only** | | | | | Oklahoma Medical Marijuana Authority |
| **Oklahoma** | **Medical only** | Moisture Content | Moisture Content | None given | | |
| **Oklahoma** | **Medical only** | | | | | Email: |
| **Oklahoma** | **Medical only** | Water Activity | Water Activity | None given | | OMMACompliance@ok.gov |
| **Oklahoma** | **Medical only** | | | | | |
| **Oklahoma** | **Medical only** | Filth & Foreign Material | Foreign Material | None given | | Contacts |
| **Oklahoma** | **Medical only** | | | | | General: (405) 522-6662 |
| **Oklahoma** | **Medical only** | Solvents | Acetone | 1000 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Benzene | 2 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Butanes | 1000 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Heptanes | 1000 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Hexane | 60 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Isopropyl Alcohol | 1000 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Pentane | 1000 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Propane | 1000 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Toluene | 180 ppm | | |
| **Oklahoma** | **Medical only** | Solvents | Xylenes | 430 ppm | | |
| **Oklahoma** | **Medical only** | | | | | |
| **Oklahoma** | **Medical only** | Microbials | Total Aerobic Bacteria | None given | | |
| **Oklahoma** | **Medical only** | Microbials | Total Yeast & Mold | $10^4$ cfu/g | | |
| **Oklahoma** | **Medical only** | Microbials | *E. coli* | <1 cfu/g | | |
| **Oklahoma** | **Medical only** | Microbials | Salmonella | <1 cfu/g | | |
| **Oklahoma** | **Medical only** | | | | | |
| **Oklahoma** | **Medical only** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) and Ochratoxin A | 20 ppb | | |
| **Oklahoma** | **Medical only** | | | | | |
| **Oklahoma** | **Medical only** | Heavy Metals | Arsenic | 0.4 ppm | | |
| **Oklahoma** | **Medical only** | Heavy Metals | Cadmium | 0.44 ppm | | |
| **Oklahoma** | **Medical only** | Heavy Metals | Lead | 1.0 ppm | | |
| **Oklahoma** | **Medical only** | Heavy Metals | Mercury | 0.2 ppm | | |
| **Oklahoma** | **Medical only** | | | | | |
| **Oklahoma** | **Medical only** | Pesticides | Spiromesifen | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Spirotetramat | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Tebuconazole | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Etoxazole | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Imazalil | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Imidacloprid | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Malathion | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Myclobutanil | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Azoxystrobin | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Bifenazate | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Abamectin | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Permethrins | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | Pesticides | Spinosad | 0.5 ppm | | |
| **Oklahoma** | **Medical only** | | | | | |
| **Oklahoma** | **Medical only** | Filth & Foreign Material | Filth & Foreign Materials | Grower Determined | | |
| **Oklahoma** | **Medical only** | | | | | |
| **Oklahoma** | **Medical only** | Terpenoids | Terpenoids | NA | | |
| **Oregon** | **Fully legal** | Pesticides | Abamectin | 0.5 ppm | | |

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|---|---|---|---|---|---|---|
| **Oregon** | **Fully legal** | Pesticides | Acephate | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Acequinocyl | 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Acetamiprid | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Aldicarb | 0.4 ppm | | Website: |
| **Oregon** | **Fully legal** | Pesticides | Azoxystrobin | 0.2 ppm | | https://www.oregon.gov/olcc/marijuana/Pages/default.aspx |
| **Oregon** | **Fully legal** | Pesticides | Bifenazate | 0.2 ppm | | Oregon Liquor Control Commission |
| **Oregon** | **Fully legal** | Pesticides | Bifenthrin | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Boscalid | 0.4 ppm | | Email: |
| **Oregon** | **Fully legal** | Pesticides | Carbaryl | 0.2 ppm | | marijuana@oregon.gov |
| **Oregon** | **Fully legal** | Pesticides | Carbofuran | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Chlorantraniliprole | 0.2 ppm | | Contacts |
| **Oregon** | **Fully legal** | Pesticides | Chlorfenapyr | 1 ppm | | General: (503) 872-5000 |
| **Oregon** | **Fully legal** | Pesticides | Chlorpyrifos | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Clofentezine | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Cyfluthrin | 1 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Cypermethrin | 1 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Daminozide | 1 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | DDVP (Dichlorvos) | 1 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Diazinon | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Dimethoate | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Ethoprophos | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Etofenprox | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Etoxazole | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Fenoxycarb | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Fenpyroximate | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Fipronil | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Flonicamid | 1 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Fludioxonil | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Hexythiazox | 1 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Imazalil | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Imidacloprid | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Kresoxim-methyl | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Malathion | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Metalaxyl | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Methiocarb | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Methomyl | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Methyl parathion | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | MGK-264 | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Myclobutanil | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Naled | 0.5 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Oxamyl | 1 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Paclobutrazol | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Permethrins | 0 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Phosmet | 0 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Piperonylbutoxide | 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Prallethrin | 0 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Propiconazole | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | propoxur | 0 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Pyrethrins | 1 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Pyridaben | 0 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Spinosad | 0 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Spiromesifen | 0 2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Spirotetramat | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Spiroxamine | 0.4 ppm | | |

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|---|---|---|---|---|---|---|
| **Oregon** | **Fully legal** | Pesticides | Tebuconazole | 0.4 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Thiacloprid | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Thiamethoxam | 0.2 ppm | | |
| **Oregon** | **Fully legal** | Pesticides | Trifloxystrobin | 0.2 ppm | | |
| **Oregon** | **Fully legal** | | | | | |
| **Oregon** | **Fully legal** | Moisture Content | Moisture Content | 15% | Usable Marijuana | |
| **Oregon** | **Fully legal** | | | | | |
| **Oregon** | **Fully legal** | Water Activity | Water Activity | 0.65 Aw | | |
| **Oregon** | **Fully legal** | | | | | |
| **Oregon** | **Fully legal** | Cannabinoids | THC | NA | | |
| **Oregon** | **Fully legal** | Cannabinoids | THCA | NA | | |
| **Oregon** | **Fully legal** | Cannabinoids | CBD | NA | | |
| **Oregon** | **Fully legal** | Cannabinoids | CBDA | NA | | |
| **Oregon** | **Fully legal** | | | | | |
| **Oregon** | **Fully legal** | Homogeneity | Homogeneity | 20% RSD | | |
| **Oregon** | **Fully legal** | | | | | |
| **Oregon** | **Fully legal** | Solvents | Butanes | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Ethylene oxide | 50 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Propane | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | 1, 4-Dioxane | 380 ppm | | |
| **Oregon** | **Fully legal** | Solvents | 2-Butanol | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | 2-Ethoxyethanol | 160 ppm | | |
| **Oregon** | **Fully legal** | Solvents | 2-Propanol | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Acetone | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Acetonitrile | 410 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Benzene | 2 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Cumene | 70 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Cyclohexane | 3880 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Dichloromethane | 600 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Ethyl Acetate | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Ethyl Ether | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Ethylene glycol | 620 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Heptanes | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Hexane | 290 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Isopropyl acetate | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Methanol | 3000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Pentane | 5000 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Tetrahydrofuran | 720 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Toluene | 890 ppm | | |
| **Oregon** | **Fully legal** | Solvents | Xylenes | 2170 ppm | | |
| **Oregon** | **Fully legal** | | | | | |
| **Oregon** | **Fully legal** | Microbials | Total Coliform | if detected, run E coli | | |
| **Oregon** | **Fully legal** | Microbials | E. coli (Total) | 100 cfu/g | | |
| **Pennsylvania** | **Medical only** | Pesticides | Abamectin | Any detection | | |
| **Pennsylvania** | **Medical only** | Pesticides | Acephate | Any detection | | |
| **Pennsylvania** | **Medical only** | Pesticides | Acequinocyl | Any detection | | |
| **Pennsylvania** | **Medical only** | Pesticides | Acetamiprid | Any detection | | |
| **Pennsylvania** | **Medical only** | Pesticides | Aldicarb | Any detection | | |
| **Pennsylvania** | **Medical only** | Pesticides | Azoxystrobin | Any detection | | |
| **Pennsylvania** | **Medical only** | Pesticides | Bifenazate | Any detection | | Website: https://www.health.pa gov/topics/programs/Medical%20Marijuana/Pages/Medical%20Marijuana.aspx Pennsylvania Dept of Health - Medical Marijuana Program |
| **Pennsylvania** | **Medical only** | Pesticides | Bifenthrin | Any detection | | |
| **Pennsylvania** | **Medical only** | Pesticides | Boscalid | Any detection | | |

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|---|---|---|---|---|---|---|---|
| **Pennsylvania** | **Medical only** | Pesticides | Carbaryl | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Carbofuran | Any detection | | Email: | |
| **Pennsylvania** | **Medical only** | Pesticides | Chlorantraniliprole | Any detection | | RA-DHMedMarijuana@pa.gov | |
| **Pennsylvania** | **Medical only** | Pesticides | Chlorfenapyr | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Chlorpyrifos | Any detection | | Contacts | |
| **Pennsylvania** | **Medical only** | Pesticides | Clofentezine | Any detection | | None | |
| **Pennsylvania** | **Medical only** | Pesticides | Cyfluthrin | Any detection | | | |
| | | | | | | https://www.health.pa gov/topics/programs/Medical%20Marijuana/Pages/ | |
| **Pennsylvania** | **Medical only** | Pesticides | Cypermethrin | Any detection | | Laboratories.aspx | |
| **Pennsylvania** | **Medical only** | Pesticides | Daminozide | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | DDVP (Dichlorvos) | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Diazinon | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Dimethoate | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Ethoprophos | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Etofenprox | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Etoxazole | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Fenoxycarb | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Fenpyroximate | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Fipronil | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Flonicamid | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Fludioxonil | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Hexythiazox | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Imazalil | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Imidacloprid | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Kresoxim-methyl | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Malathion | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Metalaxyl | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Methiocarb | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Methomyl | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Methyl parathion | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | MGK-264 | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Myclobutanil | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Naled | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Oxamyl | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Paclobutrazol | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Permethrins | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Phosmet | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Piperonylbutoxide | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Prallethrin | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Propiconazole | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | propoxur | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Pyrethrins | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Pyridaben | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Spinosad | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Spiromesifen | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Spirotetramat | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Spiroxamine | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Tebuconazole | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Thiacloprid | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Thiamethoxam | Any detection | | | |
| **Pennsylvania** | **Medical only** | Pesticides | Trifloxystrobin | Any detection | | | |
| **Pennsylvania** | **Medical only** | | | | | | |
| **Pennsylvania** | **Medical only** | Solvents | Butanes | 5000 ppm | | | |
| **Pennsylvania** | **Medical only** | Solvents | Ethanol | 5000 ppm | | | |

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|---|---|---|---|---|---|---|
| **Pennsylvania** | **Medical only** | | | | | |
| **Pennsylvania** | **Medical only** | Moisture Content | Moisture Content | 5 - 15% | | |
| **Pennsylvania** | **Medical only** | | | | | |
| **Pennsylvania** | **Medical only** | Water Activity | Water Activity | 0.65 Aw | | |
| **Pennsylvania** | **Medical only** | | | | | |
| **Pennsylvania** | **Medical only** | Cannabinoids | THC | NA | | |
| **Pennsylvania** | **Medical only** | Cannabinoids | THCA | NA | | |
| **Pennsylvania** | **Medical only** | Cannabinoids | CBG | NA | | |
| **Pennsylvania** | **Medical only** | Cannabinoids | CBD | NA | | |
| **Pennsylvania** | **Medical only** | Cannabinoids | CBDA | NA | | |
| **Pennsylvania** | **Medical only** | Cannabinoids | CBN | NA | | |
| **Pennsylvania** | **Medical only** | | | | | |
| **Pennsylvania** | **Medical only** | Terpenoids | Terpenoids | NA | | |
| **Pennsylvania** | **Medical only** | | | | | |
| **Pennsylvania** | **Medical only** | Microbials | | Harvest/Extract/Final | | |
| **Pennsylvania** | **Medical only** | Microbials | Total Aerobic Bacteria | $10^4$ / $10^4$ / NA cfu/g | | |
| **Pennsylvania** | **Medical only** | Microbials | Total Yeast & Mold | $10^4$ / $10^3$ / $10^4$ cfu/g | | |
| **Pennsylvania** | **Medical only** | Microbials | Bile-tolerant Gram Negative Bacteria | $10^3$ / 100 / $10^3$ cfu/g | | |
| **Pennsylvania** | **Medical only** | Microbials | E. coli (Total) | <1 cfu/g | | |
| **Pennsylvania** | **Medical only** | Microbials | Salmonella | <1 cfu/g | | |
| **Pennsylvania** | **Medical only** | | | | | |
| **Pennsylvania** | **Medical only** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) and Ochratoxin A | 20 ppb | | |
| **Pennsylvania** | **Medical only** | Mycotoxins | Aflatoxin B1 | 5 ppb | | |
| **Pennsylvania** | **Medical only** | | | | | |
| **Pennsylvania** | **Medical only** | Heavy Metals | Arsenic | 0.4 ppm | | |
| **Pennsylvania** | **Medical only** | Heavy Metals | Cadmium | 0.3 ppm | | |
| **Pennsylvania** | **Medical only** | Heavy Metals | Lead | 1.0 ppm | | |
| **Pennsylvania** | **Medical only** | Heavy Metals | Mercury | 0.2 ppm | | |
| **Pennsylvania** | **Medical only** | | | | | |
| **Pennsylvania** | **Medical only** | Filth & Foreign Material | Filth & Foreign Materials (hair, insects, related adulterants) | None given | | |
| **Rhode Island** | **Medical only** | | | | | |
| **Rhode Island** | **Medical only** | Cannabinoids | THC | NA | Finished Plant Products | |
| **Rhode Island** | **Medical only** | Cannabinoids | THCA | NA | Concentrates | |
| **Rhode Island** | **Medical only** | Cannabinoids | CBD | NA | | |
| **Rhode Island** | **Medical only** | Cannabinoids | CBDA | NA | | Website: |
| **Rhode Island** | **Medical only** | | | | | https://health.ri.gov/healthcare/medicalmarijuana/ |
| **Rhode Island** | **Medical only** | Heavy Metals | | Flower&Concentrates / Infused Products | | Rhode Island Dept of Health |
| **Rhode Island** | **Medical only** | Heavy Metals | Arsenic | 200 ppb / 1500 ppb | | |
| **Rhode Island** | **Medical only** | Heavy Metals | Cadmium | 200 ppb / 500 ppb | | Rules: |
| **Rhode Island** | **Medical only** | Heavy Metals | Lead | 500 ppb / 1000 ppb | | https://rules.sos.ri gov/regulations/part/216-60-05-6 |
| **Rhode Island** | **Medical only** | Heavy Metals | Mercury | 100 ppb / 1500 ppb | | RI stipulates methods used for analyses |
| **Rhode Island** | **Medical only** | | | | | |
| **Rhode Island** | **Medical only** | Pesticides | Abamectin | </= 10 ppb | Finished Plant Products | |
| **Rhode Island** | **Medical only** | Pesticides | Acequinocyl | </= 10 ppb | Concentrates | Email: |
| **Rhode Island** | **Medical only** | Pesticides | Bifenazate | </= 10 ppb | | https://health.ri.gov/contact/ |
| **Rhode Island** | **Medical only** | Pesticides | Bifenthrin | </= 10 ppb | | |
| **Rhode Island** | **Medical only** | Pesticides | Chlormequat chloride | </= 10 ppb | | Contacts |
| **Rhode Island** | **Medical only** | Pesticides | Cyfluthrin | </= 10 ppb | | General: (401) 222-5960 |
| **Rhode Island** | **Medical only** | Pesticides | Daminozide | </= 10 ppb | | |

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|---|---|---|---|---|---|
| **Rhode Island** | **Medical only** | Pesticides | Etoxazole | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Fenoxycarb | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Imazalil | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Imidacloprid | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Myclobutanil | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Paclobutrazol | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Spinosad | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Spiromesifen | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Spirotetramat | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Trifloxystrobin | </= 10 ppb | |
| **Rhode Island** | **Medical only** | Pesticides | Any other from list of 195 | </= 10 ppb | |
| **Rhode Island** | **Medical only** | | | | |
| **Rhode Island** | **Medical only** | Water Activity | Water Activity | 0.60 Aw | Finished Plant Material |
| **Rhode Island** | **Medical only** | | | | |
| **Rhode Island** | **Medical only** | Microbials | Total Aerobic Bacteria | $10^5$ cfu/g | Finished Plant Material |
| **Rhode Island** | **Medical only** | Microbials | Total Yeast & Mold | $10^4$ cfu/g | |
| **Rhode Island** | **Medical only** | Microbials | Total Coliform | $10^3$ cfu/g | |
| **Rhode Island** | **Medical only** | Microbials | Enterobacteriacaea | $10^3$ cfu/g | |
| **Rhode Island** | **Medical only** | Microbials | E. coli (pathogenic strains) | < 1 / g | |
| **Rhode Island** | **Medical only** | Microbials | Salmonella | < 1 / g | |
| **Rhode Island** | **Medical only** | | | | |
| **Rhode Island** | **Medical only** | Solvents | Acetone | 5000 ppm | Finished concentrates |
| **Rhode Island** | **Medical only** | Solvents | Acetonitrile | 410 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Benzene | 2 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Butane | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1-butanol | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 2-Butanol | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 2-Butanone | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Carbon Tetrachloride | 4 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Cumene | 70 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Cyclohexane | 3880 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1,2-Dichloroethane | 5 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1,1-Dichloroethene | 8 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1,2-Dichloroethene | 1870 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Dichloromethane | 600 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1,2-Dimethoxyethane | 100 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1,2-Dimethylbenzene | 2170 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1,3-Dimethylbenzene | 2170 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1,4-Dimethylbenzene | 2170 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 2,2-Dimethylbutane | 290 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 2,3-Dimethylbutane | 290 ppm | |
| **Rhode Island** | **Medical only** | Solvents | N,N-Dimethylacetamide | 1090 ppm | |
| **Rhode Island** | **Medical only** | Solvents | N,N-Dimethylformamide | 880 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Dimethyl sulfoxide | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 1,4-Dioxane | 380 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Ethanol | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | 2-Ethoxyethanol | 160 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Ethyl acetate | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Ethylbenzene | 70 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Ethylene glycol | 620 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Ethylene oxide | 50 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Ethyl ether | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Heptane | 5000 ppm | |
| **Rhode Island** | **Medical only** | Solvents | Hexane | 290 ppm | |

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|---|---|---|---|---|---|---|
| **Rhode Island** | **Medical only** | Solvents | Isobutane | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Isopropyl acetate | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Methanol | 3000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Methylbutylketone | 50 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Methylcyclohexane | 1180 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Methylethyl ketone | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Methylisobutyl ketone | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Methylpropane | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 2-Methyl-1-propanol | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 2-Methylbutane | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 2-Methylpentane | 290 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 3-Methylpentane | 290 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | N-Methylpyrrolidone | 530 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Nitromethane | 50 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Pentane | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 1-Pentanol | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 1-Propanol | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 2-Propanol | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Propane | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Propyl acetate | 5000 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Pyridine | 200 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Sulfolane | 160 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Tetrahydrofuran | 720 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Tetralin | 100 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Toluene | 890 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 1,1,1-Trichloroethane | 1500 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | 1,1,2-Trichloroethylene | 80 ppm | | |
| **Rhode Island** | **Medical only** | Solvents | Xylene | 2170 ppm | | |
| **Rhode Island** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | Website:<br>https://medicalcannabis.utah.gov/<br>Utah Dept of Health<br><br>Email:<br>https://medicalcannabis.utah.gov/contact-us/#<br><br>Contacts<br>General: (801) 538-4976 |
| **Utah** | **Medical only** | No required testing yet | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Utah** | **Medical only** | | | | | |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | | | | | Website:<br>https://medicalmarijuana.vermont.gov/<br>Vermont Dept of Public Safety<br><br>Email:<br>https://medicalmarijuana.vermont.gov/contact<br><br>Contacts<br>General: (802) 241-5115 |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | No required testing yet | | | | |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | | | | | |
| **Vermont** | **Fully legal** | | | | | |

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|---|---|---|---|---|---|---|
| **Washington** | **Fully legal** | Cannabinoids | THC | NA | | |
| **Washington** | **Fully legal** | Cannabinoids | THCA | NA | | |
| **Washington** | **Fully legal** | Cannabinoids | CBD | NA | | |
| **Washington** | **Fully legal** | Cannabinoids | CBDA | NA | | |
| **Washington** | **Fully legal** | | | | | |
| **Washington** | **Fully legal** | Microbials | | **Unprocessed/Extract or Processed** | | |
| **Washington** | **Fully legal** | Microbials | Bile-tolerant Gram Negative Bacteria | $10^4$ / $10^3$ cfu/g | | |
| **Washington** | **Fully legal** | Microbials | E. coli (pathogenic strains) | <1 / <1 cfu/g | | Website: |
| **Washington** | **Fully legal** | Microbials | Salmonella | <1 / <1 cfu/g | | https://lcb.wa.gov/contact |
| **Washington** | **Fully legal** | | | | | Washington State Liquor and Cannabis Board |
| **Washington** | **Fully legal** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) | 20 ppb | | |
| **Washington** | **Fully legal** | Mycotoxins | Ochratoxin A | 20 ppb | | Email: |
| **Washington** | **Fully legal** | | | | | From link on website |
| **Washington** | **Fully legal** | Solvents | Acetone | 5000 ppm | | |
| **Washington** | **Fully legal** | Solvents | Benzene | 2 ppm | | Contacts |
| **Washington** | **Fully legal** | Solvents | Butanes | 5000 ppm | | General: (360) 664-1600 |
| **Washington** | **Fully legal** | Solvents | Cyclohexane | 3880 ppm | | |
| **Washington** | **Fully legal** | Solvents | Chloroform | 2 ppm | | |
| **Washington** | **Fully legal** | Solvents | Dichloromethane | 600 ppm | | |
| **Washington** | **Fully legal** | Solvents | Ethyl Acetate | 5000 ppm | | |
| **Washington** | **Fully legal** | Solvents | Heptanes | 5000 ppm | | |
| **Washington** | **Fully legal** | Solvents | Hexane | 290 ppm | | |
| **Washington** | **Fully legal** | Solvents | 2-Propanol | 5000 ppm | | |
| **Washington** | **Fully legal** | Solvents | Methanol | 3000 ppm | | |
| **Washington** | **Fully legal** | Solvents | Pentane | 5000 ppm | | |
| **Washington** | **Fully legal** | Solvents | Propane | 5000 ppm | | |
| **Washington** | **Fully legal** | Solvents | Toluene | 890 ppm | | |
| **Washington** | **Fully legal** | Solvents | Xylenes | 2170 ppm | | |
| **Washington** | **Fully legal** | | | | | |
| **Washington** | **Fully legal** | Pesticides | Abamectin | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Bifenthrin | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Chlormequat chloride | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Daminozide | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | DDVP (Dichlorvos) | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Imidacloprid | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Myclobutanil | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Paclobutrazol | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Permethrins | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Piperonylbutoxide | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Propiconazole | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Pyrethrins | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Spinosad | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Spiromesifen | Any detection | | |
| **Washington** | **Fully legal** | Pesticides | Uniconazole | Any detection | | |
| **Washington** | **Fully legal** | | | | | |
| **Washington** | **Fully legal** | Moisture Content | Moisture Content | 15% | | |
| **Washington** | **Fully legal** | | | | | |
| **Washington** | **Fully legal** | Water Activity | Water Activity | 0.65 Aw | | |
| **Washington** | **Fully legal** | | | | | |
| **Washington** | **Fully legal** | Filth & Foreign Material | Stems | 5% | | |
| **Washington** | **Fully legal** | Filth & Foreign Material | Seeds or other foreign matter | 2% | | |

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|---|---|---|---|---|---|---|
| **Washington** | **Fully legal** | | | | | |
| **Washington** | **Fully legal** | Heavy Metals | Arsenic | 10 ug / daily dose (5) | | |
| **Washington** | **Fully legal** | Heavy Metals | Cadmium | 4.1 ug / daily dose (5g) | | |
| **Washington** | **Fully legal** | Heavy Metals | Lead | 6.0 ug / daily dose (5g) | | |
| **Washington** | **Fully legal** | Heavy Metals | Mercury | 2.0 ug / daily dose (5g) | | |
| **West Virginia** | **Medical only** | Pesticides | Residual Pesticides | TBD | | |
| **West Virginia** | **Medical only** | | | | | |
| **West Virginia** | **Medical only** | Solvents | Residual Solvents | TBD | | |
| **West Virginia** | **Medical only** | | | | | |
| **West Virginia** | **Medical only** | Moisture Content | Moisture Content | TBD | | Website: |
| **West Virginia** | **Medical only** | | | | | https://dhhr.wv gov/bph/Pages/Medical-Cannabis-Program.aspx |
| **West Virginia** | **Medical only** | Water Activity | Water Activity | TBD | | West Virginia Dept of Health & Human Resources - Office of Medical Cannabis |
| **West Virginia** | **Medical only** | | | | | |
| **West Virginia** | **Medical only** | Cannabinoids | THC | NA | | Email: |
| **West Virginia** | **Medical only** | Cannabinoids | THCA | NA | | medcanwv@wv.gov |
| **West Virginia** | **Medical only** | Cannabinoids | CBD | NA | | |
| **West Virginia** | **Medical only** | Cannabinoids | CBDA | NA | | Contacts |
| **West Virginia** | **Medical only** | Cannabinoids | CBG | NA | | General: (304) 356-5090 |
| **West Virginia** | **Medical only** | Cannabinoids | CBN | NA | | |
| **West Virginia** | **Medical only** | | | | | |
| **West Virginia** | **Medical only** | Microbials | Total Aerobic Bacteria | TBD | | |
| **West Virginia** | **Medical only** | Microbials | Total Yeast & Mold | TBD | | |
| **West Virginia** | **Medical only** | Microbials | Aspergillus spp. | TBD | | |
| **West Virginia** | **Medical only** | Microbials | Pseudomonas aeruginosa | TBD | | |
| **West Virginia** | **Medical only** | Microbials | Staphylococcus aureus | TBD | | |
| **West Virginia** | **Medical only** | | | | | |
| **West Virginia** | **Medical only** | Mycotoxins | Total Aflatoxins (B1, B2, G1 and G2) | TBD | | |
| **West Virginia** | **Medical only** | Mycotoxins | Ochratoxin A | TBD | | |
| **West Virginia** | **Medical only** | | | | | |
| **West Virginia** | **Medical only** | Heavy Metals | Arsenic | TBD | | |
| **West Virginia** | **Medical only** | Heavy Metals | Cadmium | TBD | | |
| **West Virginia** | **Medical only** | Heavy Metals | Lead | TBD | | |
| **West Virginia** | **Medical only** | Heavy Metals | Mercury | TBD | | |
| **West Virginia** | **Medical only** | | | | | |
| **West Virginia** | **Medical only** | Filth & Foreign Material | Filth & Foreign Materials (hair, insects, related adulterants) | TBD | | |

**Please note:** This list was current as of May 2021, when it was submitted to the Joint Standing Committee on Veterans and Legal Affairs.

| Inspections (ALMS) | CY 2020 | CY 2021-through-April 2021 |
|---|---|---|
| Total Counts | 1,296 | 323 |
| Currently Open | 101 | 195 |

**Inspections (Workforce) - 860 total**

**Please note:** This document was originally submitted to the Joint Standing Committee on Veterans and Legal Affairs for their work session on May 3, 2021.

| Question Category | Question | Compliance Count | Violation Count | Total Evaluated | Compliance Rate |
|---|---|---|---|---|---|
| Advertising and Social Media | Advertising and Social Media Compliance | 126 | 33 | 159 | 79.2% |
| Caregiver Assistants | Caregiver Assistants | 210 | 91 | 301 | 69.8% |
| Cultivation | Pesticide safety training for workers | 12 | 2 | 14 | 85.7% |
| Cultivation | Pesticide use | 29 | 2 | 31 | 93.5% |
| Manufacturing | Bottling License | 4 | 0 | 4 | 100.0% |
| Manufacturing | Engineer approved IHS Extraction plans | | 1 | 1 | |
| Manufacturing | Food Processor License | 23 | 1 | 24 | 95.8% |
| Manufacturing | Local Authorization | 35 | 2 | 37 | 94.6% |
| Manufacturing | No additions to trademarked food/drink | 24 | 0 | 24 | 100.0% |
| Manufacturing | No prohibited use of trademarked brands | 23 | 1 | 24 | 95.8% |
| Manufacturing | Shape of human, animal or fruit | 24 | 0 | 24 | 100.0% |
| Packaging and Labeling | Lab testing certificate verification | 13 | 0 | 13 | 100.0% |
| Packaging and Labeling | Packaging and Labeling | 555 | 129 | 684 | 81.1% |
| Record Keeping | Maintains transfer records | 628 | 47 | 675 | 93.0% |
| Record Keeping | Retains records for 7 years | 608 | 71 | 679 | 89.5% |
| Retail Sales | Caregiver has only one retail store | 66 | 2 | 68 | 97.1% |
| Retail Sales | Edible Trademark Compliance | 100 | 6 | 106 | 94.3% |
| Retail Sales | Edibles Sourced From Registered CGRs with Valid Food Processor Licenses | 108 | 0 | 108 | 100.0% |
| Retail Sales | Patient transaction log | 509 | 104 | 613 | 83.0% |
| Retail Sales | Retail Food License | 64 | 44 | 108 | 59.3% |
| Retail Sales | Retail Store Local Authorization | 67 | 1 | 68 | 98.5% |
| Retail Sales | Sales to qualified out-of-state patients | 568 | 1 | 569 | 99.8% |
| Scales | Scales Certification | 215 | 476 | 691 | 31.1% |
| Security | Access to cultivation location limited | 642 | 32 | 674 | 95.3% |
| Security | Door and window locks | 619 | 18 | 637 | 97.2% |
| Security | Fencing | 101 | 50 | 151 | 66.9% |
| Tax and Wholesale Compliance | Maine Revenue Service Retail Certificate | 516 | 187 | 703 | 73.4% |
| Tax and Wholesale Compliance | Sales or purchases to/from non-caregivers | 398 | 15 | 413 | 96.4% |
| Tax and Wholesale Compliance | Wholesale transaction records | 386 | 27 | 413 | 93.5% |
| Trip Tickets | Trip Ticket Compliance | 420 | 141 | 561 | 74.9% |

**Please note:** This document was originally submitted to the Joint Standing Committee on Veterans and Legal Affairs for their work session on May 3, 2021.

| Question Category | Question / Violations | Compliance Count | Violation Count | Total Evaluated | Compliance Rate |
|---|---|---|---|---|---|
| **Advertising and Social Media** | **Advertising and Social Media Compliance** | **126** | **33** | **159** | **79.2%** |
| | High likelihood of reaching persons under 21 | | 17 | | |
| | Unsolicited internet advertising/banners/mass marketing | | 1 | | |
| | Within 1000 feet of a school (500 feet with municipal approval) | | 1 | | |
| | Other | | 15 | | |
| **Caregiver Assistants** | **Caregiver Assistants** | **210** | **91** | **301** | **69.8%** |
| | Employee not Registered with OMP | | 35 | | |
| | Expired Caregiver Assistant | | 2 | | |
| | File does not contain I-9, W-4, Job Description, Photo ID copy | | 34 | | |
| | No Files Maintained | | 18 | | |
| | Other | | 9 | | |
| **Cultivation** | **Pesticide use** | **29** | **2** | **31** | **93.5%** |
| | Applicator not licensed by Board of Pesticides | | 2 | | |
| **Cultivation** | **Pesticide safety training for workers** | **12** | **2** | **14** | **85.7%** |
| | Training Not Provided | | 2 | | |
| **Manufacturing** | **Bottling License** | **4** | **0** | **4** | **100.0%** |
| **Manufacturing** | **Engineer approved IHS Extraction plans** | | **1** | **1** | |
| | Equipment not certified by engineer | | 1 | | |
| **Manufacturing** | **Food Processor License** | **23** | **1** | **24** | **95.8%** |
| | No License | | 1 | | |
| **Manufacturing** | **Local Authorization** | **35** | **2** | **37** | **94.6%** |
| | No local authorization | | 2 | | |
| **Manufacturing** | **No additions to trademarked food/drink** | **24** | **0** | **24** | **100.0%** |
| **Manufacturing** | **No prohibited use of trademarked brands** | **23** | **1** | **24** | **95.8%** |
| | Other | | 1 | | |
| **Manufacturing** | **Shape of human, animal or fruit** | **24** | **0** | **24** | **100.0%** |
| **Packaging and Labeling** | **Lab testing certificate verification** | **13** | **0** | **13** | **100.0%** |
| **Packaging and Labeling** | **Packaging and Labeling** | **555** | **129** | **684** | **81.1%** |
| | Label depicts human, animal, fruit | | 3 | | |
| | Not child resistant packaging | | 66 | | |
| | Not labeled "Contains Harvested Marijuana" | | 12 | | |
| | Not opaque packaging at final sale | | 53 | | |
| | Not tamper evident packaging | | 63 | | |
| | Other | | 33 | | |
| **Record Keeping** | **Maintains transfer records** | **628** | **47** | **675** | **93.0%** |
| | Other | | 47 | | |
| **Record Keeping** | **Retains records for 7 years** | **608** | **71** | **679** | **89.5%** |
| | Other | | 71 | | |
| **Retail Sales** | **Caregiver has only one retail store** | **66** | **2** | **68** | **97.1%** |
| | Other | | 2 | | |
| **Retail Sales** | **Edible Trademark Compliance** | **100** | **6** | **106** | **94.3%** |
| | Other | | 6 | | |
| **Retail Sales** | **Edibles Sourced From Registered Caregivers with Valid Food Processor Licenses** | **108** | **0** | **108** | **100.0%** |
| **Retail Sales** | **Patient transaction log** | **509** | **104** | **613** | **83.0%** |
| | Other | | 104 | | |
| **Retail Sales** | **Retail Food License** | **64** | **44** | **108** | **59.3%** |
| | Expired License | | 4 | | |
| | License for different location | | 1 | | |
| | No License | | 39 | | |

| Question Category | Question / Violations | Compliance Count | Violation Count | Total Evaluated | Compliance Rate |
|---|---|---|---|---|---|
| **Retail Sales** | **Retail Store Local Authorization** | **67** | **1** | **68** | **98.5%** |
| | Other | | 1 | | |
| **Retail Sales** | **Sales to qualified out-of-state patients** | **568** | **1** | **569** | **99.8%** |
| | Other | | 1 | | |
| **Scales** | **Scales Certification** | **215** | **476** | **691** | **31.1%** |
| | Caregiver has no scales | | 38 | | |
| | Scales not certified / sealed | | 431 | | |
| | Other | | 7 | | |
| **Security** | **Access to cultivation location limited** | **642** | **32** | **674** | **95.3%** |
| | Other | | 32 | | |
| **Security** | **Door and window locks** | **619** | **18** | **637** | **97.2%** |
| | Other | | 18 | | |
| **Security** | **Fencing** | **101** | **50** | **151** | **66.9%** |
| | Other | | 50 | | |
| **Tax and Wholesale Compliance** | **Maine Revenue Service Retail Certificate** | **516** | **187** | **703** | **73.4%** |
| | Other | | 187 | | |
| **Tax and Wholesale Compliance** | **Sales or purchases to/from non-caregivers** | **398** | **15** | **413** | **96.4%** |
| | Other | | 15 | | |
| **Tax and Wholesale Compliance** | **Wholesale transaction records** | **386** | **27** | **413** | **93.5%** |
| | Other | | 27 | | |
| **Trip Tickets** | **Trip Ticket Compliance** | **420** | **141** | **561** | **74.9%** |
| | Failure to Use OMP Mandated Form (Eff. July 1, 2020) | | 14 | | |
| | No Caregiver Name / CGR number | | 2 | | |
| | None used | | 24 | | |
| | Not used | | 98 | | |
| | Other | | 5 | | |

**Please note:** This document was originally submitted to the Joint Standing Committee on Veterans and Legal Affairs for their work session on May 3, 2021.


SUN
MON
TUE
WED
THU
FRI
SAT

**Accompanying Cover Correspondence from Workgroup Member Susan Meehan:**

Because I deal mostly with kids, and they come in so many different sizes with different diagnoses and needs, my education is really "customized" or tailored. This was for a parent who wanted to know more about my tinctures they were using for their child per Integr8's Laurel Shepherd's dosing recommendations and who needed clarification on the difference between milligrams and milliliters. Attached to the general explanation would be a spreadsheet with the actual recommended dosages and details of the content of these dosages. I attached a cropped screenshot of the spreadsheet file that would accompany this explanation that is custom to the patient and always based upon the healthcare provider's dosage recommendations.

**Example for a Parent/Patient who Wants to Know More About the Medicine:**

This website is hosted by Dr Dustin Sulak who works with Laurel in Integr8. Under the Cannabis Education and the Dosage tabs, you will find a lot of information including some basics on all the cannabinoids we talked very little about. The Dosage tab may help clarify the dosage titration process also. https://healer.com/

It is a lot to take in on top of dealing with your child being sick. Please never hesitate to ask. You are in good hands with Laurel and the team at Integr8.

More about medicines from Mae's Mamas:

Mae's Mamas medicines are made with Ethanol extracted cannabis unless otherwise noted. The cannabis is soaked in food grade alcohol (ethanol). The plant material is strained and filtered out. The ethanol binds to the "cannabinoids" or the medicine in the plant material. The ethanol is evaporated off and recaptured to reuse. The "oil" or concentrate left behind is then tested to give a cannabinoid profile -- to tell us how many milligrams of medicine are in each gram. After we know the cannabinoids contained in the concentrates, we can do the math (or "formulate") batches of tinctures aiming for example, for 35mg/ml of THC. As you can see, with so many minor cannabinoids present, the formulation can get very tricky if you are aiming for numbers of more than one of those cannabinoids.

All my tinctures are made with a concentrate (or an isolate), organic sunflower oil and organic sunflower lecithin. The lecithin is an emulsifier that helps keep things well mixed and uniform from the first doses to doses that come from the bottom of the bottle. I still recommend shaking the bottle prior to use. Once a tincture is formulated aiming for the mg/ml desired, a sample is sent to the lab for testing to confirm the cannabinoid content. Then labels detailing the cannabinoid content can be printed accordingly. The label provides the recommending medical provider and the patient/parent with the "mg/ml." This allows either the Caregiver, parent or medical provider to help the patient figure out the correct amount (or volume in ml) of the medicine to give to achieve the recommended dose of THC, CBD, etc.

So, for example, when the doctor recommends 5mg of THC and the tincture has 50mg'ml of THC, 5mg divided by 50mg/ml equals 0.1ml. Give 0.1ml to dose 5mg. I have attached a

spreadsheet to detail the doses you will use to achieve the healthcare provider's recommended doses of THC, CBD, THCA and CBDA.

I hope this helps answer some questions and does not just further muddy the waters! Please continue to ask your questions.

| | | | | | | | | OTHER cannabinoids | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cananbiniod Profile for each | PER ML | **Bottle Name** | **thc** | **cbd** | **cbda** | **thca** | **cbg** | **cbga** | **cbn** | **cbc** |
| | formulation/bottle. | 1 | THC35 | 35 | 0.6 | | | 1.4 | | 0.5 | 0.5 |
| | These are all in mg/ml | 2 | CBD30 | | 41 | | | | 5 | | 2 |
| | (mg/ml is "mg per ml") | 3 | THCA21 | 1.5 | | | 21 | | | | |
| | | 4 | CBDA15 | | 3.62 | 16.25 | | | | | |
| | | | | | | | | | | | |
| | **Morning and Afternoon dose (Note dose is measured in ML, in volume, NOT MG, milligrams)** | | | | | | | | | | |
| | **DOSE IN VOLUME ON SYRINGE** | | **And this is what is contained in that volume dose:** | | | | | OTHER cannabinoids | | | |
| | **MLs** | | **Bottle Name** | **thc** | **cbd** | **cbda** | **thca** | **cbg** | **cbga** | **cbn** | **cbc** |
| | **0.1** | 1 | THC35 | 3.5 | 0.06 | 0 | 0 | 0.14 | 0 | 0.05 | 0.05 |
| | **0.05** | 2 | CBD30 | 0 | 2.05 | 0 | 0 | 0 | 0.25 | 0 | 0.1 |
| | **0.1** | 3 | THCA21 | 0.15 | 0 | 0 | 2.1 | 0 | 0 | 0 | 0 |
| | **0.1** | 4 | CBDA15 | 0 | 0.362 | 1.625 | 0 | 0 | 0 | 0 | 0 |
| | | | Total Cannabinoids in the dose | 3.65 | 2.472 | 1.625 | 2.1 | 0.14 | 0.25 | 0.05 | 0.15 |

**§2448-A. Municipal review of development**

The Commissioner of Public Safety, referred to in this section as "the commissioner," may register municipalities for authority to issue permits required by section 2448 under the following conditions. For purposes of this section, "municipal reviewing authority" has the same meaning as defined in Title 30-A, section 4366, subsection 7. [PL 2009, c. 364, §2 (NEW).]

**1. Projects.** A municipality registered pursuant to this section may review projects of public buildings as described in section 2448.
[PL 2011, c. 304, Pt. J, §1 (AMD).]

**2. Registration.** The commissioner shall register municipalities to grant permits for projects under subsection 1 if the commissioner finds that the municipality meets all of the following criteria.

A. A municipal building official has been appointed pursuant to section 2351-A. [PL 2011, c. 94, §3 (AMD).]

B. The municipality has an employee that is certified as a plan reviewer by the National Fire Protection Association. [PL 2009, c. 364, §2 (NEW).]

C. The municipality has adopted by reference the fire codes adopted by the Office of the State Fire Marshal pursuant to sections 2452 and 2465. [PL 2009, c. 364, §2 (NEW).]

D. The municipality has adequate resources to administer and enforce the provisions of the fire codes under paragraph C. [PL 2009, c. 364, §2 (NEW).]

E. The procedures for public hearing and notification have been established including:

(1) Notice to the commissioner upon receipt of an application, including a description of the project;

(2) Notice of issuance and denial to the applicant and commissioner, including the reason for denial;

(3) Public notification of the application and any hearings; and

(4) Procedures for public hearing. [PL 2009, c. 364, §2 (NEW).]

F. The procedures for appeal of local decisions by aggrieved parties are defined. [PL 2009, c. 364, §2 (NEW).]

G. A registration form, provided by the commissioner, has been completed and submitted by the municipality, demonstrating compliance with the criteria under this subsection. [PL 2009, c. 364, §2 (NEW).]

H. The municipality is currently enforcing the Maine Uniform Building and Energy Code. [PL 2009, c. 364, §2 (NEW).]

The Department of Public Safety shall publish on its publicly accessible website a list of those municipalities that are registered pursuant to this subsection.
[PL 2011, c. 94, §3 (AMD).]

**3. Current requirements.** A municipality registered under this section shall ensure that its municipal regulations continue to meet the criteria listed in subsection 2.

A. The commissioner shall immediately notify a registered municipality of new or amended rules. [PL 2009, c. 364, §2 (NEW).]

B. A municipality shall adopt amendments to its municipal regulations within one calendar year of the effective date of new or amended rules adopted by the Department of Public Safety. Within 45 days of the adoption of the amended municipal regulations, the municipality shall submit the amendments for approval by the commissioner. [PL 2009, c. 364, §2 (NEW).]

[PL 2009, c. 364, §2 (NEW).]

**4. Suspension of registration.** If the commissioner finds that a municipality no longer meets the criteria under subsection 2, or is not adequately implementing those requirements, the commissioner may suspend the registration under subsection 2 and shall immediately notify the municipality. The notice must contain findings of fact and conclusions of law. If the registration is suspended, the commissioner shall provide the municipality with the necessary procedures to come into compliance with this section.
[PL 2009, c. 364, §2 (NEW).]

**5. Central list of pending projects.** The commissioner shall maintain and make available a list of projects that are pending municipal review under this section.
[PL 2009, c. 364, §2 (NEW).]

**6. Technical assistance.** The commissioner may provide technical assistance to municipalities upon request for projects reviewed under this section.
[PL 2009, c. 364, §2 (NEW).]

**7. Application review process.** Upon determination by the municipal reviewing authority that an application for a permit or permit amendment under this section is complete for processing, the municipal reviewing authority shall submit to the commissioner within 14 days of that determination a copy of the project application.

A. [PL 2011, c. 304, Pt. J, §2 (RP).]

B. [PL 2011, c. 304, Pt. J, §2 (RP).]
[PL 2011, c. 304, Pt. J, §2 (RPR).]

**8. Record of review and basis for decision.**
[PL 2011, c. 304, Pt. J, §3 (RP).]

**9. State jurisdiction.** The Department of Public Safety shall review projects and exercise jurisdiction for a registered municipality if:

A. The municipal reviewing authority in which the project is located petitions the commissioner in writing; or [PL 2009, c. 364, §2 (NEW).]

B. The proposed project is located in more than one municipality. [PL 2009, c. 364, §2 (NEW).]
[PL 2009, c. 364, §2 (NEW).]

**10. Joint enforcement.** A permit or permit amendment issued by a municipal reviewing authority may be enforced by either the commissioner or the municipality that issued the permit or permit amendment.
[PL 2009, c. 364, §2 (NEW).]

SECTION HISTORY

PL 2009, c. 364, §2 (NEW). PL 2011, c. 94, §3 (AMD). PL 2011, c. 304, Pt. J, §§1-3 (AMD).


# Appendix D — Fourth Workgroup Meeting Materials

Meeting Date: November 30, 2021
Video Location: https://www.youtube.com/watch?v=lTrzfWygu7A
Transcript Location: https://www.maine.gov/dafs/omp/workgroup

# AGENDA

**Medical Marijuana Workgroup**

**Date: 11/30/21**
**2:00pm-4:00pm**

**Attendees:** See Reverse

**Please Review:** Materials Added to Workgroup Website: https://www.maine.gov/dafs/omp/workgroup

| Time | Activity | |
|---|---|---|
| **2:00-2:03pm** | Introductions | All Workgroup Members |
| **2:03-2:05pm** | Brief Recap of Third Meeting<br>• One-on-One Follow-Up Discussions with Workgroup Members | Erik Gundersen |
| **2:05-2:20pm** | Consensus Check: Report Back to Maine Legislature<br>• Patient Access: Patient Confidentiality, Digital Certifications, Pediatric Certification Process<br>• Patient Education: Online Resources<br>• One Card for Caregiver Assistants | Erik Gundersen |
| **2:20-2:50pm** | Discussion: MMMP Program Enhancements<br>• MMMP Definitions: Small vs. Commercial Caregivers; Business Entities | All Workgroup Members |
| **2:50-3:10pm** | Discussion: MMMP Program Enhancements<br>• Inventory Tracking | All Workgroup Members |
| **3:10-3:25pm** | Discussion: MMMP Program Enhancements<br>• Packing and Labeling | All Workgroup Members |
| **3:25-3:40pm** | Continued Discussion: MMMP Program Enhancements<br>• Local Control and Confidentiality | All Workgroup Members |
| **3:40-3:50pm** | Consensus Check: MMMP Program Enhancements<br>• OMP Testing Proposal | Erik Gundersen |
| **3:50-4:00pm** | Fifth Workgroup Meeting, Report to the Maine Legislature and Future MMMP Rulemaking | Erik Gundersen |
| **4:00pm** | Adjourn | |

**Workgroup Membership**
Representing Registered Caregivers:

- John Black, Earth Keeper Cannabis, LLC
- Catherine Lewis, Homegrown of Hallowell, LLC
- Paul T. McCarrier, 1 Mill
- Susan Meehan, Mae's Mamas Supplements and Consulting
- Joel Pepin, JAR Cannabis Company and SJR Labs
- David Vickers, ORIGINs, Shwaggle Farms, and Sundown Beverage Co.

Representing Registered Dispensaries:

- Joshua Quint, Canuvo
- Heather Sullivan, Curaleaf

Representing Testing Facilities:

- Barry Chaffin, Nova Analytic Labs

Representing Product Manufacturers:

- Alex McMahan, The Healing Community MEDCo

Representing Qualifying Patients:

- Patricia Callahan
- Michelle Caminos, EdD, RN
- Sean McDonough, RN, BSN

Representing Relevant Health Care Professionals:

- Jamie Comstock, Bangor Public Health
- Julie Milliken, MSN, APRN, FNP-c, ENP-c., Maine Medical Certifications, LLC.

Representing Municipalities:

- Christopher Beaumont, City of Portland
- Rebecca McMahon, Esq., Maine Municipal Association

# SAF

Marijuana consumption is prohibited to anyone under 18 years old.

THC is the chemical in marijuana that makes a person feel high.

Concentrations of THC can vary widely and is based on multiple factors.

Marijuana products may take 2 - 4 hours after consuming to take full effect. If it is your first time using, be cautious of eating too much of a marijuana edible as it may lead to unwanted effects.

Laws prohibit driving under the influence of marijuana. Driving high may result in an OUI.

Store marijuana products safely. Store them out of reach of children and pets.

Marijuana has harmful effects on brain development, which continues through the age of 25.

Using marijuana while pregnant or breastfeeding may be harmful to your baby.

Call for help if you've consumed too much, or suspect a child or pet has accidentally consumed marijuana.
**Call the Poison Control Hotline: 1-800-222-1222**

FMI: Bridget Rauscher at bnevers@portlandmaine.gov

Public Health
Prevent. Promote. Protect.
Portland Public Health Division
City of Portland, Health and Human Services Department

CONGRATULATIONS ON GETTING YOUR MEDICAL CARD
AND THANK YOU FOR USING MAINE MEDICAL CERTIFICATIONS, LLC

**PRECAUTIONS – MUST READ AND FOLLOW - CONTACT US IMMEDIATELY WITH ANY QUESTIONS*****

As we are issuing your MMMP certification we are officially establishing [or re-establishing if renewing] a bona fide medical provider-patient relationship. This means we have a relationship in which **Julie Milliken, CNP** (or her designated nurse practitioner) **of Maine Medical Certifications, LLC is the treating medical provider who will have ongoing responsibility for the assessment, care, and treatment of you as a qualifying patient with a debilitating medical condition with respect to the medical use of medicinal cannabis.**

**Plan of care:** This medical provider has determined that the length of time that the medical use of marijuana is needed for the treatment of your debilitating medical condition will be at least one year. Prior to issuing you a written certification, this medical provider has certified that it is this provider's professional opinion that you as the patient are likely to receive therapeutic benefit from the medical use of marijuana to treat or alleviate your debilitating medical condition as detailed separately.

**This provider is not assuming responsibility for any other aspect of your medical care. You must continue to have routine medical care and specialized care by your usual primary care providers and specialists.** This provider is participating in your medical care as your medical marijuana recommendation provider. This provider is available to you for ongoing monitoring of your progress and re-attestation of continued need for marijuana products at least once annually. You attest you have been offered one on one counseling services to discuss specific product and dosing recommendations to help treat your qualifying conditions. Alternative therapies for your conditions have been discussed if applicable. Please make sure that your primary care provider and all other medical providers are aware of your cannabis use. If you are suffering from a substance use disorder and need help, please let the practitioner know. **If you [the qualifying patient] have a name change or address change, you must secure an updated written certification from the provider with the correct name and/or address on it. Any written certification that has not been updated within 30 days to correct outdated patient information is considered invalid**.

- Medical Cannabis is used in treating debilitating medical conditions, defined as limiting life activities.
- The use of cannabis may affect coordination and cognition and may impair your ability to drive or engage in potentially hazardous activities. It is suggested to wait 2-4 hours after cannabis use before operating equipment or motor vehicle.
- Patients may experience side effects from cannabis use such as: dry mouth, dry eyes, lowered/higher blood pressure, lowered sugar levels, cold sensation in extremities, increased heart rate, anxiety, and fatigue. It is recommended to use the lowest dose needed to help relieve patients' symptoms to avoid unpleasant side effects.
- Some patients may experience symptoms when stopping long term cannabis therapy such as insomnia, restlessness and loss of appetite that usually resolve quickly.
- Cannabis therapy should be avoided while pregnant or breastfeeding. Please seek the advice of your physician/pediatrician.
- Cannabis may have interactions with other medications such as blood thinners, certain blood pressure and statin medications.
- Use caution when obtaining your medical cannabis. Ask provider questions around growing practices such as testing, pesticide use etc.
- Cannabis is Federally illegal. Do not ship in the mail or cross state or international lines with cannabis.
- Cannabis should be safely kept out of reach of children and pets.
- Drink extra water while using cannabis as cannabis can be dehydrating.

***We recommend a follow appointment as needed, but at least once a year. You must be seen at least annually for a renewal of your cannabis certification. In between certifications, you may experience changes in your health that may suggest changes to your medical cannabis therapy. Please contact us at any time to discuss these changes and to address any concerns you may have! Julie Milliken FNP (207)-203-9029**

CONGRATULATIONS ON GETTING YOUR MEDICAL CARD
AND THANK YOU FOR USING MAINE MEDICAL CERTIFICATIONS, LLC

**While cannabis is allowed without a medical certification, certified patients with a medical card are better protected and there are benefits to renewing each year!**

- Certified patients have an affirmative defense in court should law enforcement be involved.
- Certified patients pay less sales tax than those in adult use program.
- Certified patients have greater protection against discrimination due to their cannabis therapy.
- Certified patients are not limited on the per dose of cannabis they purchase.
- Certified patients may acquire greater than 5 grams of concentrate to treat their illness if needed.
- Certified patients are guided by their provider to help them achieve better health with cannabis therapy.
- Patient certifications are held in confidence between you and your practitioner. Only non-identifying information may be shared with the State of Maine.

<u>As a certified cannabis patient, you have 3 options to acquire your cannabis.</u>

1. You may grow your own (6 flowering, 12 vegetative and unlimited seedlings or clones under 24 inches). If you are over 21 you may also be able have 3 adult use plants. Plant must be labeled appropriately with driver's license number on adult use and MMMP patient number on patient plants. Plants must be kept separately. 6ft privacy fence required around medical plants if grown outside. ***PLEASE REFER TO STATE GUIDELINES FOR COMPLETE UP TO DATE CURRENT RULES/LAWS WHICH CAN AND DO CHANGE.**
2. You may purchase from a State licensed caregiver or caregiver storefront.
3. You may purchase from any State licensed dispensary.

**<u>Patients must comply with all Maine State and Local laws which are subject to change so you must stay up to date on current regulations</u>**. State of Maine Law includes but is not wholly limited to:

- You may keep in your possession 2.5 ounces of cannabis, but you may possess up to 8 pounds of cannabis at home. (Please keep out of reach of children and pets)
- You may purchase up to 2.5 ounces at one time.
- You may not operate a motor vehicle while impaired of any medication including cannabis.
- You may not smoke in public or on State or Federal property.
- You must have permission from your landlord to grow or smoke on property that you rent.
- You may not cross State lines with cannabis as it is still Federally illegal.
- You may not sell cannabis to others without being a State licensed Caregiver.
- You may not give cannabis to others that may not be allowed to possess it. (A person must be 21+ years old to possess cannabis without a medical certification)
- All medical cannabis must be grown and stored in an enclosed locked area. If grown outside, it must be contained behind a locked 6ft privacy fence or locked greenhouse. Patients participating in the MMMP may also participate in the Adult Use program if at least 21 years old

***** All of the statements and comments made in this notice are subject to change AND interpretation by the Maine Court system, Federal Law, and Federal Court system. At no point are we giving legal advice or making determinations on the law of the State of Maine or the United States. Please consult a lawyer if you have any questions regarding the medical use of cannabis or any derivation thereof. Any legal statement made hereunder is the law as is understood by your cannabis professional and not as it would be interpreted by the courts of the state of Maine or federal jurisdictions.**

******At no point is your medical cannabis provider promising any beneficial effects from the use of cannabis, nor are they guaranteeing medical benefit from their product. As with any prescribed therapy, it may help, but they cannot know for certain what will work and what will not.**

**Should you need further assistance or to see the nurse practitioner again for any reason please call us at (207)-203-9029 or visit us at our permanent physical location at 393 Western Avenue, Augusta, Maine.**

JANET T. MILLS
GOVERNOR

STATE OF MAINE
OFFICE OF MARIJUANA POLICY
162 STATE HOUSE STATION
19 UNION STREET
FIRST FLOOR
AUGUSTA, MAINE 04333-0162

ADMINISTRATIVE & FINANCIAL SERVICES

KIRSTEN LC FIGUEROA
COMMISSIONER

OFFICE OF MARIJUANA POLICY

ERIK GUNDERSEN
DIRECTOR

To: Medical Marijuana Workgroup Members
From: Director Erik Gundersen, Office of Marijuana Policy
Date: Monday, November 29, 2021
Subject: Discussion Draft of Medical Marijuana Testing Protocols

*Background*

Since the convening of the Medical Marijuana Workgroup in September, we have stressed that it should be our intent to prioritize both Maine patients and Maine businesses while developing standards that work for all interested stakeholders. One of the topics that has received the most attention around our discussions on patient centrism has been the implementation of testing in the Maine Medical Use of Marijuana Program (MMMP).

The contents of this memorandum are intended to outline and serve as a discussion draft for a potential recommendation which could be provided to the Second Regular Session of the 130th Maine Legislature.

*Testing Proposal for Discussion*

**Who are the potential registrants affected?**

- To be determined, subject to further discussion by the Workgroup.

**What is tested? What analytes are included in required testing?**

- Tested: Harvested marijuana, in its final form, that is available for sale to patients.
- Required Analytes by Product Category:

| Flower | Concentrates: | Edibles: |
|---|---|---|
| Potency/Cannabinoid Profile; Water Activity; Mold and Mildew; Harmful Microbes (2022); Pesticides (2023) | Potency/Cannabinoid Profile; Homogeneity; Residual Solvents (2022); Pesticides (2023) | Potency/Cannabinoid Profile; Homogeneity; Water Activity (for solid/semi-solid and capsules) (2022); Pesticides (2023) |

**Where and when does testing occur?**

- Harvested marijuana must be analyzed by Marijuana Testing Facilities certified by the Maine Center for Disease Control and Prevention.
- Testing for mandatory analytes occurs prior to product being made available for sale to certified patients.
- Standards and detection limits for required analytes would mirror those in the Adult Use Marijuana Program (AUMP).

**What would OMP's audit sampling look like?**

- Audit samples would be subject to analysis for the same analytes and detection limits as those undertaken in the Adult Use Marijuana Program (AUMP) at the time the sample is collected.
- If selected for random audit sampling, MMMP registrants would be responsible for the costs of the analysis once a year.
    - Registrants whose inventory fails random audit sample testing would be subject to an additional battery of tests at their cost.
    - OMP may engage in additional audit sample testing, at its own expense, at any time.

**What happens if a sample fails either mandatory or random audit sample testing?**

- OMP is notified of failed tests by the Marijuana Testing Facility engaged in the analysis.
- Harvested marijuana which fails mandatory testing may be retested or remediated in accordance with the same standards as defined for AUMP products.

**How will packaging and labeling standards for the medical program change?**

- Harvested marijuana which is available for sale to patients would include a simple statement that the product "Passed Mandatory Testing."
    - The inclusion of "Passed Mandatory Testing" would not excuse a licensee from compliance with any other packaging and labeling requirement, including requirements regarding the disclosure of the cannabinoid content or potency of any cannabinoids in the harvested marijuana.
- In the course of conversation with the Workgroup, if certain registrants are deemed to be exempt from required testing, their packaging and labeling should include a statement that indicates the contents have not been tested.


# Appendix E — Fifth Workgroup Meeting Materials

Meeting Date: December 14, 2021
Video Location: https://www.youtube.com/watch?v=G08LWMhRhLo
Transcript Location: https://www.maine.gov/dafs/omp/workgroup

# AGENDA

**Medical Marijuana Workgroup**

**Date: 12/14/21**
**2:00pm-4:00pm**

**Attendees:** See Reverse

**Please Review:** Materials Added to Workgroup Website: https://www.maine.gov/dafs/omp/workgroup

| Time | Activity | |
|---|---|---|
| **2:00-2:03pm** | Introductions | All Workgroup Members |
| **2:03-2:05pm** | Brief Recap of Fourth Meeting<br>• One-on-One Follow-Up Discussions with Workgroup Members | Erik Gundersen |
| **2:05-2:20pm** | Discussion: MMMP Program Enhancements<br>• Workgroup Member Feedback – Testing Proposal | All Workgroup Members |
| **2:20-2:25pm** | Consensus Check: MMMP Program Enhancements<br>• Testing Proposal | All Workgroup Members |
| **2:25-2:45pm** | Discussion: MMMP Program Enhancements<br>• Workgroup Member Feedback – Tracking Proposal | All Workgroup Members |
| **2:45-2:50pm** | Consensus Check: MMMP Program Enhancements<br>• Tracking Proposal | All Workgroup Members |
| **2:50-3:05pm** | Continued Discussion: MMMP Program Enhancements<br>• Local Control | All Workgroup Members |
| **3:05-3:10pm** | Consensus Check: MMMP Program Enhancements<br>• Local Control | All Workgroup Members |
| **3:10-3:35pm** | Discussion: Rulemaking<br>• Areas of Agreement<br>• Overall Timeline | All Workgroup Members |
| **3:35-4:00pm** | Discussion: Legislative Report<br>• Progress<br>• Findings<br>• Recommendations | All Workgroup Members |
| **4:00pm** | Closing Remarks – Adjourn | Erik Gundersen |

**Workgroup Membership**
Representing Registered Caregivers:

- John Black, Earth Keeper Cannabis, LLC
- Catherine Lewis, Homegrown of Hallowell, LLC
- Paul T. McCarrier, 1 Mill
- Susan Meehan, Mae's Mamas Supplements and Consulting
- Joel Pepin, JAR Cannabis Company and SJR Labs
- David Vickers, ORIGINs, Shwaggle Farms, and Sundown Beverage Co.

Representing Registered Dispensaries:

- Joshua Quint, Canuvo
- Heather Sullivan, Curaleaf

Representing Testing Facilities:

- Barry Chaffin, Nova Analytic Labs

Representing Product Manufacturers:

- Alex McMahan, The Healing Community MEDCo

Representing Qualifying Patients:

- Patricia Callahan
- Michelle Caminos, EdD, RN
- Sean McDonough, RN, BSN

Representing Relevant Health Care Professionals:

- Jamie Comstock, Bangor Public Health
- Julie Milliken, MSN, APRN, FNP-c, ENP-c., Maine Medical Certifications, LLC.

Representing Municipalities:

- Christopher Beaumont, City of Portland
- Rebecca McMahon, Esq., Maine Municipal Association

# Testing Proposal Feedback - Patient Representative Patricia Callahan

I am writing this email to provide feedback for the attached testing proposal. Implementing testing standards in a medical marijua program that has existed for over 20 years without them is a tremendous challenge involving the interests of a variety of stakeholders. I very much appreciate OMP staff's time and efforts in producing such a balanced approach. This approach moves the program toward patient safety in a timeframe that allows industry participants to adjust their business models accordingly.

As a patient representative in this workgroup, my primary concerns are patient safety and medicinal efficacy. From that perspective, I would obviously prefer stricter standards implemented more quickly, but I understand the need for moderate compromise and transitional periods when implementing significant change. Again, I applaud the thoughtful process behind this proposal.

My only suggestion for improvement would be for the labeling requirements. Patient education is a key component of patient safety. Informed patients are increasingly able to protect their own safety and health interests in any medically-related situation, and labels are an opportunity for a teachable moment with patients. Many do not know the gamut of problematic elements commonly associated with cannabis and cannabis products.

If the labels were to read: Passed Mandatory Testing For (include analytes); not yet required to test for other analytes, patients would be more inclined to learn about what might be in their medicine. People can't ask questions they don't know to ask, and as I have discussed in the workgroup, I frequently hear and read about people assuming medical marijuana products are tested at least to the same standards as adult use. The phrase "Passed Mandatory Testing" may confuse patients who would assume that testing meets the same standards found in the adult use program. Further, a similar level of possible analyte disclosure on the "Not Tested" labels used by exempt participants would encourage patients to ask their providers about growing and harvesting practices, etc.

Thank you for the opportunity to offer this feedback, as well as the time spent preparing this proposal and hosting this workgroup.

**The Healing Community MEDCo**
40 Lisbon Street
Lewiston, Maine 04240
(866) 42-MEDCo

12 December 2021

Medical Marijuana Workgroup,

I appreciate the opportunity to participate in the Medical Marijuana Workgroup and to express my concerns in the form of constructive feedback. My concerns regarding the Testing Proposal are as follows:

I believe my first point is already covered in the Proposal, however I want to touch on it anyway to be sure, since I believe it to be important. Testing for Potency/Cannabinoid Profile, Water Activity, Mold and Mildew, Harmful Microbes, Homogeneity, and Pesticides should only be required at one point throughout the supply chain for each individual product. I believe this is the intended case, as the Testing Proposal states, “harvested marijuana, in its final form, that is available for sale to patients.” However, some of these analytes for which testing is allowed in multiple categories would most logically be tested for only at certain particular steps of the supply chain, including Pesticides, Water Activity, and Homogeneity (if Homogeneity is to be included at all).

Logically, Pesticides should be tested for at the flower stage, as opposed to testing for Pesticides at the point where the product is in its final form. To not do so would only cause problems, as manufactures may purchase flower that has not been tested for Pesticides in order to turn it into concentrates, then turn that concentrate into edibles, then test the product in its final form only to fail the testing requirements for Pesticides. This equates to a large amount of unnecessary work and expense for the products manufacturers to ultimately bear the punishment and expense for mistakes made at the first step of the supply chain. Pesticides testing should logically only be required at the Flower stage, not upon final form. Water Activity should only be tested for at the Flower stage, and even this should be voluntary, not mandatory. From a products manufacturing standpoint, I cannot see any reason why Water Activity should be necessary at the edibles stage for solid/semi-solid and capsules. I am open to learning more about why this should be considered necessary, but with my current knowledge and understanding of the different processes and end products, I am having a hard time seeing how testing for Water Activity in edibles has any effect on public safety.

I also have serious concerns that the regulators are not interpreting the word homogeneity correctly, and that this interpretation has the potential to be changed at any moment if the District Attorney has a closer look at the practice of testing for homogeneity. The testing labs are currently testing for Homogeneity by testing three samples and ensuring that all

three samples are within the same range. I believe this is homogeneity of a *batch* but not homogeneity of a *product.* Homogeneity is defined by Merriam-Webster as “the quality or state of being of a similar kind or of having a uniform structure or composition throughout.” This means that in order for a product to be homogeneous, it would have to be of uniform structure or composition throughout. Here is a non-exhaustive list of products that currently exist on the market that could be considered to be nonhomogeneous:

- Chocolate chip cookies (the chips would make the whole edible non-homogeneous)
- Any cookie, brownie, cake, pastry, granola bar, cereal bar, or other edible containing any chips, chunks, flakes, icing, toppings, or mixings.
- “Diamonds with sauce” (THCA crystalline with terpenes) (the THCA crystalline is of a different composition than the terpenes)
- Caviar (or any other product that is not of uniform structure or composition throughout)
- Moon rocks (flower coated in concentrate and kief)
- Infused and/or coated prerolls

True homogeneity, as pointed out by the application of the definition, should not be considered at all, as it would be far too limiting. I believe this term to be far too restrictive for the cannabis industry based on current widely available and popular products. I believe the better way to meet the intent of the legislation would be to specify either homogeneity of batches (for concentrates), or *homogeneity of servings* (for edibles). Homogeneity of servings would still provide the framework for consumers to be able to reasonably expect the same dosage from serving to serving, which I understand to be the goal of the legislature, while not stifling the creativity and diversity of products in Maine’s medical cannabis industry.

The other major issue I see with the Testing Proposal is the proclaimed “agreement that dispensaries and caregiver retail stores were considered the larger operators of the medical program” and that we should “consider this testing proposal as applying to the harvested marijuana made available to patients through these particular retail avenues.” I don’t have an issue with this pertaining to my company in particular, however I think if the purpose of creating the two classifications of caregivers is to allow the smaller caregivers to continue to participate in the market without having to incur the added expense that the larger caregivers would be incurring (in this instance, mandatory testing) then I believe we are missing the mark. I believe the smaller caregivers would still end up being pushed out of the market in this scenario, because stores would simply opt to carry pre-tested products (i.e. from larger caregivers) instead of having to incur the testing expense themselves for the sole sake of supporting a smaller caregiver while there are plenty of options on the market that would still fill their shelves and at lower prices. The consumer base has largely migrated their purchasing to stores, so if the stores are only buying tested products, the smaller caregivers wouldn’t make it to the end consumer and would ultimately go out of business. If creating another category of caregivers that are exempt from mandatory testing only ends up pushing the testing requirements onto other businesses, then I see no reason to do it at all, as the market (instead of regulations) would then dictate the need for testing from the smaller wholesaling caregivers. If we are trying to make an effort to protect Maine’s cottage cannabis industry and smaller growers, we are doing them a substantial disservice by creating regulations that would ultimately cause them to not be able to compete anyway, albeit through a roundabout way.

It is also my (potentially unconventional, yet well informed) belief that potency testing for flower and concentrates is unnecessary. Before I make this point, I would like to make it clear that I *do* believe potency testing is necessary for edibles, considering edibles are

absorbed differently and a difference in dosage makes a huge difference in effects. However, for concentrates and flower, this is simply not always the case; and I believe the risk to public safety is greater by perpetuating the false expectation that flower or concentrates with lower THC content get you “less high.” If a beginner level consumer were shopping cartridges and decided to go with a live resin cartridge (which has become exceedingly popular) instead of a distillate cartridge due to the live resin cartridge category consistently testing in the 55-75% THC range and the distillate cartridge category consistently testing in the 75-95% range, and if they based this decision on wanting to be “less high,” they would be making a severe mistake, as the broad spectrum nature of the live resin cartridge is invariably going to cause much greater effects than the distillate counterpart. The same can be said for concentrates that are sold by the gram and not in cartridges, and the same can be said for flower. As we as an industry have learned over the past few years, THC content is far from everything. Due to the entourage effect, the overwhelming amount of evidence now shows that it is the *overall cannabinoid and terpene profile* that truly dictate the nature of the high, not just the THC. Now, THC content is certainly still important for a small portion of consumers, particularly microdosers. However, this is not a reason to apply a sweeping regulation across the entire industry. If it’s not made mandatory, some companies will still choose to test for THC, just like some companies in the medical sector choose to do now; leaving plenty of options for microdosers and other consumers that choose to shop based on THC content to continue to do so. By requiring cannabinoid testing, there is no question that prices will go up, thereby decreasing patient access and pushing more people back to the illicit market.

As a proud business owner and resident of Maine, I am grateful for the opportunity to present these concerns, and grateful for your careful consideration. I look forward to continuing to work with the Medical Marijuana Workgroup to further develop a healthy and sustainable framework for the operation of medical marijuana businesses aligned with the modern understanding of how cannabis works.

Best Regards,

**Alex McMahan**
The Healing Community MEDCo
alex@thcMEDCo.com

# Testing Proposal Feedback - Caregiver Representative Joel Pepin

I am responding to David's email below with my formal written comments on the testing proposal for Maine's Medical Marijuana Program. Here are my thoughts:

1. I believe that some degree of testing should be required for all products sold by commercial operators (caregiver storefronts, dispensaries and potentially 'commercial' style caregiver delivery services).
2. I agree that all products sold through retail dispensaries or retail caregiver storefront avenues should be tested.
3. To my knowledge there are some larger commercial caregivers that distribute into the market via delivery service direct to patients or through wholesale to other caregivers/dispensaries. I would be in favor of expanding the 'commercial operator' definition to include any caregiver cultivating within the canopy sizes of 200-500 sqft or by plant count cultivating between 12-30 plants. If you are a caregiver cultivating within 200-500 sqft of canopy OR over 12 plants **without** a retail storefront, I would be in favor of requiring all harvested marijuana flower and concentrates produced under that caregiver's license be tested prior to wholesale transaction or delivery direct to the patient. That test result in my opinion would be sufficient for the source batches all the way through final sale - as to **not** require the receiving dispensary/caregiver retail storefront to retest the batch.
4. I support testing only harvested marijuana, in its final form that would be available to sell for patients.
5. I am not in support of testing requirements for marijuana trim, or oil that are transferred in bulk form between licensed cultivators and manufacturing facilities. I only support testing requirements for the final marijuana products created from marijuana trim or concentrates.
6. Analytes for testing: I am in agreement with most of the analytes listed in the Testing Proposal, **I would further suggest adding pesticides as a required testing analyte to Flower, Concentrates and Edibles.** For flower, I would suggest **not** requiring Water Activity and Moisture content. **I personally think pesticides should also be a required analyte to test for in the adult use market.**
7. With all of this said, I am concerned that the existing testing infrastructure in the State of Maine could and would become overwhelmed with the volume of tests that could potentially result from required testing in the Medical Marijuana program. With that said, I would suggest and be comfortable with a phased approach and roll out with medical testing, perhaps starting with randomized testing, and/or only requiring dispensaries and caregiver storefronts to required to test at the onset.

Please let me know if you have any questions.

JANET T. MILLS
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ADMINISTRATIVE & FINANCIAL SERVICES

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ERIK GUNDERSEN
DIRECTOR

To: Medical Marijuana Workgroup Members
From: Director Erik Gundersen, Office of Marijuana Policy
Date: Monday, December 13, 2021
Subject: Limited Tracking of Medical Marijuana Inventory by Certain Program Registrants

*Background*

Early in 2021, the Office of Marijuana Policy's (OMP) proposed rulemaking within the Maine Medical Use of Marijuana Program (MMMP) included provisions related to inventory tracking.

Since the convening of the Medical Marijuana Workgroup in September, OMP has benefited tremendously from discussions on a variety of topics, including the implementation of testing in the MMMP. The contents of this memorandum are intended to serve as a discussion draft for how inventory tracking could compliment mandatory testing within the MMMP while prioritizing Maine patients.

*Tracking Proposal for Discussion*

**Who are the potential registrants affected?**

- Registered Dispensaries
- Registered Caregivers operating Caregiver Retail Stores
- Registered Marijuana Testing Facilities
- Registrants voluntarily opting in

OMP estimates that this proposal would apply to 300-400 MMMP registrants out of approximately 3,100 total registrants. These individuals would be required to utilize OMP's statewide electronic portal for the purpose of implementing a mandatory testing model.

**What is tracked?**

- Plants cultivated by the registrant, harvested marijuana manufactured into edibles or concentrates, and products made available for sale to patients in a retail setting.
- Samples transferred to Registered Marijuana Testing Facilities for analysis.

**How are items tracked?**

- Registrants subject to tracking of their MMMP inventory would utilize OMP's statewide electronic portal.
- Registrants not subject to inventory tracking will utilize paper and/or digital record keeping on a form provided by the Department.

*Key Takeaways*

**Why is tracking being discussed?**

- With mandatory testing for certain products being considered by the Medical Marijuana Workgroup, inventory tracking is a critical tool to ensure that only tested product is made available to patients through a dispensary or caregiver retail store.
- Tracking provides important information on the size and volume of Maine's cannabis industry and is how OMP makes adult use sales data available to the public, policymakers, and the media.

**How much does tracking with Metrc cost?**

- The cost of the state's inventory tracking system is as follows: $40/month subscription fee and $0.45 per plant tag affixed to each marijuana plant and $0.25 per package tag affixed to packages of harvested marijuana.

*Conclusion*

OMP looks forward to discussing how a scaled down tracking proposal can support patients, Maine businesses, Maine's regulated medical cannabis industry with members of the Medical Marijuana Workgroup.

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ERIK GUNDERSEN
DIRECTOR

To: Medical Marijuana Workgroup Members
From: Director Erik Gundersen, Office of Marijuana Policy
Date: Monday, December 13, 2021
Subject: Approach to 2022 Rulemaking within the Maine Medical Use of Marijuana Program

*Background*

In early 2021, the Office of Marijuana Policy (OMP) commenced rulemaking related to the Maine Medical Use of Marijuana Program (MMMP). Ultimately, any changes to the program rules were delayed by the legislature, and OMP convened the Medical Marijuana Workgroup to—among other things—advise on improvements in Maine's medical cannabis program and fulfill the stakeholder engagement charges in Public Laws 2021, ch. 387 (LD 1242) and Resolves 2021, ch. 95 (LD 882).

The purpose of this memorandum is to provide you with a high-level summary of how OMP intends to approach MMMP rulemaking in 2022.

*OMP's Philosophy When Considering Future MMMP Rulemaking*

One of OMP's five guiding principles is to: "develop and institute regulations that are necessary, not over burdensome." The rules proposed by our office at the beginning of this year—while rooted in the underlying statutory language—were too much, too soon for too many.

OMP approached its 2021 medical marijuana rulemaking with information deficits. The knowledge and experience of the members selected to serve on the Medical Marijuana Workgroup has been invaluable to OMP as we have discussed improvements to the medical cannabis program in Maine. We have used the workgroup process as an opportunity to learn, and we intend to use the rulemaking process as an opportunity to clarify rules for all stakeholders while simultaneously looking at how best to approach mitigating the costs to both patients and registrants.

Our focus as a regulator should be to prioritize the needs of Maine patients and Maine businesses. We articulated this vision when convening the first workgroup meeting and commit to this focus now and into the future.

*What to Expect from the Proposed 2022 MMMP Rulemaking*

**What won't be in the rule?**

- Mandatory testing and the pediatric patient certification process, while subject to discussions by the workgroup, will not be part of the 2022 rulemaking.
    - These topics will be addressed in OMP's report back to the Maine Legislature.
- Operating plans and standard operating procedures, which were a requirement of previous rulemaking, will not be required by MMMP registrants.

- The vast majority of MMMP registrants will not be subject to additional security standards.
- The vast majority of MMMP registrants will not be subject to inventory tracking.
    - To be discussed further at December 14, 2021 workgroup meeting.
- Visitors (i.e. vendors and contractors) will not be required to be escorted by the registrant while working on the registered premises.
- Most language related to Maine-based patients and medical providers will be removed from the rule, with statutory language serving as the guide for interested parties.
- Registrants will no longer be required to report suspected illegal activity.
- All references to inspections by law enforcement without a warrant will be removed.

**What will be contained in the rule?**

- A definitive statement will be included in the rule clarifying that telemedicine is an acceptable forum for medical providers certifying patients.
- Relaxed security standards will apply to caregiver retail stores and registered dispensaries.
    - Security cameras may be motion activated rather recording 24 hours a day.
    - Lighting and cameras located at access points to dispensary cultivation area rather than the entirety of a cultivation area.
- Automatic registration of Adult Use Marijuana Program marijuana testing facilities to operate as MMMP testing facilities.
- Language clarifying the exceptions to authorized conduct that apply to visiting qualifying patients accessing Maine's medical cannabis program.
- Registered caregiver will be limited to one cultivation area.
- Language clarifying the type of business entity registered caregivers may operate, particularly in light of the recent availability of dispensary registrations.

**What is the anticipated timeline for rulemaking?**

- January 2022: Rulemaking public hearing.
- March 2022: Provisional adoption and filing with Maine Legislature.
- March 2022-April 2022: Legislative review and process.

*Conclusion*

OMP has benefited significantly from the work and discussions of the Medical Marijuana Workgroup. We believe that the knowledge and insight we have gained from this process will be reflected in the work product formally proposed for rulemaking in the medical cannabis program. At the same time, we understand that some individuals or groups may not agree with some, most, or all of the program rules that are developed by OMP.

While the work we have tasked this group with addressing may be coming to a conclusion, we hope and expect that members of this workgroup will remain involved in MMMP rulemaking through both the administrative and legislative processes. This will include a public hearing and written public comment period conducted by OMP during the Maine Administrative Procedures Act rulemaking process, as well as a public hearing and work session(s) conducted by the Joint Standing Committee on Veterans and Legal Affairs.