AGENCY RULE REPORT
75 OS § 303.1(E)
SUBMITTED TO THE GOVERNOR AND TO THE LEGISLATURE

1. **Date the notice of intended rulemaking was published in the Oklahoma Register:**
   November 15, 2024, Vol. 42 Okla. Reg., OAR Docket # 24-1149

2. **Name and address of the agency:**
   Oklahoma Medical Marijuana Authority,
   P.O. Box 262266,
   Oklahoma City, Oklahoma 73126

3. **Title and number of the rule:**
   Title 442. Oklahoma Medical Marijuana Authority
   Chapter 10. Medical Marijuana Regulations
   Subchapter 1. General Provisions
   442:10-1-4. Definitions [AMENDED]
   Subchapter 2. Medical Marijuana Licenses
   442:10-2-9. Prohibited acts and penalties [AMENDED]
   Subchapter 3. Transporter License
   442:10-3-1. License for transportation of medical marijuana [AMENDED]
   442:10-3-2. Requirements for transportation of marijuana [AMENDED]
   442:10-3-3. Transporter agent license [AMENDED]
   442:10-3-6. Inventory manifests [AMENDED]
   Subchapter 4. Research Facilities and Education Facilities
   442:10-4-1. License required [AMENDED]
   442:10-4-1.1. Responsibilities of the license holder [AMENDED]
   442:10-4-2. Licenses [AMENDED]
   442:10-4-3. Applications [AMENDED]
   442:10-4-4. Inspections [AMENDED]
   442:10-4-5. Inventory tracking, records, reports, and audits [AMENDED]
   442:10-4-6. Penalties [AMENDED]
   Subchapter 5. Medical Marijuana Businesses
   442:10-5-1. License required [AMENDED]
   442:10-5-1.1. Responsibilities of the license holder [AMENDED]
   442:10-5-2. Licenses [AMENDED]
   442:10-5-3. Applications [AMENDED]
   442:10-5-3.1. Proof of residency for commercial licensees [AMENDED]
   442:10-5-4. Inspections [AMENDED]
   442:10-5-4.1. Operational status visit [AMENDED]
   442:10-5-5. Processing medical marijuana on behalf of a patient or caregiver [AMENDED]
   442:10-5-6. Inventory tracking, records, reports, and audits [AMENDED]
   442:10-5-8. Food safety standards for processors [AMENDED]
   442:10-5-10. Medical marijuana waste disposal [AMENDED]
   442:10-5-16. Prohibited acts [AMENDED]
   Subchapter 6. Commercial Licensees
   442:10-6-1. General security requirements for commercial licensees [AMENDED]
   Subchapter 7. Packaging, Labeling, and Advertising
   442:10-7-1. Labeling and packaging [AMENDED]
   442:10-7-2. Prohibited products [AMENDED]
   442:10-7-3. Advertising [AMENDED]

Subchapter 8. Laboratory Testing
442:10-8-1. Testing standards and thresholds [AMENDED]
442:10-8-2. General operating requirements and procedures [AMENDED]
442:10-8-3. Sampling requirements and procedures [AMENDED]
442:10-8-4. Laboratory quality assurance and quality control [AMENDED]
Subchapter 9. Waste Disposal Facilities
442:10-9-1. License or permit required [AMENDED]
442:10-9-2. Licenses and permits [AMENDED]
442:10-9-3. License applications [AMENDED]
442:10-9-4. Permit applications [AMENDED]
442:10-9-5. Inspections [AMENDED]
442:10-9-6. Security requirements [AMENDED]
442:10-9-7. Audits and inventory [AMENDED]
442:10-9-9. Waste disposal [AMENDED]
Subchapter 11. Process Validation
442:10-11-1. Standards and requirements to achieve process validation [AMENDED]

4. Citation to the statutory authority for the rule:
Executive Director of the Oklahoma Medical Marijuana Authority; 63 O.S. § 426.1, 63 O.S. § 427.14, 63 O.S. § 427.14b, 63 O.S. § 427.14c, 63 O.S. § 427.17, and 63 O.S. § 431.1.

5. Citation to any federal or state law, court ruling, or any other authority requiring rule:
Executive Director of the Oklahoma Medical Marijuana Authority; 63 O.S. § 426.1, 63 O.S. § 427.14, 63 O.S. § 427.14b, 63 O.S. § 427.14c, 63 O.S. § 427.17, and 63 O.S. § 431.1.

6. Brief summary of the content of the adopted rule:
The proposed permanent rules implement legislative changes mandated by HB 3361, SB 758, SB 1635, SB1939, and address changes in state statute under 63 O.S. § 422, 426.1, 427.2, 427.14, 427.14b, 427.14c, 427.17, and 431.1. The permanent rules are intended to provide a structure for the implementation of these legislative requirements.

Changes to required application materials like certificates of occupancy or ownership transfers, pursuant to SB1635 and SB1939, occur at OAC 442:10-3-1(c-e), OAC 442:10-4-2(c)(2); OAC 442:10-4-2(e)(A)(i); OAC 442:10-4-3(e); OAC 442:10-5-2(c); OAC 442:10-5-2(e); OAC 442:10-5-3(e)(8-9); and OAC 442:10-9-3(e)(9). New definitions for “change of ownership request”, “license transfer application”, “location change request”, and “name change request” provide clarification of the new ownership transfer requirements pursuant to SB1939 and are added to definitions at OAC 442:10-1-4. Updated timeframes to submit renewal applications pursuant to SB1939 are incorporated at OAC 442:10-4-2(c)(6) and OAC 442:10-5-2(c)(5). Specific location prohibitions regarding multiple licenses of the same type pursuant to SB1939 are added to OAC 442:10-5-2(b)(2). Amendments regarding ownership transfers pursuant to SB1939 are added to OAC 442:10-4-2(e); OAC 442:10-5-2(e); and OAC 442:10-9-2(e)(2). Language regarding the possession, sale, or transfer of medical marijuana upon expiration of a license are added to OAC 442:10-4-2(d); OAC 442:10-5-2(d); and OAC 442:10-9-2(d)(1) as required by SB1939. The requirement that employees wear or display their employee credential pursuant to SB758 is added at OAC 442:10-5-1.1(13)(C). Changes to laboratory testing requirements, including final form testing requirements pursuant to SB1635, occur at OAC 442:10-4-5(d)(2)(D); OAC 442:10-5-5(f); OAC 442:10-5-6(d)(2)(D); OAC 442:10-7-1(f)(4); OAC 442:10-8-1; OAC 442:10-8-2; OAC 442:10-8-3; OAC 442:10-8-4; OAC 442:10-9-7(b)(2)(D); and OAC 442:10-11-1(g)(2)(C). Rules requiring medical marijuana to be sold in pre-packaged quantities pursuant to HB3361 are added to OAC 442:10-7-1 and OAC 442:10-7-2. Specific prohibitions regarding opening pre-packaged products are added to OAC 442:10-5-16(s).

Amendments to streamline and clarify inventory manifest requirements are added to the rules at

OAC 442:10-3-6(a), OAC 442:10-3-6(b)(1); OAC 442:10-4-5(c)(2); OAC 442:10-4-5(d)(1)(G); OAC 442:10-5-6(d)(1)(H); and OAC 442:10-9-7(b)(1)(G). Amendments to OAC 442:10-4-2(g); OAC 442:10-5-2(g)(2-3); and OAC 442:10-9-2(g) reiterate that commercial license surrender requests are effective upon written approval by the Authority and clarify when the Authority may reject surrender requests. Amendments to OAC 442:10-5-1(a) state that all requirements of Oklahoma law and these Rules are continuing in nature and must be satisfied in order to retain licensure. OAC 442:10-6-1(c) is amended to clarify that commercial growers must maintain required commercial grower signage. Expanded testing requirements for pesticide analytes occur at OAC 442:10-8-1(i)(5). The requirement that dispensaries shall produce any and all COAs for products currently in the dispensary's inventory upon request of a licensed medical marijuana patient or caregiver is added to OAC 442:10-8-1(h). The requirement that processors verify patient license information when processing on behalf of a licensed patient is added to OAC 442:10-5-5. Amendments to labeling requirements at OAC 442:10-7-1(d)(11) provide clarification that if a package or container is relabeled, all initial labels must be completely removed before the new label is applied.

Clean up and clarification of existing rules occurs thought Chapter 10 of OAC 442. Definitions for "decontamination", "final product", "production batch", and "remediation" are amended, new definitions for "final harvest batch", "final production batch", and "tamper-evident" are added, and definitions are alphabetized at OAC 442:10-1-4. Record retention requirements are amended for consistency at OAC 442:10-3-2(c); OAC 442:10-3-6(f); OAC 442:10-4-5(c); OAC 442:10-5-4(h); OAC 442:10-5-5(b); OAC 442:10-5-6(b); OAC 442:10-5-6(b)(6); OAC 442:10-5-6(i)(1); OAC 442:10-5-10(b)(3); OAC 442:10-9-6(c)(1)(C); OAC 442:10-9-6(c)(2)(B); OAC 442:10-9-6(e); OAC 442:10-11-(f)(3). Amendments to ensure consistent application requirements occur at OAC 442:10-4-1(b), OAC 442:10-4-1.1; OAC 442:10-4-3(b), OAC 442:10-4-3(c)(12-14); OAC 442:10-4-2(h); OAC 442:10-5-3(f); OAC 442:10-9-3(c)(7-8); OAC 442:10-9-3(f); OAC 442:10-9-4(b)(9-10) and OAC 442:10-11-(d)(4). Amendments to ensure consistent language throughout all subchapters of the rules, including adding words where numbers are used, replacing dashes with commas, removing dates that have previously passed, and ensuring consistent verbiage throughout the rules, occur at OAC 442:10-2-9(a-b); OAC 442:10-3-3; OAC 442:10-4-4(b); OAC 442:10-5-1.1(7); OAC 442:10-5-2(b)(1); OAC 442:10-5-3(b); OAC 442:10-5-4(b-c); OAC 442:10-5-4.1(a); OAC 442:10-5-6(i)(7); OAC 442:10-7-2(b); OAC 442:10-9-1(b); OAC 442:10-11-(d)(1); and OAC 442:10-11-(j).

7. Statement explaining the need for the adopted rule:

The proposed permanent rules implement legislative changes mandated by HB 3361, SB 758, SB 1635, SB1939, and address changes in state statute under 63 O.S. § 422, 426.1, 427.2, 427.14, 427.14b, 427.14c, 427.17, and 431.1. The permanent rules are intended to provide a structure for the implementation of these legislative requirements. Amendments to streamline inventory manifest requirements and application materials are meant to simplify regulatory requirements for Oklahoma businesses, while amendments expanding the list of required pesticide testing and requiring dispensaries to produce copies of testing results (COAs) upon request ensure safe medical marijuana products for licensed patients in the state.

8. Date and location where rules were adopted:

Adopted by Adria G. Berry, the Executive Director of the Oklahoma Medical Marijuana Authority on January 29, 2025, pursuant to authority provided by Title 63 O.S. § 420-431.1, in the offices of the Oklahoma Medical Marijuana Authority.

9. Summary of the comments and explanation of changes or lack of any change made in the adopted rules as a result of testimony received at public hearings:

The Authority received 283 comments: 24 verbal and 259 written. Of the comments received, 197 comments (70%) addressed prepackaging requirements pursuant to HB3361 (2024). These

prepackaging comments can be further broken down into specific concerns– 128 regarding the inability to see or smell medical marijuana, 56 regarding quality of flower or mold, 45 about increased cost, 23 regarding excessive packaging and the environmental impact; 17 regarding the quantities of packages allowed; 16 concerned about increasing the black market, 7 concerns over supply chain, 5 regarding returning products, and 1 encouraging desiccant packs. There were 46 comments (16%) about testing, some addressing final form testing requirements pursuant to SB1635 (2024), some addressing increased pesticide testing requirements. 6 comments addressed renewal timeframes or late renewal fees pursuant to SB1939 (2024), 5 comments about the require grower bond pursuant to SB913 (2023), 4 comments on Certificate of Occupancy (COO) requirements pursuant to SB1635 (2024), 4 comments about the license transfer process pursuant to SB1939 (2024), 2 comments regarding the OSBI background check required by SB758 (2024), and individual comments about minimum employee safety trainings; record retention of documents when licensee moves physical location; security cameras; concerns of a husband abusing medical marijuana; exterior grow signage; homegrow plant amounts; business taxes; physician recommendations; patient possession limits; and license expiration date upon renewal.
Most of the comments related to statutory requirements from the recent legislation, with more comments about prepackaging requirements than another topic. The Authority has endeavored to respond individually to every single comment on OMMA's proposed permanent rules, even if the comment relates to proposed legislation or an existing statutory requirement that can't be changed by the agency.

There was a high volume of comments about prepackaging rules; however, the requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. Further, state statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. The Authority worked to ensure the proposed rule changes were limited to the statutory requirements outlined in state statute so as to minimize disruption on businesses and patients. By promulgating these rules seven months ahead of the bill's effective date of June 1, 2025, the Authority attempted to set clear expectations and communicate information to the industry to further limit disruption caused by the new prepackaging requirements. Based on public comments regarding returned products, the Authority made minor changes to our rules at OAC 442:10-3-6(g)(2), OAC 442:10-3-6(i), OAC 442:10-7-1(b) to clarify product that is eligible for return. Medical marijuana products that are defective or hazardous to the health of the patient may be returned to a dispensary at OAC 442:10-7-1(b). Medical marijuana or medical marijuana product that is rejected, refused, and/or sent back to the originating licensee upon rejection and/or refusal to accept delivery shall not be considered medical marijuana waste, provided the medical marijuana or medical marijuana product were immediately sent back to the originating licensee upon rejection and/or refusal to accept delivery, at OAC 442:10-3-6(g)(2), OAC 442:10-3-6(i), and OAC 442:10-7-1(b).

Based on public comments regarding testing requirements, the Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Testing for specific pesticide analytes and allowable thresholds shall be required until March 1, 2026 at OAC 442:10-8-1(5)(A)(i). Beginning March 1, 2026, testing for certain pesticide analytes and allowable thresholds at OAC 442:10-8-1(5)(A)(i) shall be required, replacing previous analytes and allowable thresholds in OAC 442:10-8-1(5)(A)(i). Beginning December 1, 2026, testing for additional pesticide analytes and allowable thresholds at OAC 442:10-8-1(5)(A)(ii) shall be required. These proposed permanent rules will expand the Agency's ability to protect the health and safety of all licensees by increasing the number of required pesticide analytes tested for. The Authority recognizes that there are costs of compliance associated with these additional pesticide testing requirements, but the amendments are necessary to ensure safe medical marijuana products for licensed patients in the state. To minimize

disruption on businesses and licensed patients, updated pesticide testing requirements will be phased in beginning March 1, 2026 and further expanded beginning December 1, 2026. The Authority also made changes to OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. The complete comments and responses are in Exhibit A.

10. List of persons or organizations who appeared or registered for or against the adopted rule at any public hearing held by the agency or those who have commented in writing before or after the hearing:

Caleb Neal	Laura English
Janis Deason	Debra Yacko
Hollie Mckinney	Chris Shafer
Jordan Jones	Randy Tipton
Richard Davis	Joshua Wilkes
Gregory Hardy	Jill Cole
Tyler Sawyer	Courtney hingey
Janis Burress	Verne Bowers
Dan E. Burress	Kevin D Hall
Susan Goodwin	Elizabeth Koelle
Steve Lewis	Mike Myers
Steven Dixon	Elizabeth Myers
Randy Fife	Enrique Miller
Wayne Jackson	Mark Sharp
Antony Hornberger	S M Freeman
Nika Sosnoskie	Thomas Russell
Ron Moore	cynthia derryberry
John Dungan	Jessica Bigbee
Dennis Nickel	Josh
Kandice Ford	Travis Williams
Peter Cornacchione	Carlena Freelove-Otwell
Carrie	Sarah Kirkhart
Travis	Roger Gabal
Zaw	Madison
Tyler Grunewald	Carla Davies
Sean Davis	John Wright
Timothy Eminger	Jay Carpenter
Dom	Kathleen Griffith
Duane Monks	Bonnie Wills
Becky McKim	Jon
Lisa Williams	A. Scott Fulkerson
Terrance Kaplanis	Alice Cuthers
Rand Fife	Paul Pappas
Tracy Lawrence	Chris
Lucy Gunter	Jennifer Z

Mary Lane Porter	Scott
Mollie Delp	tony
Joshua	Treavor Munoz
Pamela Cook Denwalt	Gale Choffin
Anthony Smith	Charles Crossland
Robert Brown	Sharina Berry
Marvin Dale Turner	Jessica Baker
Tracy Turner	Michael Crane
Michelle Roberts	Thomas Stiles
Tracy Neeley	Tiffiany jones
Tobie Bentley	Jameson Brittain
Virginia evans	Ted Baker
Jeffery Havard	Luis vega
Derrick Smith	Georgia King
Jennifer Watts	Jarrod Lucero
Mohammad Mirambeigui	Nicole Janowski
Ransom Martin	Ethan Blythe
Casey Fortune	Steven Robbins
Kaily Prince	Cherish Hornbeck
Heather Fry	Zachary McFarland
Jeremy Reed	Tiffany Salazar
Mila Pemberton	Matthew Dunham
Miya	Patty Moore
Megan Hill	Ashli Rosasco
Greg Knight	Ashli Rosasco
Brandon Pinney	Justin
R Holloway	Rob Keefe
Zachary Washecheck	Richard Boone
Christian Luera	David Rossbach
Blanca Miralda	Tiffany Bartel
Houston Dockter	David Zanon
Veta Robinson	Larry Francis
Dianna Snelson	Cynthia Jones
Justin Haury	Jim Corley
Patrick Dixon	Joseph Klinkerman
Jennie Luera	Brandon Mosley
Destiny	William A. English
Sarahi Hernandez	Highgrade Labs
Glynda	Eric Wheeler
Jeremy Woods	Kaylee Rogers
Rebecca Robinson	Glovanna Blackledge
Conner Long	Kat Wilbanks
Phalat Manivong	Daniel Sellers

Cole Alleman
Alyssa Sewell
Breezy Wallace
Deborah Nobl5
Valerie
Kody Wheeler-Barraza
Brian Hallum
Andy Mesta
Levi Artho
Stratton Blasingame
Melinda Musgrave
Sebastian Casas
Eric Bauer
John Taylor
anonymous
Jarrod Murray
Cole Anthony Whitaker
Josh Diehl
M Harper
Gary Roller
alec
Sharri McKelvey
Olivia Grider
John Fricke
Mike
Blair
Cathlene D Lyda
Carl Hanz
Jim McIntyre
Randy Querry
Jesse Murphy
Johnathan Sexton
Jessica
Reyna Wilcox
Becky Carter
Dustin Heidbreder
Michelle
David Savage
Jill Kitchen
Jon McQuillen
Lauryn
Hunter
Dan
RAY TINSLEY
Rhiannon Ross
Jason Oliver
Brie Truett
Lee Bayless
Alex Tang
Donna Allen
Emily Warner
Ryan Shelton
Nicholas Price
Bethany Stoltzfus
Felina Rivera
David Gilliland
CJ McLemore
Servando Hernandez
Sherman Hom
Shannon Crase
Judy Galluzzi
Bridget Callender
Lance Brooks
Alexa Silvers
Summer Parker
Julian
Ian Cameron
PCA
OKAF Inc
Pamela Esry
Jed Green
Jeremy Woods:
Stephen Blackburn
Summer Whiteman:
Tracy Turner
Kat Willbanks
Kristi ONeill
Matthew Phillips
Justin Wood
Brandy Frisbee
Shane Shriver
Becky Mckin
Ryan Crist
Miriam Bixby
Dalton Hillburn
Ben Cortez

Adam Waller Kyle King

11. Rule Impact Statement:
Attached to this report as Exhibit B.

12. Incorporation by reference statement:
None

13. Members of the governing board of the agency adopting the rules and the recorded vote of each member:
N/A.

Adopted by Adria G. Berry, the Executive Director of the Oklahoma Medical Marijuana Authority on January 29, 20254, pursuant to authority provided by Title 63 O.S. § 420-431.1, in the offices of the Oklahoma Medical Marijuana Authority.

14. Proposed effective date:
The proposed effective date will be ten (10) days after publication of the final adopted rule in the Oklahoma Register in accordance with 75 O.S. § 304.

15. **Additional information:**
Information regarding this rule may be obtained by contacting Ashley Crall, Director of Government Affairs, Oklahoma Medical Marijuana Authority, 2501 N. Lincoln Blvd., OK 73105, 405-568-5766. Ashley.Crall@omma.ok.gov.

EXHIBIT A

RULE COMMENT SUMMARY AND RESPONSE

TITLE 442. OKLAHOMA MEDICAL MARIJUANA AUTHORITY
CHAPTER 10. MEDICAL MARIJUANA REGULATIONS

Comment:
Prepack cannabis increases costs for business, as well as makes black market products cheaper. The black market doesn't follow rules. Prepack also increases chances of molds and mildew, as it's sealed off. The only chance to prevent it is to make the flower so dry and stale that patients won't want to buy it, and will instead go to a black market source for freshness. Similiar to how cigars have curidors to maintain humidity and freshness, cannabis needs that to maintain quality. Prepack forces stale product onto the patient, or runs the risk of mold. This is a negative for business, negative for patients, and a positive for the black market sellers who will use this law to their advantage. It was nothing more then a ploy to get more money from producers, effectively hampering the legal market. Again, the black market does not follow rules, so regulating law abiding businesses into the ground only increases the black market share. Deli style is what pharmacy's do, pills do NOT come prepack. Why would cannabis be any different?
Caleb Neal

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
1. Pre packaging WILL add costs to my medication
2. This cost is a burden to the patients that is not necessary
3. Government should HELP not harm the patients
4. Adding additional costs only Harms the patients
5. Seeing the product is what the patients want
6. Smelling the product is what the patients want
7. Too Much Government involvement is what USA just voted to end
Janis Deason

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities

weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
This rule will no longer allow private citizens to visually inspect marijuana before they purchase it. With OMMA not allowing returns, this poses quality concerns on the side of the purchaser. Patients might spend money on weed that is dry, stale, moldy, etc and not know and be unable to return it since they were not able to inspect the product like you currently can in a dispensary.
Marijuana does not need to be treated this way. It is different than a pharmacy putting some pills in a bottle. There is no way to streamline the marijuana process to make it all perfectly similar like pills. If you get bad marijuana it can make you sick or be ineffective in treating your ailment. Requiring marijuana to be sold in repackaged quantities will not be useful to the consumer.
Marijuana flower can differ batch to batch, placing it in a prepackaged baggy does not ensure that the consumer will be getting consistent quality.
Requiring packaging will also drive up the price of marijuana flower and make it less easy to access and pay for.
Hollie McKinney

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that changes to this statutory requirement can only be made by the Legislature. HB 3361 (2024), which is 63 O.S. § 431.1, requires all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities. State statute allows for products to be returned to the licensed medical marijuana dispensary when found defective or hazardous to the health of the patient, while the definition of "medical marijuana waste" at 63 O.S. § 427.2 and 63 O.S. § 428.1 includes returned or out-of-date marijuana. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
The new rule mandating prepackaged marijuana products is a clear instance of excessive regulation that could hinder access to effective treatment. Oklahoma's conservative government continues to impose restrictions that burden dispensaries and restrict patient choice, seemingly out of alignment with the needs and voices of medical marijuana patients.

For this rule to be acceptable, it must genuinely benefit consumers. This would require

dispensaries to retain the flexibility to package products at the time of sale, allowing for modifications based on the consumer's needs or preferences, without adding restrictive packaging requirements. Forcing rigid packaging standards without any practical benefits simply complicates the supply chain and drives up costs for patients without improving product quality or safety.

These rules, as currently written, do not appear to prioritize the needs of patients. Patients should have the freedom to select and consume their medicine without unnecessary regulatory barriers. The rule only reflects the biases of those in power, who do not represent the interests or rights of marijuana patients and dispensary owners, and seems aimed at controlling access rather than supporting patient health. This overreach undercuts the intended benefits of legal medical marijuana by making it less accessible and more costly.
Jordan Jones

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us. Your input is important, and we appreciate you contributing to the conversation. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
It is problematic to require all flower bud sales to be pre-packaged for these reasons:
1) it prohibits the patient from smelling the flower bud before purchase for selection,
2) it is unreasonable to imagine all quantities for all types of flower bud be prepackaged - each type of flower bud can be sold in 1 oz, 1/2 oz, 1/4 oz, 1/8 oz, 2 g, or 1 g quantities and the dispensary has no way to determine which quantity for which type of flower bud will be needed
3) the current rule allows the sale of the flower bud in the previous quantities and put in storage containers - this could be changed, instead of the proposed rule, to allow for the dispensary to place flower bud purchases in a pre-authorized sealed packaging
Richard Davis

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
How would you make a selection without knowing what it smells like.?Since this supposed to be about medicine why don't you include patients before passing ignorant rule changes?
Gregory Hardy

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The prepackaged rule will add unnecessary costs for cannabis buisness. States with prepackag rules tend to cost WAY more for consumers than non prepackaged states. Please don't require prepackaged marijuana flower.
Tyler Sawyer

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
If you can't smell or see product then how are you going to know if it is something you like or not..thats how we tell if its something we will like or not! Not a good rule!! I will stop going to dispo if this becomes a rule. Will grow my own.
Janis Burress

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a

statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Without the ability to examine the product for sight and smell the need to provide amounts of 1 gram of every strain will produce unnecessary packaging material for landfills. From 1 gram to the 3 ounce limit will require at least 84 different packages to be provided of every strain. Without being able to examine the product I will not purchase over 1 gram before testing for effectiveness. This will add many unnecessary trips to the dispensary to obtain relief from chronic pain.
Dan E. Burress

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I like to purchase small amounts of a new marijuana to determine if I like it, in amounts of 1/8 or 1/16 oz. I don't want to have to purchase 3 oz of a product that I know nothing about! This rule is not consumer friendly!
Susan Goodwin

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:

No rule changes are recommended.

Comment:
I have degenerative Disk Disease, but I have personally seen what pill addiction does to people. That's why I got a card. As a low-income retired person, I am very concerned about the changes in packaging. I don't buy in bulk, or even larger amounts. Will smaller amount even be available anymore? I doubt it. Will I be able inspect the product to check its quality? Probably not. You guys do know buying weed is like buying produce, right? If I didn't know better, the people making up these new rules don't have a clue of how the product is purchased. It looks like you are providing a solution to a non-existent problem, and smacks of government over-reach.
Steve Lewis

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. OMMA endeavored to limit proposed rule changes to the requirements outlined in state statute to limit the impact on businesses and patients. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Something needs to be done about excessive packaging; can any of it be reused by dispensaries? There has to be a better way.
Steven Dixon

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Buying something sight unseen is a receipt for disaster! I can't imagine who came up with this, but consumers are not going to like not being able to see or smell a product. Go to any farmers market and prepackage tomatoes or onions no one would buy them and if they were rotten

when opened you can't even return the product. THIS IS A TERRIBLE RULE AND SHOUKD NOT BE IMPLEMENDED! I've heard all the arguments for it but to let someone else pick and choose what goes in my body again not good idea.
Randy Fife

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Omit the rule that requires pre-packaging of small amounts bought at a dispensary. The buyer should have the right to inspect and choose the exact product's aroma, structural makeup and personal perceived quality of product being purchased.
Wayne Jackson

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Stop treating cannabis like pills. I am 100% disabled Iraq veteran with multiple degrees from UC Berkeley environmental science biology after leaving the chemical engineering and Western medical Field to dive into holistic remedies and medicine that treats root causes instead of alliopathic pills.

Please get educated before you get legislative. Terpenoids are what provide the medicinal benefit, not cannabinoids. What you see people get high off of are cannabinoids which create the psychoactive effect. Where terpenoids which are found in every other living plant are what actually provide the medical benefit. This is identified through smell and flavor which is why it is crucial for patients to be able to smell their product.

Unlike petroleum-based pills that are a cookie cutter ideology to fix everyone's needs, Cannabis can be fine-tuned to the connoisseur to better alleviate whatever symptoms they have. Unfortunately this has been bastardized by lack of education and people wanting the highest THC. But actually a higher percentage in terpenoids will provide a better medicinal benefit.

Linalool is my favorite as an Iraq combat veteran because it provides heavy pain relief for the over 15 major surgeries I've had. I can identify this and several other smells that give me very strong medical benefit. But if you start selling these in prepackaged quantities I'm just going to go to the street and buy it from someone else.

Create more rules around the medical care for us. Veterans and we will break every law you have. Do you think rules matter to us anymore? We go do DMT in foreign jungles because you failed us as a country when it came to assisting us for the medical concerns that were created from a war built on false pretenses.

So take that into consideration that if you do this more people will buy weed elsewhere because we can't trust what the hell our government is doing. Why are you dipping your toe more into things that you don't even understand that you're not educated in when the swamp is still filled with swine molesting little children and playing with pussies instead of putting pen to paper for our f****** people.

Yeah you want to see a f****** real drill sergeant keep playing these stupid games and see how a professional can turn into a butt kicker real f****** quick. Good day.
Retired SSG Antony Hornberger

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Addressing SB3361-
Dispensaries and patients express concerns regarding the receipt of outdated or subpar products. One effective practice within a dispensary setting is to provide patients with the opportunity to inspect and experience the product prior to making a purchase. This approach fosters a sense of trust, promotes transparency between the customer and the store, and enhances the overall customer experience.
Addressing SB758- We strongly oppose the practice of employees in cannabis dispensaries wearing badges that prominently display their personal information, as we believe it poses a

security risk and compromises our safety.
Addressing OAC-442-10-6-1(c)
We object to growers being required to visibly display signage on the outside premises, as we consider it a safety concern for such information to be prominently exhibited on the exterior of the business.
Nika Sosnoskie

OMMA Evaluation:
Thank you for submitting a comment and taking the time to share your feedback. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. The employee credential requirements in SB 758 (2024) which amended 63 O.S. § 427.14b requires all employees of a medical marijuana business licensee to apply for and receive a credential authorizing the employee to work in a licensed medical marijuana business, and to wear or display the credential during the employee's hours of work. The requirement that commercial growers post signage at the site of the commercial grow operation is required by SB 1737 (2022), which amended 63 O.S. § 427.21 of state statute. Modifications to these statutory requirements fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Customers have to be able to see and smell the cannabis. So do we as purchasers. I know your intent, but all it will do is hurt the patient and us. Neither us or the customers will be able to see if we're buying a good fresh product.
Ron Moore

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I am writing to express my strong opposition to the proposed regulation allowing pre-packaged flower in Oklahoma's cannabis market, set to take effect in 2025. This initiative does

not address the needs of businesses or customers and primarily benefits packaging companies. Currently, Oklahoma already offers pre-packaged concentrates, edibles, and vapes, and there is no need to add pre-packaged flower to this mix. In my experience, not a single business or customer I've encountered supports this change. Some states have always had deli-style, others allow both pre-packaging and deli-style options, and some are reverting to deli-style after trying pre-packaging. Oklahoma should not be at the back of the pack on this issue.
Pre-packaging flower presents several significant drawbacks:
Lack of Transparency: Once flower is pre-packaged, neither the dispensary staff nor the customer can examine the product until after the purchase. This is akin to buying produce or meat at a grocery store without seeing or selecting the specific items. Deli-style sales allow customers to choose their product, ensuring satisfaction.
Quality Concerns: Pre-packaged flower tends to dry out more quickly, especially in smaller containers, even with nitrogen purging. This leads to evaporation of cannabinoids, resulting in diminished smell, flavor, and overall effectiveness. The reduced shelf-life compromises the quality of the medicine available to consumers.
Inventory Challenges: Growers cannot accurately predict customer demand for specific quantities. This can lead to a situation where a dispensary is left with only certain sizes, such as ounces and half ounces, while customers may be looking for eighths or quarters. This restriction not only limits customer choices but also impacts dispensary revenue and complicates inventory management.
In contrast, a deli-style system avoids these pitfalls. It allows dispensaries to weigh and package flower at the point of sale, giving customers the opportunity to see and select their preferred product. This method enhances the overall buying experience, ensures accurate weights, and improves quality control by allowing customers to monitor the weighing and packaging process.
For these reasons, I urge you to reconsider the implementation of pre-packaged flower in Oklahoma. Deli-style sales provide a superior experience for both customers and dispensaries and should be the preferred option.
Thank you for your attention to this matter. I hope you will prioritize the interests of the community over unnecessary regulations.
John Dungan

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. OMMA endeavored to limit proposed rule changes to the requirements outlined in state statute to limit the impact on businesses and patients.

Change:
No rule changes are recommended.

Comment:
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Inventory Challenges: Growers cannot accurately predict customer demand for specific quantities. This can lead to a situation where a dispensary is left with only certain sizes, such as ounces and half ounces, while customers may be looking for eighths or quarters. This restriction not only limits customer choices but also impacts dispensary revenue and complicates inventory management.
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For these reasons, I urge you to reconsider the implementation of pre-packaged flower in Oklahoma. Deli-style sales provide a superior experience for both customers and dispensaries and should be the preferred option.
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John Dungan

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Change:
No rule changes are recommended.

Comment:
Prepackaged requirement. This will do nothing but drive cost up to the customers. There is zero need for this. To me its just another way to cause issues. It needs removed.

Dennis Nickel

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Who wants to BUY what they can not see or smell? The answer....NOBODY!!! You wouldn't buy something you can't see or smell and you can't expect us to either! I spend plenty of money on a legal license and have a right to see what I'm buying. No consumer anywhere is gonna buy what they can't see! These rules will be a huge mistake on your part if implemented.
Kandice Ford

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I am strongly against the new prepackaging requirements and don't understand what this does to help our industry. For me as a grower, the additional time and cost to prepackage flower into different weights is excessive. If have to make bags in a certain quantity, that cannot be opened or separated to accommodate a customer at the point of sale, that presents challenges. We have a small farm. If a dispensary order a pound from me and I separate it into 1/8s and quarters and ounces, if they have sold the 1/8s and only have ounces left that they cannot separate, they lose a sale, the customer doesn't get what they want and my product sits on the shelf.

From a consumer perspective, prepackaged flower is almost always terrible. It gets smushed in the Mylar bags and the glands stick to the side of the bag. It usually gets dry from sitting around, you can't see or smell it before purchasing.

There has to be a better way to do this. Requiring farms to package flower in smaller quantities isn't going to do anything to stop diversion because the bad actors aren't going to follow the

rules anyway. Under these rules a dispensary can still buy fifty pounds from me, they just have to receive it in a minimum of 266 packages, all which require paperwork and labeling, etc. it's excessive. We are constantly beat down with more regulations every time we turn around.

It would be nice to have someone advising you on these rules, someone that's actually in the industry and not just a suit that owns stake in a large farm somewhere, because a lot of the rules you make just add extra work for the growers and do nothing to help the patients. I would gladly volunteer if you ever need someone, this is all I've done my entire life and now I'm here trying to make a living for my family and you make it challenging, to say the least.
Thanks for your time
Peter (Pete) Cornacchione

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
There are processes to ensure flower stays at a good moisture level and has access to fresh oxygen. Prepac will lead to dry and less quality flower.
Carrie

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Your input is important, and we appreciate you contributing to the conversation. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Pre pack will lead to stale medicine. People not knowing what their body needs
Travis

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. The requirement that all

medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
1) Forcing growers to prepack would increase plastic bag usage.

2) As a grower, it will increase labor costs, prices for industry that is currently already struggling. For mom and pop operations like us, we do not have funds to hire packaging staff that would be required to pre pack flower.

3) As a dispensary owner this is not good for us to inspect the flower we purchase from growers. Dispensaries would not be able to inspect flower thats prepacked like we can do now. This is a public safety concern. Plus flower can dry out in the bag without us knowing.

4) As a patient, we would not be able to smell or inspect the flower that's in the package and we won't be able to buy any amount we want like what we can do now. This is a big drawback as patients being able to see flower before purchasing is a big plus.

5) This would not solve the kids getting a hold of medical marijuana like law makers are saying since right now all dispensaries are already required to put flower into child proof packaging.
Zaw

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
We do not want prepackaged. It is disingenuous to the customer. They do not know what they are buying, and it creates mold problems which isn't fair to the growers or the customers. It needs to be shut down immediately
Tyler grunewald

OMMA Evaluation:

Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I believe that the pre package rule that says a grower cannot sell more than 3 oz per bag to a dispensary doesn't make since I'm a grower/wholesaler most dispensary purchases are .25 Lbs and up or 4 oz per purchase then the dispensary can package it how they want to. As a grower I Never have interaction with the patients I only provide a wholesale product for the dispensary to sell how they feel fit or how the consumer prefers the products and from what I have witnessed is all over the board some patients purchase 1 gram some purchase .25 oz some purchase several grams of this that and the other it's not only targeting growers by raising the cost of doing business by forcing me to put a pound into 6 baggies which doesn't make since because most people don't want 3 ounces of one kind of flower. This bill changes nothing but makes me put it into predetermined size baggies and I see zero point or evidence on how this helps in anyway possible in fact as an HVAC expert locking flower into a sealed bag to where it cannot breathe properly or be burped if excess moisture it can often cause a health concern for the patients and cause for lower shelf life of said products thank you for considering my opinion have a wonderful day.
Sean Davis

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Prepack breeds mold spours and drys out the flower, also with out the ability to smell the terp profile of the plant. Makes for bad results in medicine.
Timothy Eminger

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is

required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The pre packing wording creates issues for growers who are transferring bulk product to processors for creating concentrates or other products. The idea that someone transferring a 50lb batch in 3oz packaging is not eco friendly nor does it improve safety or quality standards. To concur there should be a change in the verbiage that allows grows to move product to processors for creating pre rolls, concentrates, edibles, etc.
Dom

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
You can't tell what you need or like without smelling the product. It has a lot to do with picking the medicine that's right for you.
Duane Monks

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Prepackage has passed to be in effect next year... We as industry owners need to know the

rules and the expectation from OMMA... This is your job to interrupt the rules so we are all on one page. Questions I have is currently it is written to where I could interrupt it to read: Dispensaries are still allowed to open prepackaged flower and sell deli-style... If this is not the intent of this law then I'd think work needs to be done. *** I'm also going to take this space to complain about this new law as you know as well as everyone else that this is going to cost the growers/processors a hardship in cost of doing business... You OMMA should've been the ones to let legislature know this new rule would not help anyone but hurt all... In the end the Oklahoma patients will suffer due to this stupid rule... they will be the ones to get the cost increase and the un-cured properly flower. Shame on you... Rant over...***
Becky McKim (Deep Water Cultivators)

OMMA Evaluation:
Thank you for taking the time to share your comment.. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
As a patient, I prefer to visually inspect the products I will be using. Requiring the pre-packaging of flower will likely lead to a decline in quality and selection. Other states that have implemented this rule have experienced a decrease in both patient satisfaction and the success of businesses serving them. Please do not implement this rule. Help keep Oklahoma’s market premier and set better standards across the nation.
Lisa Williams

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
This will allow them to sell us even more crap. Only about 10% of it when I Smell for what my body needs is good. My nose sense tells me If it’s up to par. Looking and touching is deceiving. When buying liquor or alcohol, the batches never deferred the same flavor And

what you're getting. When dealing with medical marijuana, it changes every batch you cannot take this away from us. We live on A fixed income and can only afford what we Purchase and it has to be correct. We will not get our medicinal properties needed for a great night sleep or chronic pain or be able to eat some food…. Who sits in the chair and makes these decisions for the people the people are buying not you It's the people not yours… Why is it to somebody in a suit? Has to always jack with something and messed it up Why is it that you think you're better than someone else and have to make a call like this? What do you know about What we need or care. Not only that we are all adults and have to listen to another adult. Tell me what to do now you've taken more from us after giving you lose a lot of customers and that means you're gonna lose a lot Money… People go back to the streets and buy where they can look at it and smell it and get what they need that some prepackaged crap! Must be nice to sit up there and call shots and not even care what you're calling. Just got money and a nose that sticks in the air!
Terrance Kaplanis

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
site unseen is a terrible way to buy medication.!
rand fife

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Just wondering about the customers that like to see what there getting and smell what there g
Tracy Lawrence

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
And some time people don't have a lot of money and they have what they have to spend so that's we're 1 $ grams come in or they might just have 5 $ for a gram with pre packaged I have to tell them I'm sorry you have to have a certain amount to be able to purchase this is going to make customers angry and make them not want to shop either no more or just my store I feel like it's not fair to everyone like the unfortunate who cannot afford because with the economy there are ready struggling
Tracy Lawrence

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The pre packaged idea is TERRIBLE! This doesnt help ANYONE! This is a burden for the dispensaries, and is a WASTE of packaging! Why dont you demand hemp made packaging? Farmers local can grow it- which is BIODEGRADABLE! Your OIL AND WASTED PLASTIC packaging is an ENVIRONMENTAL - nightmare - YOU CREATED! This is beyond safety this REPUBLICAN FEAR!! I am a polio survivor-a great grandmother and retired on my own earnings. This should be more -a better- for the user situation, better for the environment -for ALL OF OKLAHOMANS!
Lucy Gunter

OMMA Evaluation:
Thank you for sharing your thoughts and feedback with us. Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024)

which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
My biggest concern about the new pre-packaging bill is, who is financially benefiting from this? Rep. Fetgetter wrote House Bill 3754 featuring pre-packaging, which was reviewed in 2022. But Rep. Fetgetter was working with the company for which I was employed 2 years prior about profiting from a pre-packaging company. Are the people who designed this bill financially benefiting from the state statute?
Mary Lane Porter

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
My name is Mollie Delp. I am writing today about the transfer code and its potential impact on my family if all is to be processed as written/required in the current rules and regulations. We have a family member withdrawing from the business - he had several personal/family matters reach their limit and needed full time work with health insurance coverage for his wife. He chose to withdraw from the business to simplify his life and give him peace of mind. We understand and support him completely in this decision. He has found a job that meets those needs. Because of OMMA's new transfer application - when any percentage of ownership is transferred (I.e. our situation - losing a member) we file a transfer request - that is processed through OMMA and we will be given a new license number at the end of the process. The new rules went into effect November 1, I called OMMA support on November 15 to gain clarity on how to proceed. Thomas answered my call and suggested that the OMMA helpline was still in need of guidance/confirmation of how to help applicants navigate the new requirements. He made a note on our account that we called for clarity and asked us to call back next week when the helpline had more information. Yesterday (November 21) I spoke with Melanie 3 times. She says they have received clarification from management and yes - if you lose a member you must start the transfer application. It will cost $2500 per license. (We have 2 - one expires December 14 and one has been in renewal since May 2023). Melanie said OMMA is prioritizing the Transfer License Applications - but - at worst OMMA could

potentially take 90 days to receive and process it. The Original License must remain active for the transfer to take place. So now I have the member who is withdrawing, who - respectfully - is not interested in signing the paperwork to keep the original dispensary license active because it is distressing to him, and this license expires on December 14. I also have one grow license that has been in renewal since May 2023 that has been processing so long, first - because of the Talisman bond issue, second - a separate ownership change from 2023. This is the scenario I am envisioning and my concern is the time frame and the potential to be expensive AND have a lapse in active status. If OMMA cannot approve the dispensary transfer in time I will potentially be paying for two dispensary license fee's for the dispensary alone (One renewal to stay active and one transfer).In the renewal - when filling out Person of interest details - I will have to submit a document stating "Team member refused to sign - transfer application submitted" or his letter of withdrawal in place of his lawful attestation and national background check attestation. When the transfer application with new ownership is approved (If all is deemed correct) we will immediately pay for two new OBNDD licenses (Despite just renewing them in October 31st), and potentially another bond despite renewing it in August before the new legislation - I am confirming this with our Bond company now. This could be an additional $10,000-$15,500 when we were only expecting to pay for a dispensary renewal this month ($2500) and waiting on the Grow renewal portal to open up ($2500). We just renewed our OBNDD registration ($2500 + $300) and Bond ($2000). Losing a member (Already distressing - suggests that budget is already stretched thin or worse) should not be the same and equal process to gaining a new member (Pay to play - suggesting the business is selling/profitable/expanding). My partners and I are doing our best, but this is devastating to small businesses. My partner's father (Our third member) is an elder - if he passed away would we be expected to do this again - within such a short time period and at such a great cost? I wasn't aware of the impact of this particular section until it became necessary. Please consider our experience when moving forward.
Mollie Delp

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c. These state statutes govern the application process to transfer ownership, updates to renewal windows and late renewal fees at 63 O.S. § 427.14(N). Changes to these statutory requirements fall under the jurisdiction of the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
Everything that OMMA and the local government is doing is wrong. The whole setup here is wrong. It’s like no one had any understanding of anything and just went wild. Sold too many licenses. Let too many people get away with too many things. The plant count for a patient makes no sense and is in no way an allowance for perpetual growth for one’s own benefit.

Nothing makes sense at all. You should acquire help from Americans For Safe Access as they actually KNOW WHATS GOING ON with cannabis and how it should be for patients and people. The fact that you let banks in your state handle money with an extra fee charged per month is textbook money laundering. This whole thing is a joke. I'm a credentialed employee and a patient. It's garbage in every aspect and I am tired of it. You all should actually know something about things before making or changing laws.
Joshua

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. Patient possession limits are set in state statute at 63 O.S. § 420. It's important to note that changes to this requirement fall within the jurisdiction of the legislature and cannot be changed by OMMA. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
The plan to require pre-packaged products (specifically cannabis flower), to be sold by growers to dispensaries, then not allowing dispensaries to open and sell quantities based on consumer demand would be detrimental to not only the growers, but also dispensaries and consumers. Growers would be required to purchase multiple sizes of packaging and labels, as opposed to selling 3 pounds of one strain in a single package, as they now do. Dispensaries would have to purchase each strain they want to have in inventory in opaque packaging, without seeing what they are actually buying, then determine the quantity of each stain needed to satisfy consumer demand. Dispensaries would have to double or possibly triple their inventory in order to meet consumer demand.
Consumers would not be able to see what they are actually purchasing as they do now, (understanding that samples will still be allowed to see and smell, but is the same quality?). They would not be able to see what is being put in the package they are purchasing, as they do now. Also, most would not be able to afford to 1/2 gram of one strain and 1/2 gram of another, as is often the case because dispensaries or the growers may not want sell such small quantities, to decrease the amount of packaging they are willing to have in inventory.
No one wants to buy unseen flower, dispensary or consumer, mainly, since flower is sold by weight. If growers don't "clean" flower properly then you could end up paying for stems. Or worse yet the flower is not the quality expected.
There will be added cost to growers to purchase varieties of packaging and labels, which in the end would be passed on to the consumer.
In conclusion, I do not agree with the prepackaging requirements, nor the rules that dispensaries cannot open pre packaged flower to sell in "loose" quantities.
Increased costs, purchasing product sight unseen and loss of variety of strains and quantities does not seem a viable option to bolster one of the largest tax producing income products in Oklahoma. Thank you.
Pamela Cook Denwalt

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
If you're going to require prepack then you should make it a requirement that a boveda pack or some type of humidity pack goes inside the packages as well to simply put medical marijuana in a package without the proper humidity control will cause a lot of issues such as mold it will also cause the weight to be off from the very beginning as well the humidity packs actually what hold the weight accountable thank you for your time any other questions please reach out to me 405 922-0002 thank you Anthony Smith
Anthony Smith

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The legislature is attempting to override a vote of the people. I am saddened but not surprised. Every aspect of the new rules is designed to make legal marijuana more expensive and more difficult to get. Half the dispensaries will close and in 5 years it will be illegal again. Prices are already going up in anticipation of these rules. You are just fueling the black market. This has nothing to do with safety, it's just politics.
Robert Brown

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this

statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Must be able to see and smell product before leaving store to check quality of product.see no mold or other issues
Marvin Dale Turner

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
this will be dangerous for patients due to the facts, we van not see the flower, smell the flower. know that the flower is fresh. Also can not granite there is no mold, no bugs or any other issues. also i will not be able to tell them if what's in the bags is truly that. All harm, illness, hospital stays from this form will fall on OMMA since we did not want this! Also i see a future where the state will take over all pre-packaging ang that is definitely bad for all concerned!!
Tracy Turner

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Currently, there isn't good research available to support which strains should be used for which conditions, so patients are reliant on budtender guidance and their own perceptions at the point

of sale. Patients rely on their senses, especially their sense of smell, to guide them to the right strain. The patient's olfactory perception of the cannabinoids is an important part of the process in choosing the right strain for one's condition. By putting them in a pre-labeled jar, you are forcing patients to buy based on labeling, which will ultimately be THC- based instead of relying on the benefits of the whole plant, which is what is Oklahoma's current strength in its medical market. States like Arizona who have implemented pre-labeling have focused on the retail value of THC and lost focus on the patient's needs. I ask that you focus on the patient's needs and perspectives, not the best thing a label can produce. Thank you for your consideration.
Michelle Roberts

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
SB1635 does not help the business' that have been waiting on the state fire marshal to approve their COO for over a year. The proposed bill originally gave business' that had applied by feb 1 2024 until 2025 and another proposal was 2026 but then the last amendment that showed up on the governor desk had no aid for those waiting on the state fire marshal. The prepack bill is crazy! It will push people to buy black market where they can see what they buy.
Tracy Neeley

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements and proposed legislation rather than administrative rule changes. It's important to note that changes to this statutory requirement or any proposed legislation can only be made by the Legislature. The requirement that applicants provide a Certificate of Occupancy with any new or renewal license application or location change request is required by SB 1635 (2024) which amended 63 O.S. § 426.1. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:

Just don't go to pre packaging please. It will hurt so many that live on fixed incomes.
Tobie Bentley

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The prepackaged flower dries out and you can not smell the product or look at the product properly when it is prepackaged
Virginia evans

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Opposition to the Use of Specific Equipment

Summary;
We object to the requirement for Laboratories to use specific equipment that must be used to perform an analysis, and this is found for all of the types of testing, including heavy metals, mycotoxins, pesticides, Cannabinoids, and others.
The fact that all laboratories are already required by their ISO programs to perform ISO Proficiency Testing (PT) to ensure that they obtain accurate numbers is validation that they can perform these tests on multiple different types of equipment. When the PT test results are entered, there is a list of equipment that was used to do the testing so that it is tracked. The fact that ISO allows for various types of equipment to be used, but the State regulations specify that specific ones should be used instead shows the lack of understanding about the testing capability and operations of an analytical laboratory.

Where this is found;
There are multiple instances where the use of specific Equipment is being specified for testing of analytes, such as 442:10-8-1, (G) where it specifies that "For mycotoxin analyte testing, laboratories shall use Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS) with Electrospray Ionization (ESI), LC-MS/MS with Atmospheric Pressure Chemical Ionization (APCI), or Enzyme Linked Immunosorbent Assay (ELISA)."
For Mycotoxin testing, this can also be performed on HPLC-FLD with the proper sensitivity as specified in the regulations, but this is not included on the list of acceptable equipment.
For Pesticides the regulation states, "For pesticide analyte testing, laboratories shall use LC-MS/MS with ESI or LC-MS/MS with APCI." But this can also be performed on GC-MS as well. In fact, large panels of pesticides, such as being suggested for these Proposed Rules, typically are run on both GC-MS and LC/MS because of the increased performance of certain pesticides on each type of equipment, but the equipment specified in this regulation is only LC/MS.

Proposed Changes:
We demand the removal of specific equipment from all the testing regulations, including Mycotoxins and Pesticides.

Counter:
We know that these instrument specifications were an attempt to try and lower the variability in testing results of the labs, but the specification of equipment is not actually addressing the real problem. A lot of variability in the testing data is driven by the following;

Poor homogenization or non-representative samples supplied to the lab by the samplers. This addresses the variability of the off-the-shelf products not matching the testing data on the COAs issued by the labs.
Lack of inter-lab testing on the same samples to promote accountability between laboratories. This addresses the variability of results from lab to lab.
Laboratories purposefully inaccurately reporting testing or purposefully deviating from established protocols (with no record) to enhance THC and Terp numbers and under-report safety failures, which is a commonly known problem.
The use of specific testing equipment will never solve problems related to intentional deviation of protocols. The specification of equipment will only be limiting to the testing capabilities that a lab can perform and will limit the ability to detect other analytes that are better measured by equipment that was never included.

"There are many ways to get from Oklahoma City to Norman. You can take a car, a truck, a motorcycle, a bus, an Uber. You can also take various roads as well to end up at the correct destination. You are essentially telling the laboratories that we have to take a Honda Civic and travel I-35 at 55mph and this is the only way to do this. We all know that this isn't the only way that we can get there, and we all know that this won't fix the problem of variability when this isn't the problem."
Jeffery Havard

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to

laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to heavy metal, mycotoxin, and cannabinoid testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
Opposition to the use of Specific Methods

Summary;

We object to the requirement for Laboratories to use specific Methods that must be used to perform an analysis, and this is found for all of the types of testing, including heavy metals, mycotoxins, pesticides, Cannabinoids, and others.

The fact that all laboratories are already required by their ISO programs to perform ISO Proficiency Testing (PT) to ensure that they obtain accurate test results is validation that they can perform these tests on multiple different types of equipment using various methods that are appropriate for the equipment that they are using. The fact that ISO allows for various types of methods to be used, but the State regulations specify that specific ones should be used instead shows the lack of understanding about the capability and operations of an analytical laboratory.

Where this is found;

Specifically, this is found for Heavy Metals testing were the regulation states: "(B) Instrumentation. For heavy metal analyte testing, laboratories shall use Inductively Coupled Plasma Mass Spectrometry (ICP-MS) equipped with Collision/Reaction Cell technology or Coupled Plasma Optical Emission Spectroscopy (ICP-OES). For sample preparation, a closed vessel microwave digestion system capable of reaching two hundred and ten degrees Celsius (210 °C), or a hot plate capable of reaching ninety-five degrees Celsius (95 °C) for one (1) hour, are required."

Furthermore, the regulation specifically states how the samples should be prepared as well. It states, "(D) Sample preparation. Samples must weigh greater than or equal to five tenths of a gram (≥ 0.5 g). Internal Standards must be used for all analytes. Recovery of internal standards must be greater than or equal to fifty percent (≥ 50%) and less than or equal to two hundred percent (≤ 200%). A fifteen (15) minute pre-digestion is required to initiate the breakdown of hydrocarbons. Glass vials must be acid washed before use. etc..."

Proposed Changes:
We demand the removal of specific methods, sample preparation or other relevant specifications from all the testing regulations, including Heavy Metals.

Counter:
We know that the sample preparation, methods and other associated regulations were an attempt to try and lower the variability in testing results of the labs, but the specification of methods and sample preparation is not actually addressing the real problem. A lot of variability in the testing data is driven by the following;

>Poor homogenization or non-representative samples supplied to the lab by the samplers. This addresses the variability of the off-the-shelf products not matching the testing data on the COAs issued by the labs.
>Lack of inter-lab testing on the same samples to promote accountability between laboratories. This addresses the variability of results from lab to lab.
>Laboratories purposefully inaccurately reporting testing or purposefully deviating from established protocols (with no record) to enhance THC and Terp numbers and under-report safety failures, which is a commonly known problem.

The use of specific sample preparation and methods will never solve problems related to intentional deviation of protocols. The specification of sample preparation will only be limiting to the testing capabilities that a lab can perform and will limit the ability to measure analytes that require different types of preparation for different equipment. It will also cause issues in the future as additional heavy metals are added for testing, or different types of sample types (i.e. Edibles, drinks, flower, concentrates and other products not specified here or have not currently on the market.)
Jeffery Havard

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Opposition to the to the QA Lab administering Test to Labs

We have major issues with the language in the regulations for the QA lab to be administering testing to the laboratories in the State and want to see accountability of the QA laboratory at the same level as all laboratories in the State.

The OMMA had already selected a lab before that was not capable of auditing laboratories due

to lack of experience in the industry, lack of experience with scientists, experience with various types of lab equipment, various methods, various types of data analysis, ISO regulations and common problems that can occur in laboratory testing. Being a laboratory selected by the OMMA, they should have been required to show their proficiency testing (PT) results to the public to prove that they were accurate and capable of reporting testing results that other labs could be judged against. The data produced by this lab was not available to OMMA licensed labs and never served as a proper check and defeated the function of the lab.

The new QA lab should have to prove itself to be capable of:

Producing accurate test results (i.e. Proficiency Testing) and publicly publishing these test results so that the QA lab has any credibility whatsoever. If the QA lab does not publicly provide these results and also run inter-laboratory studies and compare themselves to the other labs in the State, they will not be trustworthy. It is a sign that they are not confident in the results.
Having sufficient industry experience. With low to no industry experience, the expected potency for various products, Terpenes and cannabinoid profiles, solvents, or sampling issues with different products cannot be accurately determined or predicted. Recommendations should never be made without sufficient understanding of the industry.
Providing information to the public. This is funded by tax dollars and the information that this lab produces should be public knowledge. This data was never available to us previously, and we had no way to validate their results or trust their activities.
Proposed Change:

The regulation should state that the QA lab is not allowed to administer testing to other labs until they are proven to be knowledgeable in testing and can prove that they are actually competent to do so by addressing the aforementioned points.
Jeffery Havard

OMMA Evaluation:
Thank you for taking the time to share your comment. The duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. The Authority's rules at OAC 442-10-8-5-(b) require the QA Lab to be accredited by an accrediting entity that uses ISO/IEC Standard 17025. OAC 442-10-8-2(c) requires the QA Lab to conduct external quality control testing. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Opposition to the Expansion of Pesticides
Summary;

We object to the expansion of the pesticides to be tested until an actual analysis of relevant pesticides can be generated. We believe that the pesticide list was most likely arbitrarily

selected and does not reflect the actual pesticides that we should be monitoring for in the State of Oklahoma.

The logic that should be used to determine what pesticides (including fungicides and other chemical treatments) is to find what is available to growers regionally, and to update the list and keep it current since the marketplace is constantly evolving. Using a pesticide list from another State, or not keeping it current with the products out on the shelf and available to growers essentially makes the list invalid. To determine a valid list for Oklahoma, our lab has recently produced a report where we surveyed grow supply stores and hardware stores to find pesticides that are available in our region. We cross referenced the available pesticides to ones that are on the current Emergency rules, and to the Proposed Permanent rules.

We found that:

Ø There are 18 pesticides (and fungicides) we should be looking for total from the products that are available off the shelf.

Ø Out of the 18 that we found, 3 are not even included on the Proposed Permanent rules and one of them is a possible carcinogen (Hydramethylnon).

Ø One of the "pesticides" on the proposed list isn't even a 'pesticide or fungicide' and shouldn't be on the list. Pyperonyl Butoxide is found with pesticides, but isn't itself a pesticide.

Ø The other 41 pesticides (and fungicides) are unnecessary, and we never observed them being available for use.

Our proposed list of 19 is as follows if we include the Pyperonyl butoxide;

Acephate
Azadirachtin
Bifenazate
Bifenthrin
Chlorfenapyr
Chlorothalonil
Cyfluthrin
Cypermethrin
G-Cyhalothin
Hydramethylnon
Imidacloprid
Malathion
Myclobutanyl
Paclobutrazol
Piperonyl butoxide
Propiconazole
Pyrethrins
Spinosad

Spiromesifen

Where this is found;

The regulations list 60 pesticides (that also include fungicides, a growth hormone, and adjuvant) as follows; “Pesticide residue. Harvest Final harvest batch samples and final production batch samples shall be tested for pesticide analytes in accordance with the following: (A) Allowable thresholds. Samples shall be tested for the following pesticide analytes and shall be less than (<) the allowable threshold, in parts per million (ppm), listed below:

(i) Abamectin (B1a & B1b etc…

Proposed Changes:

We demand that there is no expansion of the pesticide list until an actual analysis and report for available pesticides (including fungicides, growth factors and other relevant chemicals) is performed to see what is regionally available and appropriate for the Oklahoma market using good logic. We also demand that the OMMA make this report available to the labs and seek input from the labs performing these analyses before trying to implement changes to testing in the regulations, where at this point (and in most previous publication of Emergency rules) labs can only react to the changes that are already submitted by the OMMA and legislators without any relevant input to the laboratories that actually have to perform these analysis.

Counter:

We understand that an expanded pesticide list is an attempt to regulate chemicals that are averse to public health. The logic in the selection of the pesticides just isn't followed or relevant to the Oklahoma market.
Jeffery Havard

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442-10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
I need to see what I’m buying, and need to smell the medication I’m getting. I need to know it’s fresh and guaranteed fresh. I had a tumor where my nose and throat connects, had it

removed when I was 19 I get real bad headaches and flower helps the best. But fresh flower, when it's dry it's no good. So how will I know it's gonna still be good in the packages cause they dry out in those. Jars are the best everyone knows that.
Derrick Smith

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Do not agree on pre packaged because you don't get the chance to see the product
Jennifer watts

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Opposition to the use of Specific Methods

Summary;

We object to the requirement for Laboratories to use specific Methods that must be used to perform an analysis, and this is found for all of the types of testing, including heavy metals, mycotoxins, pesticides, Cannabinoids, and others.

The fact that all laboratories are already required by their ISO programs to perform ISO Proficiency Testing (PT) to ensure that they obtain accurate test results is validation that they can perform these tests on multiple different types of equipment using various methods that are appropriate for the equipment that they are using. The fact that ISO allows for various types of methods to be used, but the State regulations specify that specific ones should be used

instead shows the lack of understanding about the capability and operations of an analytical laboratory.

Where this is found;

Specifically, this is found for Heavy Metals testing were the regulation states: "(B) Instrumentation. For heavy metal analyte testing, laboratories shall use Inductively Coupled Plasma Mass Spectrometry (ICP-MS) equipped with Collision/Reaction Cell technology or Coupled Plasma Optical Emission Spectroscopy (ICP-OES). For sample preparation, a closed vessel microwave digestion system capable of reaching two hundred and ten degrees Celsius (210 °C), or a hot plate capable of reaching ninety-five degrees Celsius (95 °C) for one (1) hour, are required."

Furthermore, the regulation specifically states how the samples should be prepared as well. It states, "(D) Sample preparation. Samples must weigh greater than or equal to five tenths of a gram (≥ 0.5 g). Internal Standards must be used for all analytes. Recovery of internal standards must be greater than or equal to fifty percent (≥ 50%) and less than or equal to two hundred percent (≤ 200%). A fifteen (15) minute pre-digestion is required to initiate the breakdown of hydrocarbons. Glass vials must be acid washed before use. etc..."

Proposed Changes:

We demand the removal of specific methods, sample preparation or other relevant specifications from all the testing regulations, including Heavy Metals.

Counter:

We know that the sample preparation, methods and other associated regulations were an attempt to try and lower the variability in testing results of the labs, but the specification of methods and sample preparation is not actually addressing the real problem. A lot of variability in the testing data is driven by the following;

>Poor homogenization or non-representative samples supplied to the lab by the samplers. This addresses the variability of the off-the-shelf products not matching the testing data on the COAs issued by the labs.
>Lack of inter-lab testing on the same samples to promote accountability between laboratories. This addresses the variability of results from lab to lab.
>Laboratories purposefully inaccurately reporting testing or purposefully deviating from established protocols (with no record) to enhance THC and Terp numbers and under-report safety failures, which is a commonly known problem.

The use of specific sample preparation and methods will never solve problems related to intentional deviation of protocols. The specification of sample preparation will only be limiting to the testing capabilities that a lab can perform and will limit the ability to measure analytes that require different types of preparation for different equipment. It will also cause issues in the future as additional heavy metals are added for testing, or different types of sample types (i.e. Edibles, drinks, flower, concentrates and other products not specified here or

have not currently on the market.)
Mohammad Mirambeigui

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Opposition to the use of Specific Methods

Summary;

We object to the requirement for Laboratories to use specific Methods that must be used to perform an analysis, and this is found for all of the types of testing, including heavy metals, mycotoxins, pesticides, Cannabinoids, and others.

The fact that all laboratories are already required by their ISO programs to perform ISO Proficiency Testing (PT) to ensure that they obtain accurate test results is validation that they can perform these tests on multiple different types of equipment using various methods that are appropriate for the equipment that they are using. The fact that ISO allows for various types of methods to be used, but the State regulations specify that specific ones should be used instead shows the lack of understanding about the capability and operations of an analytical laboratory.

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Counter:

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Ransom Martin

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Opposition to the to the QA Lab administering Test to Labs

We have major issues with the language in the regulations for the QA lab to be administering testing to the laboratories in the State and want to see accountability of the QA laboratory at the same level as all laboratories in the State.

The OMMA had already selected a lab before that was not capable of auditing laboratories due to lack of experience in the industry, lack of experience with scientists, experience with various types of lab equipment, various methods, various types of data analysis, ISO regulations and common problems that can occur in laboratory testing. Being a laboratory selected by the OMMA, they should have been required to show their proficiency testing (PT) results to the public to prove that they were accurate and capable of reporting testing results that other labs could be judged against. The data produced by this lab was not available to OMMA licensed labs and never served as a proper check and defeated the function of the lab.

The new QA lab should have to prove itself to be capable of:

Producing accurate test results (i.e. Proficiency Testing) and publicly publishing these test results so that the QA lab has any credibility whatsoever. If the QA lab does not publicly provide these results and also run inter-laboratory studies and compare themselves to the other labs in the State, they will not be trustworthy. It is a sign that they are not confident in the results.
Having sufficient industry experience. With low to no industry experience, the expected potency for various products, Terpenes and cannabinoid profiles, solvents, or sampling issues with different products cannot be accurately determined or predicted. Recommendations should never be made without sufficient understanding of the industry.
Providing information to the public. This is funded by tax dollars and the information that this lab produces should be public knowledge. This data was never available to us previously, and we had no way to validate their results or trust their activities.
Proposed Change:

The regulation should state that the QA lab is not allowed to administer testing to other labs until they are proven to be knowledgeable in testing and can prove that they are actually competent to do so by addressing the aforementioned points.
Mohammad Mirambeigui

OMMA Evaluation:
Thank you for taking the time to share your comment. The duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. The Authority's rules at OAC 442-10-8-5-(b) require the QA Lab to be accredited by an accrediting entity that uses ISO/IEC Standard 17025. OAC 442-10-8-2(c) requires the QA Lab to conduct external quality control testing. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

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Having sufficient industry experience. With low to no industry experience, the expected potency for various products, Terpenes and cannabinoid profiles, solvents, or sampling issues with different products cannot be accurately determined or predicted. Recommendations should never be made without sufficient understanding of the industry.
Providing information to the public. This is funded by tax dollars and the information that this lab produces should be public knowledge. This data was never available to us previously, and we had no way to validate their results or trust their activities.
Proposed Change:

The regulation should state that the QA lab is not allowed to administer testing to other labs until they are proven to be knowledgeable in testing and can prove that they are actually competent to do so by addressing the aforementioned points.
Ransom Martin

OMMA Evaluation:
Thank you for taking the time to share your comment. The duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. The Authority's rules at OAC 442-10-8-5-(b) require the QA Lab to be accredited by an accrediting entity that uses ISO/IEC Standard 17025. OAC 442-10-8-2(c) requires the QA Lab to conduct external quality control testing. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Opposition to the Expansion of Pesticides

Summary;

We object to the expansion of the pesticides to be tested until an actual analysis of relevant pesticides can be generated. We believe that the pesticide list was most likely arbitrarily selected and does not reflect the actual pesticides that we should be monitoring for in the State of Oklahoma.

The logic that should be used to determine what pesticides (including fungicides and other chemical treatments) is to find what is available to growers regionally, and to update the list and keep it current since the marketplace is constantly evolving. Using a pesticide list from another State, or not keeping it current with the products out on the shelf and available to growers essentially makes the list invalid. To determine a valid list for Oklahoma, our lab has recently produced a report where we surveyed grow supply stores and hardware stores to find pesticides that are available in our region. We cross referenced the available pesticides to ones that are on the current Emergency rules, and to the Proposed Permanent rules. We found that:

There are 18 pesticides (and fungicides) we should be looking for total from the products that are available off the shelf.
Out of the 18 that we found, 3 are not even included on the Proposed Permanent rules and one of them is a possible carcinogen (Hydramethylnon).
One of the “pesticides” on the proposed list isn’t even a ‘pesticide or fungicide’ and shouldn’t be on the list. Pyperonyl Butoxide is found with pesticides, but isn’t itself a pesticide.
The other 41 pesticides (and fungicides) are unnecessary, and we never observed them being available for use.
Our proposed list of 19 is as follows if we include the Pyperonyl butoxide;

Acephate
Azadirachtin
Bifenazate
Bifenthrin
Chlorfenapyr
Chlorothalonil
Cyfluthrin
Cypermethrin
G-Cyhalothin
Hydramethylnon
Imidacloprid
Malathion
Myclobutanyl
Paclobutrazol
Piperonyl butoxide
Propiconazole
Pyrethrins
Spinosad
Spiromesifen

Where this is found;

The regulations list 60 pesticides (that also include fungicides, a growth hormone, and adjuvant) as follows; “Pesticide residue. Harvest Final harvest batch samples and final production batch samples shall be tested for pesticide analytes in accordance with the following: (A) Allowable thresholds. Samples shall be tested for the following pesticide analytes and shall be less than (<) the allowable threshold, in parts per million (ppm).

Proposed Changes:

We demand that there is no expansion of the pesticide list until an actual analysis and report for available pesticides (including fungicides, growth factors and other relevant chemicals) is performed to see what is regionally available and appropriate for the Oklahoma market using good logic. We also demand that the OMMA make this report available to the labs and seek input from the labs performing these analyses before trying to implement changes to testing in the regulations, where at this point (and in most previous publication of Emergency rules) labs can only react to the changes that are already submitted by the OMMA and legislators without any relevant input to the laboratories that actually have to perform these analysis.

Counter:

We understand that an expanded pesticide list is an attempt to regulate chemicals that are averse to public health.
Mohammad Mirambeigui

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442-10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
Opposition to the Expansion of Pesticides

Summary;

We object to the expansion of the pesticides to be tested until an actual analysis of relevant pesticides can be generated. We believe that the pesticide list was most likely arbitrarily

selected and does not reflect the actual pesticides that we should be monitoring for in the State of Oklahoma.

The logic that should be used to determine what pesticides (including fungicides and other chemical treatments) is to find what is available to growers regionally, and to update the list and keep it current since the marketplace is constantly evolving. Using a pesticide list from another State, or not keeping it current with the products out on the shelf and available to growers essentially makes the list invalid. To determine a valid list for Oklahoma, our lab has recently produced a report where we surveyed grow supply stores and hardware stores to find pesticides that are available in our region. We cross referenced the available pesticides to ones that are on the current Emergency rules, and to the Proposed Permanent rules. We found that:

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Out of the 18 that we found, 3 are not even included on the Proposed Permanent rules and one of them is a possible carcinogen (Hydramethylnon).
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The other 41 pesticides (and fungicides) are unnecessary, and we never observed them being available for use.
Our proposed list of 19 is as follows if we include the Pyperonyl butoxide;

Acephate
Azadirachtin
Bifenazate
Bifenthrin
Chlorfenapyr
Chlorothalonil
Cyfluthrin
Cypermethrin
G-Cyhalothin
Hydramethylnon
Imidacloprid
Malathion
Myclobutanyl
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Spiromesifen

Where this is found;

The regulations list 60 pesticides (that also include fungicides, a growth hormone, and adjuvant) as follows; “Pesticide residue. Harvest Final harvest batch samples and final production batch samples shall be tested for pesticide analytes in accordance with the following: (A) Allowable thresholds. Samples shall be tested for the following pesticide analytes and shall be less than (<) the allowable threshold, in parts per million (ppm).

Proposed Changes:

We demand that there is no expansion of the pesticide list until an actual analysis and report for available pesticides (including fungicides, growth factors and other relevant chemicals) is performed to see what is regionally available and appropriate for the Oklahoma market using good logic. We also demand that the OMMA make this report available to the labs and seek input from the labs performing these analyses before trying to implement changes to testing in the regulations, where at this point (and in most previous publication of Emergency rules) labs can only react to the changes that are already submitted by the OMMA and legislators without any relevant input to the laboratories that actually have to perform these analysis.
Ransom Martin

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442-10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
If this rule passes it will build in a bait and switch scenario between dispensaries and its patients. The only real way to choose the proper medicine in Flower form is to look at it and smell it. This rule will make it to where the patient has no idea of what the medicine they bought really is until after they purchase it. This will make it cost prohibitive and will most likely call for a rise in black market sales. I ask you to remove the consideration of this rule immediately.
Casey Fortune

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the

Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Unpackaged flower allows me to purchase in the exact quantities I need, and allows me to inspect the product myself before buying. Much like buying fresh produce at the grocery store, I want to look and make sure the product I'm buying is fresh, smells nice, etc, and pick the best looking from the whole batch. Flower that smells nice to me typically contains the right compounds needed for the desired medicinal effects. So much so that I no longer follow the package and now follow my nose, which has led to a much more consistent experience. If everything is packaged I can't see or smell the flower I'm actually buying. Some places will have samples out, but the samples are highly selected, so you only see the best-looking flower from the whole batch. I am generally in favor of sensible regulation, but this seems like an unnecessary rule to impose. It inconveniences both patients and businesses. We voted this into law much to the shugrin of our state government, and now suddenly anti-regulation politicians are extremely in favor of heavy regulations that hurt our local Oklahoma businesses.
Kaily Prince

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I dont want pre packaged medical marijuana because i want to be able to see and smell what i am buying to ensure it is what I want to buy.
Heather Fry

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:

No rule changes are recommended.

Comment:
Prepackaging is a bad idea for several reasons being you don't know what product you're getting if it's already prepackaged personally I never buy pre-packaged also it will make the cost go up making it hard for many people to get the medicine they need and the amount of unneeded waste it will create would be enormous
Jeremy Reed

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Selling cannabis flower, specifically, in pre- packaged quantities lowers the overall quality of the medicine. It can cause issues such as over-drying and mold. It can contribute to oversite of the product and would make it to where patients are not able to get the most benefit out of their medicine.
Mila Pemberton

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
We object to the requirement for Laboratories to use specific Methods that must be used to perform an analysis, and this is found for all of the types of testing, including heavy metals, mycotoxins, pesticides, Cannabinoids, and others.

The fact that all laboratories are already required by their ISO programs to perform ISO Proficiency Testing (PT) to ensure that they obtain accurate test results is validation that they can perform these tests on multiple different types of equipment using various methods that

are appropriate for the equipment that they are using. The fact that ISO allows for various types of methods to be used, but the State regulations specify that specific ones should be used instead shows the lack of understanding about the capability and operations of an analytical laboratory.

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Proposed Changes:

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Counter:

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>Laboratories purposefully inaccurately reporting testing or purposefully deviating from established protocols (with no record) to enhance THC and Terp numbers and under-report safety failures, which is a commonly known problem.

The use of specific sample preparation and methods will never solve problems related to intentional deviation of protocols. The specification of sample preparation will only be limiting to the testing capabilities that a lab can perform and will limit the ability to measure analytes that require different types of preparation for different equipment. It will also cause

issues in the future as additional heavy metals are added for testing, or different types of sample types (i.e. Edibles, drinks, flower, concentrates and other products not specified here or have not currently on the market.)
Miya

OMMA Evaluation:
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Change:
No rule changes are recommended.

Comment:
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The logic that should be used to determine what pesticides (including fungicides and other chemical treatments) is to find what is available to growers regionally, and to update the list and keep it current since the marketplace is constantly evolving. Using a pesticide list from another State, or not keeping it current with the products out on the shelf and available to growers essentially makes the list invalid. To determine a valid list for Oklahoma, our lab has recently produced a report where we surveyed grow supply stores and hardware stores to find pesticides that are available in our region. We cross referenced the available pesticides to ones that are on the current Emergency rules, and to the Proposed Permanent rules. We found that:

There are 18 pesticides (and fungicides) we should be looking for total from the products that are available off the shelf.
Out of the 18 that we found, 3 are not even included on the Proposed Permanent rules and one of them is a possible carcinogen (Hydramethylnon).
One of the “pesticides” on the proposed list isn’t even a ‘pesticide or fungicide’ and shouldn’t be on the list. Pyperonyl Butoxide is found with pesticides, but isn’t itself a pesticide.
The other 41 pesticides (and fungicides) are unnecessary, and we never observed them being available for use.
Our proposed list of 19 is as follows if we include the Pyperonyl butoxide;

Acephate
Azadirachtin
Bifenazate
Bifenthrin
Chlorfenapyr
Chlorothalonil
Cyfluthrin

Cypermethrin
G-Cyhalothin
Hydramethylnon
Imidacloprid
Malathion
Myclobutanyl
Paclobutrazol
Piperonyl butoxide
Propiconazole
Pyrethrins
Spinosad
Spiromesifen

Where this is found;
The regulations list 60 pesticides (that also include fungicides, a growth hormone, and adjuvant) as follows; “Pesticide residue. Harvest Final harvest batch samples and final production batch samples shall be tested for pesticide analytes in accordance with the following: (A) Allowable thresholds. Samples shall be tested for the following pesticide analytes and shall be less than (<) the allowable threshold, in parts per million (ppm), listed below:

Abamectin (B1a & B1b) < 0.5 0.1 ppm; (ii) Azoxystrobin < 0.2 ppm; Acephate < 0.02 ppm; (iii) Bifenazate < 0.2 ppm; Acequinocyl < 0.03 ppm; (iv) Etoxazole < 0.2 ppm; Acetamiprid < 0.1 ppm; (v) Imazalil < 0.2 ppm; Aldicarb < 1.0 ppm; (vi) Imidacloprid < 0.4 ppm; Azoxystrobin < 0.02 ppm; (vii) Malathion < 0.2 ppm; Bifenazate < 0.02 ppm; (viii) Myclobutanil < 0.2 ppm; Bifenthrin < 1.0 ppm; (ix) Permethrins (cis & trans) < 0.2 ppm; Boscalid < 0.02 ppm; (x) Spinosad (mixture of A and D) < 0.2 ppm; Carbaryl < 0.05 ppm; (xi) Spiromesifen < 0.2 ppm; Carbofuran < 0.02 ppm; (xii) Spirotetramat < 0.2 ppm; and Chlorantraniliprole < 0.02 ppm; (xiii) Tebuconazole < 0.4 ppm. Chlorphenapyr < 0.05 ppm; (xiv) Chlorpyrifos < 0.04 ppm; (xv) Clofentezine < 0.02 ppm; (xvi) Cyantraniliprole < 0.02 ppm; (xvii) Cyfluthrin < 0.2 ppm; (xviii) Cypermethrin < 0.3 ppm; (xix) Daminozide < 0.1 ppm; (xx) Diazinon < 0.02 ppm; (xxi) Dichlorvos < 0.1 ppm; (xxii) Dimethoate < 0.02 ppm; (xxiii) Ethoprophos < 0.02 ppm; (xxiv) Etofenprox < 0.05 ppm; (xxv) Etoxazole < 0.02 ppm; (xxvi) Fenoxycarb < 0.02 ppm; (xxvii) Fipronil < 0.06 ppm; (xxviii) Flonicamid < 0.05 ppm; (xxix) Fludioxonil < 0.02 ppm; (xxx) Hexythiazox < 0.01 ppm; (xxxi) Imazalil < 0.05 ppm; (xxxii) Imidacloprid < 0.02 ppm; (xxxiii) Kresoxim-methyl < 0.02 ppm; (xxxiv) Lamda-Cyhalothrin < 0.25 ppm; (xxxv) Malathion < 0.02 ppm; (xxxvi) Metalaxyl < 0.02 ppm; (xxxvii) Methiocarb < 0.02 ppm; (xxxviii) Methomyl < 0.05 ppm; (xxxix) MGK-264 < 0.05 ppm; (xl) Myclobutanil < 0.02 ppm; (xli)
Miya

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442-10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time

to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
We object to the requirement for Laboratories to use specific equipment that must be used to perform an analysis, and this is found for all of the types of testing, including heavy metals, mycotoxins, pesticides, Cannabinoids, and others.

The fact that all laboratories are already required by their ISO programs to perform ISO Proficiency Testing (PT) to ensure that they obtain accurate numbers is validation that they can perform these tests on multiple different types of equipment. When the PT test results are entered, there is a list of equipment that was used to do the testing so that it is tracked. The fact that ISO allows for various types of equipment to be used, but the State regulations specify that specific ones should be used instead shows the lack of understanding about the testing capability and operations of an analytical laboratory.

Where this is found;
There are multiple instances where the use of specific Equipment is being specified for testing of analytes, such as 442:10-8-1, (G) where it specifies that "For mycotoxin analyte testing, laboratories shall use Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS) with Electrospray Ionization (ESI), LC-MS/MS with Atmospheric Pressure Chemical Ionization (APCI), or Enzyme Linked Immunosorbent Assay (ELISA)."

For Mycotoxin testing, this can also be performed on HPLC-FLD with the proper sensitivity as specified in the regulations, but this is not included on the list of acceptable equipment.

For Pesticides the regulation states, "For pesticide analyte testing, laboratories shall use LC-MS/MS with ESI or LC-MS/MS with APCI." But this can also be performed on GC-MS as well. In fact, large panels of pesticides, such as being suggested for these Proposed Rules, typically are run on both GC-MS and LC/MS because of the increased performance of certain pesticides on each type of equipment, but the equipment specified in this regulation is only LC/MS.

Proposed Changes:
We demand the removal of specific equipment from all the testing regulations, including Mycotoxins and Pesticides.

Counter:
We know that these instrument specifications were an attempt to try and lower the variability in testing results of the labs, but the specification of equipment is not actually addressing the real problem. A lot of variability in the testing data is driven by the following;

Poor homogenization or non-representative samples supplied to the lab by the samplers. This

addresses the variability of the off-the-shelf products not matching the testing data on the COAs issued by the labs.
Lack of inter-lab testing on the same samples to promote accountability between laboratories. This addresses the variability of results from lab to lab.
Laboratories purposefully inaccurately reporting testing or purposefully deviating from established protocols (with no record) to enhance THC and Terp numbers and under-report safety failures, which is a commonly known problem.
The use of specific testing equipment will never solve problems related to intentional deviation of protocols. The specification of equipment will only be limiting to the testing capabilities that a lab can perform and will limit the ability to detect other analytes that are better measured by equipment that was never included.

"There are many ways to get from Oklahoma City to Norman. You can take a car, a truck, a motorcycle, a bus, an Uber. You can also take various roads as well to end up at the correct destination. You are essentially telling the laboratories that we have to take a Honda Civic and travel I-35 at 55mph and this is the only way to do this. We all know that this isn't the only way that we can get there, and we all know that this won't fix the problem of variability when this isn't the problem."
Miya

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to heavy metal, mycotoxin, and cannabinoid testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
We have major issues with the language in the regulations for the QA lab to be administering testing to the laboratories in the State and want to see accountability of the QA laboratory at the same level as all laboratories in the State.

The OMMA had already selected a lab before that was not capable of auditing laboratories due to lack of experience in the industry, lack of experience with scientists, experience with various types of lab equipment, various methods, various types of data analysis, ISO regulations and common problems that can occur in laboratory testing. Being a laboratory selected by the OMMA, they should have been required to show their proficiency testing (PT) results to the public to prove that they were accurate and capable of reporting testing results that other labs could be judged against. The data produced by this lab was not available to

OMMA licensed labs and never served as a proper check and defeated the function of the lab.

The new QA lab should have to prove itself to be capable of:

Producing accurate test results (i.e. Proficiency Testing) and publicly publishing these test results so that the QA lab has any credibility whatsoever. If the QA lab does not publicly provide these results and also run inter-laboratory studies and compare themselves to the other labs in the State, they will not be trustworthy. It is a sign that they are not confident in the results.
Having sufficient industry experience. With low to no industry experience, the expected potency for various products, Terpenes and cannabinoid profiles, solvents, or sampling issues with different products cannot be accurately determined or predicted. Recommendations should never be made without sufficient understanding of the industry.
Providing information to the public. This is funded by tax dollars and the information that this lab produces should be public knowledge. This data was never available to us previously, and we had no way to validate their results or trust their activities.
Proposed Change:

The regulation should state that the QA lab is not allowed to administer testing to other labs until they are proven to be knowledgeable in testing and can prove that they are actually competent to do so by addressing the aforementioned points.
Miya

OMMA Evaluation:
Thank you for taking the time to share your comment. The duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. The Authority's rules at OAC 442-10-8-5-(b) require the QA Lab to be accredited by an accrediting entity that uses ISO/IEC Standard 17025. OAC 442-10-8-2(c) requires the QA Lab to conduct external quality control testing. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-1.(i)(4) - Heavy metals is the most sucessful standardized test type state wide, however, the calculation from in vial concentration to in sample concentration should be standardized. This will unify all test results state wide and finalize this department. Currently reporting is split between the labs that correct for mass, and the laboratorys not correcting for mass. This leaves the values reported at many labortories at half of what the in sample concentration truely should be.
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. §

427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-1.(i)(1) Total yeast and mold, while an indcator of product quality, is not a safety test. To date, no human has died of total yeast and mold exposure. I propose removing the failing limit and retaining the reporting requirement.
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-1.(i)(3)(b) - Headspace Gas Chromatography Flame Ionization Detection (GC-FID) should be removed as a testing method, the FID does not allow for positive identification of cancer causing analytes. Known interferences with benzene and xylene exist with this analysis resulting in false positives.
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-1. (i)(5) Pesticide Residues The limits set are unrealistic and not achieveable by the majority of laboratories in Oklahoma, this will greatly increase the distrust in laboratories by the public. Furthermore, section A is in direct contradiction with section B as this list of

analytes cannot all be analyzed on LCMSMS. Lastly the quality controls should transition to USDA style SPCC (System Performance Check Compounds), this would allow for a continous flow of quality data. This type of change would be better implemented when the state laboratory provides a standardized method for sample preperation and analysis to ensure that public trust can be maintained in the validity of all laboratories in Oklahoma.
Cole Alleman

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
442:10-8-1. (i)(5) Pesticide Residues Specific limitations include: Polarity switching will be required while the majority of laboratories equipment is not capable of reliably making the transition(fipronil), Q-trap required for Cyantraniliprole, Pyraclostrobin, and Tebufenozide, Abamectin appears to be half of the national standard, with B1A and B1B each being 0.1ppm instead of the proposed Oklahoma total. Etofenprox, cyfluthrin, cypermethrin, and Bifenthrin will all require HC-GC-MSMS to be quantitated.
Cole Alleman

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to heavy metal, mycotoxin, and cannabinoid testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
The rule to change product into pre-packaged is something that i disagree with. It leaves me

with a disadvantage, which is not knowing exactly what I am getting. It is important as a consumer to be able to gage the quality of the product myself. Also, I don't want to be limited to buying a certain amount of one product.
Megan Hill

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
On behalf of local small business owners, I believe the pre package rule is simply a barrier to quality medical products and it's actual intent is to dismantle our Medical Marijuana laws that the voters of our state overwhelmingly approved. The people have spoken and we are watching. The ballot box will be the final say.
Greg Knight

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
442:10-8-1. (i)(6)(i)((ii) - This section no longer applies as the distillate is not a final form product. This requires additional testing on a product that is no longer required to be tested. This section should be removed.
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback

with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-2.(f)(1) -
"with at least twenty-four (24) college semester credit hours in chemistry" this section should be removed, as it has no bearing on the ability of the individual to perform the work required. This was a recomendation of the state standardization board previously.
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-2. (f)(2); OAC 442:10-7-1 and OAC 442:10-7-2, OAC 442:10-5-16(s) - There is no requirement that qualified analysts do anything. If the state intends to have qualified analysts performing the on instrument loading, analysis, calibration, and data reporting it should be clearly stated here. This will greatly improve the quality of the laboratory data produced by removing the unqualified staff from generating data.
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
This eliminates the citizens choice of what medicine they're receiving. Pre-packaging cannabis flower can increase the chance a citizen buys older product, product that could mainly be stems/unusable medicine, and limit the buying ability if someone can't afford the minimum pre-packaged amount. The bud should be visible to the citizen, and be able to witness the bud

being weighed to assure they're given the correct amounts.
Brandon Pinney

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
If they want to pass a rule regarding requirement of deli style marijunana to be prepackaged, then they should allow debit card sales across the board as well to prevent false or misleading sales. They should also allow the medical card holder to view and the budtender to open the package to show the card holder the product before a sale. Currently with prepackaged products, the marijuana stores are not allowed to show the card holder the producy before sale which allows for a faulty and stale product to be sold to its card holders without refund. The refunds not being allowed is another reason why debit cards should be allowed if the rule takes place. To be clear, i am not in favor of the packaged sales and discontinuation of deli style marijuana for the following reasons: littering (more waste invovled to the environment which poses an increased risk to wildlife and the quality of the city cleanliness would decrease), production costs would increase causing card holders and growers to pay more for unessential packaging, and increased probability of issues being with product sales like inaccurate weights of marijuana and stale marijuana sold. There is more risks associated with gain in the proposed rule and if it ends up taking effect, there are many card holders who would quit renewing their card and this would cause a negative impact to the states economy revenue gain from omma card holders from sales to fees. Leading to potentially putting certain marijunana companies at risk for bankruptcy. Personally, i can tell you that if the packaged sales rule takes effect then there are many individuals who would buy marijuana illegally which imposes a health risk as well as a criminal likelihood as well which adds to law enforcements task loads too.
R holloway

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:

No rule changes are recommended.

Comment:
Dispenseries already use child-safe seals that I, as a adult male over 30, have trouble opening. Further, it shows that the writers have no experience with dealing with flower, growing or the storage of flower products. Many of the proposed storage methods and containers would lessen or destroy the potency and medicinal benifits of the product. These proposals are written in blatant ignorance of and fully curtail the community that will be affected. Pure tyranny.

No one I've spoken to seems to want this, even non-users. Many of the dispenseries I spoke to say this is just a way for the writers of the bill to profitoff of the medical community and does nothing to actually protect anyone from anything other than affordable prices. This is just a political punch back for legalizing a medical product that never should have been restricted in the first place.
Zachary Washecheck

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
As a business it increases waste to the patient and the industry as a whole with all the new packaging limits. The flower will start to degrade in the bags as more will be packaged than can be sold and there's no idea of how long the prepackaged bags will sit on the shelf. Flower is about 10% humidity and without an airtight container the flower has potential to dry and lose weight before it gets to the patient. Prepackaged from the grow/processor to a dispensary is okay but from a dispensary to a patient is different. A dispensary should be able to open the package and than sell it as needed to the patient. Maybe they have a fixed income and only pennies on the dollar to spend that they only need a little bit to get them by. Prepackaged down the line will make it more difficult for those lower income and fixed income patients.

As a patient I would lose trust in the product I'm purchasing. Even with a display jar I couldn't see what was in the bag I'm purchasing before leaving and therefore it could look completely different than the display. That would make me angry at the dispensary if it was true even though it's out of their control. I wouldn't be able to go into a store and tell them to give me as much as they can for $17.23 because everything will have a cookie cutter price.
Christian Luera

OMMA Evaluation:

Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
As an employee of the medical marijuana industry I don't agree because our patients want to see the flower they are buying and will be consuming. Also, as a patient I would not want prepackaged because I would not buy it myself being that I can't see the product. It would affect businesses highly because flower is one the the top selling products in the industry and patients want to see what they will be buying.
Blanca Miralda

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Deli style is the only way I like to buy cannabis. The pre packaging rule is terrible for consumers
Houston Dockter

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I worked in a Dispensary that tried the prepackaged idea when the rule was first proposed just to be "ahead" of the situation. For 120 days, it was awful. The medication offered in the packages were the exact same medication strain and testing as what was on the counter as a sample for smell and sight. Patients did not want the prepackaged medication. The main consensus, they cannot guarantee freshness of medication. Every time we were asked to prove freshness of a package; the package gets opened to show the freshness then freshness gets lost with every opening of the package. Nonopaque packaging does not stop the medication from going stale. It does not stop complete discoloration. Patients want to see the product they are buying. They do not want discolored or non-aromatic medication. They do not want to hope when they get it home its fresh. Prepackaged medication makes patients feel like dispensaries are hiding something. I personally am skeptical of prepacked medication because in normal retail situations, its normally consumer manipulation. It is something a merchant is having issues moving or they have a discontinued product or its close to expiration. This leads to the next issue for the dispensary, Waste. All that prepackaged product that "expires" is lost revenue for the business. Then the cost to properly waste said product is astronomical. It's not like they can just throw it on a bonfire and call it a night. I personally have not seen packaging that does not in some way allow staleness and discoloration. This industry should be treated like a pharmacy, after all it is MEDICAL, but instead this state has decided to treat it like the redneck cousin no one wants to talk about or deal with unless you can force your will upon without the say of the individuals who made this law possible, THE PEOPLE! If you truly understood the substance you are trying to regulate, a lot of these proposed rules would not be happening the way they are. I grasp there are bad actors who are purposefully trying to mess this up for everyone, please do NOT do this to the patients and the dispensary owners. The market will not survive.

I get that certain products are in nonopaque packaging such as vape cartridges, topicals, edibles, etc. Those are different in the sense of packaging then actual flower. The visual example of the edibles on the packaging is just about the same as the product inside the edible packaging. With actual medical flower, that varies due to each plant and each batch takes on its own personal color, shape, size, and smell. Vape cartridges do change color inside said non opaque packaging after a while. Also, depending on what the specific form the vape medication is in while inside said cartridge makes a packaging difference as well. Topicals are kind of self-explanatory. They are lotions, rubs, creams, etc. Nonopaque packaging is kind of the norm for items of that nature even in a traditional retail setting.

Please think about how this implementation is going to negatively affect the industry. The cost to package all loose flower a dispensary would currently have at the time of implementation of said rule. Then in this rule it said the packaging would be from 1/2 of a gram all the way to 3 oz (the limit a patient is allowed to buy). Patients do not buy 1/2 grams. I have never personally seen a patient ask for a half a gram. Do you know how hard it is to weight out 1/2 of a gram, then to have God only knows how many to keep track of. Do you understand the inventory headache this may cause depending on each store's system? Then you have metrics to deal with. Please think about the issues and cost to the small business owner this is going to cause. This is a bad idea and a poorly thought-out rule by people who do not understand the medicine, the industry, nor the people involved in it.

Thank you for acknowledging my comment on the issue at hand.
Veta Robinson

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
This is not good for the patient. I want to see what I am buying, not "assuming" it's what I want or prefer.
Dianna Snelson

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Oklahoma's proposed bill HB 3361 is a misguided attempt that ultimately harms medical marijuana cardholders, rather than benefiting them. As someone who uses medical marijuana for legitimate health purposes, this bill provides absolutely no tangible benefit. Instead, it creates significant barriers to access, makes the medication more expensive, and diminishes the quality of the product available. The most immediate concern is the impact on the ability to purchase flower. Under this bill, medical marijuana would be prepackaged in containers, which removes the ability to smell or visually inspect the product before purchase. This is an essential part of the buying process for medical users, as we rely on these sensory cues to ensure we are receiving the proper medication for our needs. Without the ability to smell the flower, patients will be left with a product that may not meet their medicinal requirements, diminishing the therapeutic experience.

The proposal also overlooks the fundamental aspect of cannabis as a medical product. The prepackaging and restrictions will likely lead to an increase in cost, as growers will now have

to factor in extra labor, additional packaging materials, and possibly even branding and marketing costs to remain competitive. These added costs will inevitably be passed on to the consumers, further burdening patients who rely on affordable access to their medicine. Cannabis in Oklahoma is not recreational - it's medical. Yet, the bill treats it as a commercial product to be marketed and sold with the same business mentality as non-essential goods, inflating costs and prioritizing profit over the well-being of patients.

Instead of improving access or ensuring patients receive better-quality medicine, this bill appears to be a cash grab by the state, seeking to increase its tax revenue by artificially inflating the price of medical cannabis. This does not benefit dispensaries or patients, nor does it improve the industry as a whole. It is a short-sighted policy that serves the interests of revenue generation over the needs of those who rely on medical marijuana for health and wellness. By treating cannabis as just another commodity to tax, Oklahoma is neglecting the very patients it should be helping, those who need medical marijuana to manage their health, not to contribute to the state's budget.
Justin Haury

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
We are simply not ready for this proposed rule Industry wide. I do believe in this proposal but we are not ready for it at this time nor in June 2025. I would propose that this be implemented if and when our industry goes recreational. At this given time, businesses at every tier need the capabilities of being able to have the upmost Quality Control. It could be very detrimental to our industry to just rely on prepackaged products. Dispensaries not having the capability of keeping an outstanding quality control method with their flower would be extremely detrimental at this point in time in our industry here in Oklahoma.
Patrick Dixon

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-3.(a) -The state has created a double standard for methods of operation. The QA laboratory has both the ability and mandate to perform its own sampling. Laboraties should be held to the same standard as the QA Laboratory and required to sample the product. Data will never agree between these entities unless the QA laboratory and private laboratories are starting with the same truely randomly sampled product.
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to share your comment. The duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. The Authority's rules at OAC 442-10-8-5-(b) require the QA Lab to be accredited by an accrediting entity that uses ISO/IEC Standard 17025. OAC 442-10-8-2(c) requires the QA Lab to conduct external quality control testing. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
This bill makes it to where there is no longer transparency to the patients as to what they are purchasing as medicine.
Jennie Luera

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I don’t think the new rule would benefit dispensary or growers.
Destiny

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement

that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
As a patient and employee I do not agree with this bill because it not practical at all. Marijuana is a new medicine that patients need to be able to look at and smell.
Sarahi hernandez

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Finding the right strain of cannabis is from sight and smell. Much like a fine wine. It's very important to see and smell the cannabis flowers, which is impossible in prepackaged flower. Please continue to allow the consumer the ability to select the best medicines for their personal needs by being able to see and smell the flowers. Thank you.
Glynda

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Making them pre-packaged creates a less than stellar experience for the customer.
Kaylee Rogers

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Smell & sight are highly important for that right choice
Rebecca Robinson

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I wanna see what I'm buying and smell it to have a Decision on what I buy
Conner Long

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Prepack will be the new water bottle plastic of cannabis industry. The one who is proposing this rule have never shopped for cannabis. Who on the panel have invested in these packaging

company is a question that needs to be asked. Who lobby for this that are not from Oklahoma? How does someone who has never been involved in the industries and nuances of our field making laws for us?

We've been consuming cannabis for over 10,000 years and we've yet to see a pandemic of death/addiction attributing to cannabis use and we still impose these nonsense laws like prepacking for "safety". It's not for safety, its for money and who ever has hands in the packaging companies. We have people who knows nothing about cannabis, has never been shopping for cannabis, making rules for us. Its like someone who has never farmed in their life wanting to tell us how fruits and veggies are and how to shop for it.

Employees credentials is another money grab, every year we have to pay for this, We already pay high taxes for this dangerous drugs that never ever had a death or addiction tolls like prescription legal drugs, tobacco, alcohol, fentanyl, heroine. But lets uphold a stigma and law that Harry J. Anslinger promoted through racially motivated propaganda and no evidence premise.

No to prepack and No to money grabbing Employees credentials.
Phalat Manivong

OMMA Evaluation:
Thank you for taking the time to share your comment. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. The employee credential requirements in SB 758 (2024) which amended 63 O.S. § 427.14b requires all employees of a medical marijuana business licensee to apply for and receive a credential authorizing the employee to work in a licensed medical marijuana business, and to wear or display the credential during the employee’s hours of work. Changes to any of these statutory requirements fall under the jurisdiction of the Legislature. The Authority cannot make changes in response to these specific comments, but we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
442:10-5-1.1. Responsibilities of the license holder - Recomend mimimum employee safety training of OSHA 10 and OSHA 30 to ensure employee safety and safe working enviroments. Example: Navada Senate Bill 122 Febuary 15,2021 "relating to occupational safety; requiring employees of acannabis establishment to receive certain health and safety training; requiring a cannabis establishment to suspend or terminate the employment of an employee who fails to complete such training; requiring the Cannabis Compliance Board to suspend the license of a cannabis establishment that fails to suspend or terminate the employment of such an employee; and providing other matters properly relating thereto. "
Cole Alleman

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment provides feedback on proposed employee safety trainings, not current changes to administrative rules. We sincerely appreciate you sharing your comment with us, and although the Authority won't be making changes based on this comment, rest assured that we've shared your insights with our team for further discussion and future consideration. Your input is important, and we appreciate you contributing to the conversation. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I feel like that would limit so many people into not wanting to buy medical marijuana because a lot of people don't just go by site, they go by smell.
Alyssa Sewell

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
HB3361 Prepacked Bill. Transparency.
Breezy Wallace

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:

Prepackaging the flower takes away the ability to smell the product. The opportunity to smell the fragrance of the flower gives the purchaser a chance decide on what they would like to purchase. It would be like buying perfume and not smelling it. Or buying any other thing that you would smell first..ie...candles, room spray, etc. I would rather be able to smell the product first. I don't want something that does not appeal to my sense of smell.
Deborah Nobl5

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I believe this will create far too many problems and solve none. As a patient I want to be able to see what I am buying. I know many others that are the same. I believe this will fuel the black market even more.
Valerie

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The Prepacked bill would make it hard for me to know exactly what I’m purchasing.
Kody Wheeler-Barraza

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling

requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Pre-packaged cannabis will hurt the medical cannabis industry. Pre-pack cannabis is for speed of sale at the retail level. Patients do not want pre-pack and will go back to black market. Pre-pack is also going to be more expensive. Already prices for prepack are going up as much as 100% per gram. Pre-packed cannabis dose not stop black market sales. Patients do not want pre-packed flowers. Less quality. Mote expensive. Less taste and smell. The patient ends up losing because not tue water weight loss that happens naturally that loss gets passed directly to the patient. Deli style water loss falls on the dispensary not the patient. Deli style cannabis is fresher, taste and smells better. Deli style flower sales help reduce the black market industry.
Brian Hallum

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I like to see and smell the flower
Andy mesta

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I like to see what I’m buying

Levi artho

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
This will deter people from buying flower and it will hurt growers consumers and the pharmacy
Stratton blasingame

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Want to smell weed
Melinda musgrave

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:

Because we won't be able to see the quality of the product we are buying. Which is important to us the consumers.
Sebastian Casas

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Prepackaged is no good. Patients must be able to see and smell flower for both effects and quality. Less plastic is better, not more.
Eric Bauer

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Please reconsider this rule. I quit going to places that are pre-packaged because if you want an ounce you get 8 containers instead of 1 container. have thrown away 1000's of plastic and glass containers that are perfectly fine to reuse as other things including to refill with flower. We have got to stop plastic pollution. We should be able to refill containers, not get more and more. Prepackaging is not the best way forward.
John Taylor

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling

requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
All regulations, rules, and statutes should make it harder for users to casually abuse. My (retired) husband was given a 'medical marijuana' presc. from his doctor no questions asked, no pain or nausea or any other reason given. Now he uses daily, is too out of it to help with running the household, and drives under the influence.
anonymous

OMMA Evaluation:
Thanks for sharing your comment and feedback with us. This comment does not relate to a proposed permanent rule. Requirements for a patient medical marijuana application and physician recommendation are set in statute at 63 O.S. § 420 and it's important to note that changes to this requirement fall within the jurisdiction of the legislature and cannot be changed by OMMA. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
This places an unessarry burden on the grower and will greatly reduce the value of the product. The consumer has no way to evaluate the flowers condition. How about we start buying everything sight unseen. It seems silly if you think about it. What would you purchase and consume without any inspection. Seems to really be aimed at making it more difficult for everyone involved. Government is great at creating burdens on people without a care as to the effects.
Jarrod Murray

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:

Hello I have been in the mmj business for about fifteen years in Colorado I know the rules in and out I believe that it will cost a pretty penny for growers to accomplish this wich will then effect the quality of the medicine.. I also believe as a medical mmj user that it very hard to pick the correct product based on just a package. I like to see what I am buying cause it could have mold bugs or any other object in it.. it is very hard to make a decision on what will work for me by just packaging thank you for listening and excepting my comment
Cole Anthony whitaker

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
It is NOT what I VOTED for! There are reasons that the flower should be able to be examined and smelled by patients! If these so called "law makers" don't QUIT changing laws the people who pay their salary voted on, they WILL be replaced! Term limits for EVERYONE! You keep OVERSTEPPING your boundaries! Stitt won't get another vote from me if these new rules are implemented. I have lots of friends too!
M H

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Prepackaged flower takes power, knowledge, and choice away from the patients! It is NOT what we voted for. I want to know WHY this wasn't on ballot? The PEOPLE should have a say! Stitt is fixing to lose my vote as well as my family, friends, and colleagues.
M Harper

OMMA Evaluation:

Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I am opposed to Rules requiring medical marijuana to be sold in pre-packaged quantities beginning June 1, 2025 pursuant to HB3361 are added to OAC 442:10-7-1 and OAC 442:10-7-2. Specific prohibitions regarding opening pre-packaged products are added to OAC 442:10-5-16(s).
Gary Roller

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
If things are prepackaged, there is no guarantee my medicine will be the same as the product in the sample jar. If people can't see the product, they are more likely to stop purchasing from the dispensaries. The price of the product will also increase when this law goes into effect because growers have to go through more supplies and add more labor for this law. If this comes to pass, the people will start growing their own marijuana plants more than visiting the dispensaries. I know Ill be one of them because I will simply not be able to afford it.
alec

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:

No rule changes are recommended.

Comment:
Can’t see what I’m buying. Don’t want to spend all that money on dried out or shake. Also buy by smell.
Sharri McKelvey

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Smelling (from the correct distance) the product is the best way for me to decide which one works best for me.
Olivia Grider

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I don't smoke or use these products so I don't have a dog in this fight. You guys are messing around with a voter approved product. The state is making LOTS of money with MM sales. Call it a day and leave the sellers alone. Raising license fees is like a land grab. Not one single reason to continue doing everything you can to cause problems. Liquor stores don't have to deal with anything but paying their taxes! This "board" is made up of folks who voted against this law to begin with. Keep the damn lawyers & rednecks out of it and let business do what it does! Don't drive it back into dark places!
John Fricke

OMMA Evaluation:

Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Commercial license fees are set in state statute 63 O.S. § 427.14. Appointments to the Oklahoma Medical Marijuana Authority Executive Advisory Council are established by HB 1349 (2024) which is state statute 63 O.S. § 427.27a. Modifications to these statutory requirements fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
There needs to be more laws or rules regarding these entities paying their local property taxes, both real estate and business personal property. These businesses are not filing their business assets as required by law. I'm also seeing many of them are not paying their local property taxes. They should not be provided a license or renewal until "ALL" taxes, state and county are paid in full. Otherwise these businesses will continue to not pay their local property tax and when they become delinquent, they will simply abandon the property leaving a contaminated property for the state or county to deal with. Please address this growing problem. Thank you.
Mike

OMMA Evaluation:
Thank you for taking the time to share your comment. Please report any suspected violation of state law or OMMA rule at omma.ok.gov/complaint. We are grateful for your input and feedback.

Change:
No rule changes are recommended.

Comment:
A stupid idea that limits visibility to customers. Do better, focus on problems that matter. Not ones that can line your pocket by financially extorting people who don’t have prepackaged cannabis. People have been enjoying the good herb for thousands of years. Prepackaged doesn’t mean safer it’s all about your ability to control us.
Blair

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
1. Flexibility: Pre-packaged products usually come in set amounts (e.g., 1 gram, 3.5 grams). Buying unpackaged allows you to purchase the exact quantity you need.
2. Freshness: Pre-packaged products may sit on shelves for an extended period, which could affect the freshness and potency of the cannabis. Many prefer purchasing freshly cured flowers that have been stored in optimal conditions.
3. Control over Quality: With pre-packaged marijuana, you might not be able to inspect the product before purchasing. Some users prefer to see, smell, and evaluate the quality (e.g., trichome density, moisture content) before buying.
4. Cost: Pre-packaged products can sometimes be more expensive due to packaging, branding, and distribution costs. Purchasing in bulk or directly from dispensaries that sell unpackaged products may save money.
5. Environmental Concerns: Pre-packaged products often involve single-use plastic or other materials, contributing to environmental waste. Some prefer a more sustainable option with less packaging.
6. Customization: Pre-packaged cannabis products may not cater to specific preferences like strain type, cannabinoid profiles (e.g., THC:CBD ratios), or other factors. Buying unpackaged allows for more customization and blending.
7. Trust and Transparency: Some patients worry about the lack of transparency with pre-packaged products regarding how they are stored, handled, or tested. They may prefer to source cannabis from dispensaries or growers they trust.
Cathlene D Lyda

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Europe has done a better job ensuring consumer safety by removing the following vape addatives: Stimulant additives such as caffeine or taurine, Diacetyl,Vitamin E acetate, Pentane 2,3 dione (Diketones), Diethylene, glycol, Ethylene glycol from inhauled products in Article 21 of EU Tobacco Products Directive II. These adatives have adverse health consequences for patients and should be regulated. I would recomend the addition of section (5) and the inclusion of patient adverse analytes under vaporized products with a acceptable level to match TPD compliant vapes.

Carl Hanz

OMMA Evaluation:
Thank you for taking the time to share your comment. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Security cameras should be required both inside and outside any location growing/selling pot. Anyone entering or leaving the location should be in video. This would give authorities more info on crop/sales/security for workers.
Jim McIntyre

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment does not relate to a proposed permanent rule change. Licensees are currently required to implement appropriate security measures to deter and prevent the unauthorized entrance into areas containing marijuana and the theft and diversion of medical marijuana and medical marijuana products on the licensed premises or during transportation. Although the Authority won't be making changes based on this comment, rest assured that we've shared your insights with our team to evaluate for future rule changes and we appreciate you contributing to the conversation. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
The specific requirement states "(C) Methodologies. The method employed by a testing laboratory must pass a matrix proficiency test as required by the Authority. Upon operational status of the Authority’s Quality Assurance Laboratory, the Authority will conduct the matrix proficiency test and will supply medical marijuana samples with known microbial contamination values. Passing values must demonstrate the expected result."

This should be made clearer, by stating "the Authority will conduct the matrix proficiency test and will supply blind medical marijuana samples with known microbial contamination values." As I would think the result would be blind to the laboratory, but known to the Authority. I recommend that a term "proficiency test" or "blind medical marijuana proficiency test be added to the requirements. Blind would be a PT that is indistinguishable from a normal customer sample. If this is not the intent, then I recommend the requirements state "unknown microbial contamination values to the laboratory". This comment applies to all the nine matrices having this PT requirement (mycotoxins, Residual solvents, Metals, etc.)

Additionally for this section, since the Authority's Quality Assurance Laboratory, is providing

a proficiency testing program, it would seem important for this Laboratory to achieve ISO/IEC 17043:2023 Accreditation from an International Laboratory Accreditation Cooperation Accreditation Body. This standard is similar to the ISO/IEC 17025:2017 standard that the testing laboratories must demonstrate competency to but it applies to operating a proficiency testing programs. ISO/IEC 17043 is entitled "Conformity Assessment - General requirements for the competence of proficiency testing providers" and includes requirements for the management system (similarly to ISO/IEC 17025) and technical requirements for facilities and environment, Design and Planning of a PT Scheme, statistical design, determination of assigned values, production of PT items, homogeneity and stability assessment, handling and storage of PT items, instructions for participants, evaluation and reporting of PT participants results, requirements for complaint handling and appeals, etc. This can help assure data integrity, traceability and defensibility.
Randy Querry

OMMA Evaluation:
Thank you for taking the time to share your comment. The duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. The Authority's rules at OAC 442-10-8-5-(b) require the QA Lab to be accredited by an accrediting entity that uses ISO/IEC Standard 17025. OAC 442-10-8-2(c) requires the QA Lab to conduct external quality control testing. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Please change the rules to make the Expiration Date the date any renewal takes effect just like a Driver’s License. If I renew early (I don’t like putting things off) it changes my renewal date. It should not. In addition, I think I understand why you are going to require all products be prepackaged but I am not in favor of this new rule.
Jesse Murphy

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. We will share your feedback regarding expiration dates with our team to evaluate to ensure we are fair in our processes. This remainder of this comment provides feedback on state statute, not administrative rules. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us. Your input is important, and we appreciate you contributing to the conversation. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
This is going to effect Bud tending in a negative way and it will affect the way I can choose and find the correct strain of marijuana that I need each time I buy a new batch, because I will not be able to smell see or know that is what I want and I will not be able to trust the sell or purchase each time because every batch is different and I need to know that I am getting what I need,, I am not just using marijuana as a stoner who can smoke anything and everything but I am deeply effected by marijuana and I need the correct kind to help manage many different conditions but especially epilepsy because I am status epileptic and deeply affected by the wrong kind of marijuana as well as deeply affected by the correct kinds of marijuana, I have many other valid points to make besides just this but I know of quite a few people that are VERY UPSET with this including the bud tender's and the many other epileptics and also my girl who is a cancer survivor, and this is obviously not working for or with the people who pay the representatives or the senators but obviously working against them, they really should not be amending something that they did not want to have ANYTHING TO DO WITH when the people were trying to get them to write the bill for them but now that the people passed it AGAINST THEIR WILL they just want to amend it to their low standards, but Senator Paxton should probably stick to playing with Cocks like he has in the past, and I understand safety standards, and safety reasons for a medical purpose but this is not a medical bill. This is a fake medical bill that is called. Pay a doctor for a license a true disabled epileptic who actually needs medical marijuana and that is why I approached my representative for help and many other representatives I approached and like I said Mary Fallon said it would not be under her watch but 531,500 and some odd people came together against her and it was in a state question of the people for the people not doing their job ,, so stop trying to amend it against the people they work for
Johnathan Sexton

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I do not agree with the changes to the law that the public enacted. I believe that you are taking away the People's Choice that they voted for. We should be able to visibly see and smell the product we are purchasing. This is a Horticultural medicinal product it is not a factory-made pill. We voted broad terms in so this would not happen. If you are not a consumer of the product you have no business in making laws that affect it. I do not want prepackaged and that is the voice of the people.
Jessica

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-1.
Section 2-B, Mycotoxin testing should include any equipment that is capable of performing testing, Including instruments such as HPLC-FLD which has been the standard for testing Mycotoxins for at least 20 years or more. At a minimum, we would like to see the regulation changed to read,

---(B) Instrumentation. For mycotoxin analyte testing, laboratories may use Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS) with Electrospray Ionization (ESI), LC-MS/MS with Atmospheric Pressure Chemical Ionization (APCI), HPLC-FLD, or Enzyme Linked Immunosorbent Assay (ELISA).---

Section 5-B, Pesticide testing should include any equipment that is capable of performing testing, Including instruments such as GC-MS which has been the standard for testing Pesticides for at least decades. At a minimum, we would like to see the regulation changed to read as follows,

---(B) Instrumentation. For pesticide analyte testing, laboratories may use LC-MS/MS with ESI, LC-MS/MS with APCI, or GC/MS.---

Overall, we object to having specific equipment and methods being forced by regulation not only for the current Emergency Rules and the Proposed Permanent Rules, but also for future regulations. There are various types of scientific equipment that are normally used to provide testing for a large range of compounds, for instance, Pesticides typically use both GC/MS and LC/MS as both are better at testing certain types of compounds, and there are numerous papers that use both and limiting by regulation to just one type is detrimental both to the lab and to public health when the labs cannot use the correct equipment. We know that the regulations are trying to fix variability, but this is not the actual problem. But restricting equipment and forcing methods will just make the problem worse.
Reyna Wilcox

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the

Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to mycotoxin testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
I like to see and smell the product I am purchasing.
Becky Carter

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. . Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
The OMMA took my financial well-being by rejecting my transportation license many days after the approval window from when I paid for and submitted my application. If this has happened to you, please contact me as I'm organizing a class-action case against them.
Dustin Heidbreder

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment does not address proposed administrative rule changes and the Authority won't be making adjustments based on this feedback.

Change:
No rule changes are recommended.

Comment:
Changing to prepackaged would negatively affect the customer and business, the customer wouldn’t be able to see what they are buying , they have to trust that the growers weighed it correctly, there will be more costs for the business to produce prepackaged and the cost of the product would end up raising still affecting the customer negatively.
Michelle

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I would rather buy my medicine outta a jar so I can see what I am buying don't like pre packs as they can put anything in them and isn't fresh
David Savage

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I do NOT want my marijuana pre-packaged! I need to be able to smell it and look at its quality! Making it "pre-packaged" would most definitely allow providers to sell an inferior product for a premium price!
Jill Kitchen

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
This restricts access and education of the product being sold and can really be detrimental to the overall patient experience due to not being able to inspect and evaluate the medicine they receive. This rule change could impact overall sales and trust in the grower-processor-dispensary relationship to bring down quality while increasing costs due to more steps and requirements to get from farm to patient. The current system of deli style or in-dispensary packaging has been tried and tested across the country and is the typical standard.
Jon McQuillen

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I, like most patients, want the option to see and smell the loose flower prior to purchase. Both options can help determine the potential quality of the product. So long as the product is displayed in a sanitary container and transferred to patient packaging using sanitary methods, I don't understand the need to pre-package the loose flower. Thank you.
Adam Waller

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Whobin there right mind thinks pretty packaged anything is a good idea. Power patients will not be able to get their medicine in a timely manner. Imagine we said sorry we can't give you a Tylenol unless you buy 1000. It's a joke you beurecrats are making solutions to problems that don't exist to justify your over inflated salaries. Stop stepping on the throats of Americans and oklahomans.

Hunter

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.
Change:
No rule changes are recommended.

Comment:
Do not want prepacked flower to be the rule.
Laura English

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us. Your input is important, and we appreciate you contributing to the conversation.

Change:
No rule changes are recommended.

Comment:
I am not in favor of prepackaging b/c it takes away the ability to actually view the medicine prior to consumption. How are we going to know the flower we are buying is of good quality and doesn't have any mold if we aren't allowed to view it prior to buying it. Prepackaged flower is a ridiculous way to try to make medicinal marijuana harder to purchase. It's causing more pollution than necessary. Our state is completely backwards on everything from our public education system to the marijuana industry since the government is in control. Maybe if we elected officials that actually care for the community and the patients that use medicinal marijuana we might have a program that is legitimate instead of trying to make everything impossible. Do your research. Do better! Do not allow prepackaging!!!!
Lauryn

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the

Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Drop the part of packaging. We want to see and smell what we are purchasing. It's ALL about CONVIENCE of AUDITTING Medical Marijuana shops merchandise. They don't have to weigh it out. Just count packages. House Bill 3361
Debra Yacko

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I buy based on looks and smell of the product. Looks will tell me what type of buds they are.... whether tight or loose, with big stems or small stems, etc. Smell will tell me which one is more appealing to my nose. Pre-packaged does away with all that. It also does away with ME being able to decide how much of one type I want. Maybe I want 10 grams of that one... not a "quarter ounce/7 grams".... not a "half ounce"/14 grams" but 10 grams... I'm not allowed? That's stupid. Not to mention that if everything has to be "pre-packaged", the cost will go up..... it's a ridiculous rule.
Dan

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Would you buy a car sight unseen or go into a grocery store and buy a package of meat

unseen? How am I supposed to know what I am getting. Is it shake? Is it popcorn buds? Or is it big buds? And not to mention. Mold loves dark places. Put weed in a dark package and seal it with moisture still in it and store it in a warm enough spot for any given amount of time and you are going to get mold. All you are doing is creating a breading ground for mold. Weed is not a mushroom. It needs light to help keep the mold down. Me for one. I want to see what I am buying. What needs to be done is better labeling. You can barely see what is written on them. Not to mention. Some dispensaries done even show weather it is a indica, sativa or hybrid. It just describes it as flower. Where I buy my smoke from. It is displayed in large jars. And after choosing the strain I want. It is either packaged in a black childproof bag or a black bottle like a film cannister with a childproof lid and placed in a black sack before I leave the store. I want to see what I am buying before I pay is all I'm saying. You won't buy meat that you put in your belly from a grocery store sight unseen. Why would you want to buy something that you inhale into your lungs sight unseen. Now edibles. Yes they should be in packaging that is not attractive to children. Same for THC infused drinks.
Chris Shafer

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
First, one shouldn't have to have expertise in the intricacies of the process in order to comment. And this process is extremely confusing to John Q. Public. That is unacceptable. I also am not seeing the thought process behind the proposed legislation. WHY do we need pre-packaged flower marijuana, if indeed the confusing bill ensures this? The product is like fruit. Some people will indeed buy 6 apples pre-packaged that one cannot touch or smell, but only see. However, most would probably prefer to touch, or smell the fruit before buying. Just make sure you aren't infringing upon those patients who prefer to see and smell before buying. Until the industry gets to the point of the tobacco industry where every product is pretty much streamlined to deliver the same across the board, people are not going to like the surprise of paying before you even examine what you've bought. This becomes a crapshoot and very unfair to the patients/consumers. What is so bad about open containers, like open fruit stands? What's so threatening to the community? Seems like a fix to something not broken, or at least an over-reaching unnecessary resolve. Thank you for your consideration.
Randy Tipton

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is

required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Forcing patients to buy their medical marijuana in prepackaged form doesn't fix any of the issues regarding legitimate products, it just puts a burden into patients. This rule is clearly written by people who have 0 experience with medical marijuana in any form. Pre packaging flower products is an issue on many fronts, particularly in matters of freshness, proper weight quantity and quality. When marijuana is left in baggies/plastic containers it immediately begins to dry out, so after a week or so the weight of product measured out and set aside will start to slowly get lighter as it dries, and less potent besides. As well there's an issue of trust, not being able to "see" the product before purchase is a foolish decision, as in the current market I avoid prepackaged flower for the same reasons. Forcing dispensaries to sell in only prepacked allows for massive bait and switch tactics that we as patients will have no defense against, what are we supposed to do when we get home with a product that weighs less than paid for, looks/smells/tastes terrible, when we aren't even allowed to return said products after buying them? Patients become the ones on the hook and it's incredibly frustrating to watch our agency as patients be whittled away by lawmakers who have no idea what's good for patients. If anything require grows to prepack up to a certain amount for transit, and then allow dispensaries to repack into their jars on their shelves like they do currently. Forcing the customer to buy all of their flower prepacked is NOT the solution to this issue, it will only cause further issues and headaches down the road, and personally I can't see how forcing me to buy dry flower without being able to even inspect it first is going to fix the issues of illegitimate grows. You're essentially forcing rules onto patients for no reason other than that you can't manage to deal with illegitimate grows yourselves with the rules already established. If people are already willing to break the law to grow it illegally don't you think they'll come up with a word around?
Joshua Wilkes

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I feel like I'm going to be ripped off if the marijuana comes pre-packaged. I like seeing the product in person and watch it being weighed. Seeing the product is all a part of the selecting process. Also, those little bags they come in have to be cut open to get all the product out of it.
Jill Cole

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The new rules requiring prepackaged products are of no assistance to the patient. Reconsider!!!
Flower is supposed to be fresh and cured properly, and not being able to open the package and see the product you are buying is blindly buying your medicine..
How long has that product been in the package? Was it cured properly?? Is it sticky?? Is it stale or dry by the time it ever gets into my hands to smoke?? These are a few of my concerns about these new rules.
The patient should be considered 1st when proposing new laws. Deli style purchasing ensures each patient gets exactly what kind of medicine they need and that it is fresh and satisfactory. Please consider the people who use this plant medicine when trying to propose rules and regulations. I don't see any benefits to pre-packaged products. This rule is being made to make inventory easier and does not take the patient needs/experience into account. Don't ruin cannabis in oklahoma! Reconsider the rules to make all cannabis pre-packaged by June 1st..
Courtney hingey

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Proposed rules require labels to include the date of testing and date of packaging at OAC 442:10-7-1(e)(1)(I). Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts.

Change:

No rule changes are recommended.

Comment:
Consumer perceptions are based on looks, texture, aroma. A major selling point is the ability to smell and observe loose product. Prepackaging also limits the amount to be purchased since loose product is sold by grams. Not everyone wants to buy the same size package. I am opposed to the sales restrictions caused by prepackaging.
Verne Bowers

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. In this context, your comment relates to state statute rather than a proposed permanent rule. It's important to note that changes to these statutory requirements fall within the jurisdiction of the legislature and cannot be changed by OMMA. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
All prepackaged flower purchased by an individual customer shall be in transparent packaging for visual inspection.
Kevin D Hall

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I am 100 percent against the prepackaged law change in Oklahoma.
I believe it will strengthen the black market.
I believe it will increase waste.
Also, as a patient I am upset that I will not be able to see or smell my medicine before I

purchase it.
Elizabeth Koelle

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
It compromises the quality of the product all I've heard is prepackage contains mold mildew foreign objects it's just not good for the patient. Deli style it what we want you can see what you are getting and you know it fresh. Please Please don't do pre package.
Mike Myers

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Prepackaged is unsanitary. Mold meldew foreign objects. Ewww just nope
Elizabeth Myers

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the

agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
This would increase cost and trash and not have a benefit at all for the consumer because we wouldn't be able to sniff the produce before actually buying it
Enrique Miller

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
This bill would add to much cost, and man hours to adhere to. As a consumer I appreciate being able to see and smell the medicine before purchase. I feel most other consumers I have broached this subject with are all in agreance. This amendment would not help the industry as far as flower is concered. Gummies, prerolls, etc would be great for this, but it is already implemented for these products. NO to pre packaged flower.
Mark Sharp

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The computer system used for OMMA licenses is already antiquated and outdated and does not work properly. This is 2024: a brand new computer system developed within the last 4 years does not currently allow certain smart phones to operate on the OMMA licensing website. In fact the website states it operates "Better" using a computer. Again, in 2024, every

single person now uses a mobile phone to do EVERYTHING needed to do online. We no longer have laptop computers as they are no longer needed in our society. I tried repeatedly for a month to try to update my new address in the licensing portal on my newly purchased smart phone. It refused to allow me to update my new address due to drop down boxes for County of Residence DO NOT FUNCTION NOR WORK AT ALL. THEY WILL NOT ALLOW YOU TO UPDATE TO YOUR NEW ADDRESS BECAUSE THE DROP DOWN BOXES WILL NOT OPEN AND LET YOU CHOOSE AN OPTION ON CERTAIN SMART PHONES. So I was never able to update my own license as I am required to do by Oklahoma State Law and Statute. I finally notified OMMA in writing and they responded back saying they updated it for me, which I have never checked up on as I was refused to be allowed to do it myself. So, again, the new OMMA computer system is already ANTIQUATED and OUTDATED and does not allow for Oklahoma State OMMA LICENSEES to use ANY AND ALL SMART PHONES WE HAVE to update our licenses as we are required to do. WHY?
S M Freeman

OMMA Evaluation:
We sincerely appreciate you taking the time to share your comment with us.

Change:
No rule changes are recommended.

Comment:
It's a stupid thing and should not be made a law that's part of the medical marijuana experience bad deal all the way around
Thomas Russell

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
I like to see AND SMELL the product before purchasing.
cynthia derryberry

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit

nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
As a medical Marijuana patient, I rely a lot on my sense of smell to determine if the flower I am choosing will work well for me. I have learned a lot about my medical needs and what works best. Being able to view under the light and smell to see if I am adverse to it, is a big deal to me. It also places too much control in the growers hands. If they choose to use opaque packaging, you are buying blind. Which I presume will result in a lot of returns, complaints and loss of business.
Jessica Bigbee

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
It is not in favor of a patient, you will be buying a product that you can't stomach the smell or r taste just because someone thinks that hiding the product from the consumer is a good idea doesn't mean it is it really makes no sense and the only people that would benefit from it is those who write tickets. That's not why medical marijuana got voted thru it was voted thru for the patients not the ticket writers
Josh

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
this rule will add to the cost for patients .... this rule will require the purchase of multiple packages and the addition of more waste in the environment .... please reconsider this .... it is anti-patient .... and will not solve the problem it is intended to help it it just an excuse to make things harder for consumers ..... please have little common sense .....
Travis Williams

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Product should NOT be prepackaged. Seriously, the amount of times I have seen mold growing on product is astounding. OMMA has NOT regulated the industry. Too many outside owners and illegal grows.
Carlena Freelove-Otwell

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Requiring all purchases to he prepackaged is doing a serious disservice to the patient. Cannabis is nothing like pills. Think of it more like going to a grocery store and shopping for produce. Are you going to buy the celery, avocado, watermelon or salad that's all brown, mushy and growing mold or are you going to feed your family the produce that's in tip top shape? Dispensaries are AWFUL. They will put ANYTHING in a bag and sell it. Look at the products Amerucan Cannabis is selling as prepacked. Indoor flower should NOT be brown. I

have been burned so many times by prepackaged it's not even funny. And once we buy it, we're stuck with it. We can't take it back and there are NO REFUNDS. You aren't helping the patients. You're helping the Dispensaries and growers be more unscrupulous. Patients are what keeps the industry going. If there is no demand, all that product you're reaping the funds from stop. Businesses close. Shoukd you push prepackaged there will be a mass exodus to home growing or black market or both and you WILL lose money. The only thing that is protecting patients is the ability to say "no I'm not buying that." If you take that away we have no recourse.
Sarah Kirkhart

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
The end consumer should be able to see and have a choice on what they purchase.
Roger Gabal

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
The cannabis can't be guaranteed prolonged freshness if it's prepackaged and how long it will actually stay fresh once the seal is broken. If the cannabis plant is pulled too early and didn't cure long enough, the moisture in the plant can cause mold to accumulate.
Madison

OMMA Evaluation:

Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Anyone that uses flower cannabis knows that smell, look, and texture are important to the end user. Prepackaging flower will not allow licensed patients to be able to smell the product which helps determine the terpenes that the cannabis has. Cannabis has many terpenes and they all give off a different smell and so patients smell to determine which terpenes the flower might have. This is so important to the patient and should not be taken away.
Carla Davies

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
All you are doing is hurting hundreds of patients with your assinine rules, your cannabis ignorance and lack of willingness to listen to patients. Karma is going to visit everyone of you and cause you to go thru what you are putting us thru.
John Wright

OMMA Evaluation:
Thank you for taking the time to submit a comment and share your feedback.

Change:
No rule changes are recommended.

Comment:
Please do not make this change. When purchasing flower, a patient has to make choices when making decisions on the best medicine to fit their specific medical requirements. Part of that decision making process involves evaluation, in a full sensory capacity, of the flower choices at any given dispensary. Oftentimes there are many strains available, and the unique scent of

each choice frequently plays a significant role in a patients final selection. What if a patient suffers from blindness? They will not be able to make good flower choices by sniffing a small "sample" that's been sitting out & has dried up. How would a blind patient have a fair opportunity to choose the best medicine if its in a transparent sealed container? The move to pre package does have obvious advantages for some, and personally I could adjust, but it unfairly imposes unneeded duress and hardship on certain groups that already struggle with diverse challenges. People with limited incomes cant simply go out and buy another "pack" if the label they chose failed to accommodate their medical needs. How about a blind person on a limited income? We proudly live in a society where we justly cater to the disabled and and disadvantaged. We all work so hard to always ensure their accommodations are met as much as possible. That's part of being an proud American! In that context, how does the benefits of altering the patients normalized and traditional method of medical marijuana selection outweigh the hardship it will undoubtedly impose on certain disadvantaged groups? Please do continue the great efforts that are underway with the much needed MMJ reforms, but at the same time, lets strive to keep some balance and not over reach into areas that effects innocent patients in the way this change would. JC
JAY CARPENTER

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I think prepackaged will raise the price for people who can't afford it.
Kathleen Griffith

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Although the strains might have the same name, each plant produces a different flower as

individual as the plant. One cannot simply go by the name of the plant, one must first inspect the product to see if it has the same quality as the last purchase. If the containers are sealed there is no way to inspect the product prior to purchase. This is bad business practice and it seems that there is a nefarious reason behind the rule - as if the state is trying to put these businesses, that the citizens of Oklahoma requested, out of business. Most of the rules seem to be for this very reason. It's also unfortunate that the state of Oklahoma doesn't really care about the will of the citizenry, as this behavior shows no sign of easing.
Bonnie Wills

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Pre weighed flower loses weight between the time it was packed and when it was purchased. It’s one of the biggest problems with flower in places where cannabis is legal for recreational use. It’s all a bunch of dried out garbage that costs as much as the fresh stuff. This measure isn’t going to help anyone except the sellers.
Jon

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
It has come to my attention that Attorney General Drummond may stand to profit directly from the proposed rules due to ownership interests in the companies providing packaging materials. This matter has been reffered to the FBI for criminal investigation.
A. Scott Fulkerson

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback.

Change:
No rule changes are recommended.

Comment:
If you go into a produce section at the grocery store, the foods are not pre-packaged. If there is a pre-packaged version, few people purchase it. Do you feel the tomatoes or avocados before you buy them? Do you smell the cantaloupe? We want to see and smell what we are buying. How long has it been in that package? Has it molded yet? Pre-packaging is ABSURD, at the least! Please do not pass this rule!
Alice Cuthers

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Medical Marijuana should NOT be prepackaged for many reasons. Two main reasons, the smell/look of the flower and quantity available. The aroma of the Marijuana is an important part of the purchasing process. Along with seeing what I am buying. I can watch my dispensary put the medicine I chose into the bag or container. And I mentioned quantity because now, we can buy a gram at a time if needed. Or 2, or 5, or whatever amount I chose. If you make it a rule to prepackage, it will limit the quantity we can purchase. Please DO NOT allow this proposed rule. It serves no purpose except more control by the government!! Our meds are our rights!!
Paul Pappas

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. In this context, your comment relates to state statute rather than a proposed permanent rule. It's important to note that changes to these statutory

requirements fall within the jurisdiction of the legislature and cannot be changed by OMMA. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Soon as the public can't see or smell the flower they will stop buying it. The whole industry is getting so regulated that mexico is fixing to be back in business. If u pre package you ruin the whole experience. People don't buy what they can't see or smell. Would you?
Chris

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I believe we are creating a lot of plastic waste for prepacked pre rolls. Cigarettes are way more dangerous for a child to get a hold of than a pre roll. We do not make cigarette companies child proof cigarettes.
If anything we should NOT allow MORE plastic waste. Our landfills are going to be full of plastic waste due to this law. I believe childproofing edibles makes sense but not flower under 7 grams. I wish our government would think of all aspects of law and how it affects other areas of our state and take a stand against unneeded waste. Burning this plastic or burning it is not good. We as people need to take a stand against stupid laws. A child can eat marijuana or a cigarette..which do you think is going to hurt them more? ..
Jennifer Z

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. The requirement that medical marijuana be packaged in child-resistant

packaging is required by 63 O.S. § 427.18 of state statute. Any changes to these statutory requirements can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I strongly oppose the prepackaging requirements outlined in HB-3361. These rules will harm all levels of the medical cannabis industry, including patients, who rely on safe, high-quality medicine. Prepackaging creates several critical issues:
1. Compromised Product Quality and Safety
Medical cannabis is a natural plant product, and evaluating its quality requires sensory inspection, including visual examination and smell. This ensures proper curing, storage, and overall quality. Prepackaging prevents patients and dispensaries from conducting these evaluations, increasing the risk of mold, dryness, or other issues that can compromise product safety. Moldy or improperly stored cannabis is not only ineffective but poses significant health risks.
2. Environmental Impact
Mandating prepackaging will result in unnecessary waste. The additional plastic and other packaging materials required will increase environmental pollution and burden our already overwhelmed landfills. This is particularly troubling in an era where sustainability should be a priority.
3. Economic Disadvantage for Small Businesses
Prepackaging requirements will disproportionately harm smaller businesses that may lack the resources to invest in the necessary machinery, packaging materials, and labor. These additional costs create barriers to competition, favoring larger companies and potentially driving small operators out of the market. This reduces diversity in the marketplace and hurts local economies.
4. Potential for Dishonest Practices
Prepackaging opens the door for dishonest businesses to cut corners and package inferior, unsafe, or misrepresented products. Patients seeking relief from medical conditions could end up using medicine that fails to meet their needs or, worse, causes harm. Medical cannabis is not a luxury product; it is a critical health resource, and these rules undermine its integrity.

In summary, HB-3361's prepackaging requirements will harm patients, small businesses, and the environment, while creating opportunities for unscrupulous practices. I urge you to reconsider these provisions and prioritize policies that maintain the safety, quality, and accessibility of medical cannabis for all Oklahomans.
Scott

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling

requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
do not end DELI style sales! would you buy any other produce without looking at it??? dont you like to look at your steak BEFORE you buy it?? this rule makes NO sense NO benefits just a STUPID rule that is not necessary.
tony

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
As a medical marijuana card holder for 5years now I don't think the prepackaged ides is a good one, as a consumer an customer I prefer to see an smell what medicine I'm purchasing. Because there could possibly be mold that's grown on the flower while its in there or beforehand that we wouldn't be able to see if it's already pre packed, an also you can't be sure if it's even quality medicine if you cant see it , I've had a few prepackaged oz since I've had my card and 90 percent of it wasnt worth the money I spend an I couldn't even medicate with it, an as u know you can't return once you buy,so your stuck after that,an for most then we have to go withoutout medicine til we get paid again , an another note it messes up tricomes an the actual flower by smashing my buds all flat cuz of the bag
Treavor Munoz

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
It adds extra labor costs which then would increase retail prices. It also seems like that would just dry out the flower more and make it a less desirable product.
Gale Choffin

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I do not want my bud prepackaged. I want the ability to see, smell, and choose my quanity. I do not want the growers burdened by having to purchase packaging and pay to have them sorted and packed in pre determined sizes. The system in place works. We can see smell and purchase what we want. Even in the smell jars you don't get the full scent. Please do not change the way it is packaged.
Charles Crossland

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I want the stickers on the packages to be big enough to read! It makes no sense to require them to print all of the safety stuff we as consumers need, but print it microscopically where it’s not even legible! Every dispo I go to does this. I hate it because it’s pointless. Thanks for all your hard work keeping safe products for seizure patients like me, please help make this change!
Sharina Berry

OMMA Evaluation:

We sincerely appreciate you sharing your comment with us. We will take this to our team to review and discuss future changes.

Change:
No rule changes are recommended.

Comment:
4 Liters of extracts is too small for processors to test. The limit should be raised significantly to make it affordable for processors to test their final product.
Flower testing is 15 lbs, which is 6810 grams of flower. Biomass is 50 lbs, which is 22,700 grams.
4,000 grams (4L) is too small of an amount for extracts.
Jessica Baker

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Love the idea. You have growers and processors excited that they get to hide their shitty weed behind a pre-packaged label that no one will get to open until they get home. This is not good. The idea that dispensaries will open up an ounce of prepackaged weed to show as a sample is crazy. Most growers won't give one either they don't want to. This law does nothing but help corrupt people.
Michael Crane

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
You have already taken the ability of the consumer to smell the product with the NO SNIFF RULE which is the only way to tell for sure if the product is any good or if it is even what you

want? Now you want to take away the ability to even SEE what you are buying? The product will have to be packaged in light proof packaging to keep the THC from degrading. This means that the consumer has to buy completely blind and most will feel cheated when they don't get what they want. Most people like to CHOOSE for themselves what they are buying. I do believe that you will be causing dispensaries to be dealing with a lot of mad customers which is not good in this day and age. I use thc for pain. If the product doesn't work for my pain can you return it? I can tell by smelling the product if it's going to work or not. Now not being able to see it either before the consumer buys it.... Sounds like SHADY drug dealing to me. All marijuana is not created equal. If it doesn't smell good it's probably not. The consumer should have the ability to choose by look and smell.
Thomas Stiles

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Even pharmacy has pharmacist count pills to fill prescription whats the difference in watching the dispensary employee weight meds I don't want prepackaged flower I want to see it how we know fresh
Tiffiany jones

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
It kneecaps the consumer, kneecaps the dispensary, and only serves the interest of a select few while adding extra steps to manufacturing and transportation, ultimately raising the cost of getting product out onto diapensary shelves which would be reflected on the consumer.
Also I want to be able to smell my cannabis to make sure I like the turpenes & its not going to

taste like trash before I buy it.
Jameson Brittain

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
if it is such a good idea then why don't we start forcing consumers to buy pre-packaged vegetables and fruits. Do away with the butcher shop and wrap all meats in butcher paper with no way to visually inspect. This also open the door to misrepresentation of a product. The jar that is being shown to you will have the best looking sample available, while what you get in a prepackaged container may not look (or be) quite so good.
Ted Baker

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I want to be able to see what I’m buying
Luis vega

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
House Bill 3361 mandates Pre packaged marijuana flower for the entire industry. This will be a detriment and disservice to the patients who truly value the medical aspect of marijuana. Being able to see and smell the product before you buy it is so important to make sure you get the experience you need. In humans the endocannabinoid system is directly correlated to the olfactory system. This means that the way a strain smells to you personally is the best indicator for the effects you will experience with the strain. This is why all regular users say "the nose knows" it is backed by not only science, but decades of recorded experience. This is especially important today where we have so many experimental genetic crosses and new strains we don't know anymore what a strain really does to someone based on its history. Currently, deli style allows us to purely care for patients in whatever need could arise. I can't fathom any good intentions were at mind when this bill was passed. Please repeal this. I know you have allowed for up to 3g of flower to be displayed to patients so they can see and "smell" the flower before they buy it, but this method is unreliable and inaccurate. The 3gs don't smell the same as the actual properly stored flower after 3-4 days, and light exposure bleaches the bud samples. Unless you're expecting dispos to lose not only hundreds of dollars on wasting out samples every 3 days, plus the $400 waste fees every three months to waste a couple ozs of flower this will not work. It is already almost impossible to remain competitive with large dispos and make a profit in a dispensary without all those extra costs. Not to mention the unreasonable extra costs you're going to be putting onto the farms and grows for labor and packaging. If the excuse for this bill is that it will make handling safer, this is also not accurate. Bud tenders already quality check and control the flower daily and change prices as quality degrades. How is a bud tender supposed to continually check for mold or PM or drying without being able to open packages? I can go on with so many issues with this bill. Dishonesty, inexperienced growers, uneducated bud tenders, and more. If you really cared about quality and patient safety with these products, you would have made the employee credentials require a safe handling and basic education classes. We have to take classes to handle food in the lowest caliber of jobs, so why isn't marijuana treated the same? Pre Pack is nothing more than a political money grab and possibly a way for the gov and larger mmj corps to cut down on the red blooded, oklahoman small businesses who won't be able to maintain the costs of operation anymore. I have lived my whole life in small towns in Oklahoma, I grew up believing that we love small businesses. We support the locals. Oklahoma is a community of people who care for each other. I am disappointed to see current administration is changing the way we care for our small business owners, and moving more in favor of large mega corporations where money is coming from, and going to people who don't even call themselves Okies.
Sincerely,
A passionate and proud Oklahoman.
Georgia King

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is

required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I want to see what I am buying
Jarrod Lucero

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I want to buy what I can see and smell.
Nicole Janowski

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
It’s a terrible idea. The way dispensaries work now, where you can view, smell, shake, and up-close examine the products, is the best way to go about it. Without it, I’d have no idea what I’m buying except for “indica” or “sativa” which are NOT the only two things that matter AT ALL.
Ethan Blythe

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
STOP overregulating what We The People Voted into Law. Pre packaging will create less sales and more people will buy from a friend. Weed is everywhere, in excess. Friends are giving it away routinely. Drop the Pre Packaging and stop making it SO difficult for growers, processors, dispensaries and your own Department. What is happening is just sad. 6-8 grows for the entire State? That man is a moron. I'm 65 and I see what's coming. Your over regulation is causing people to break the Law. Just the facts. Sincerely, Steven Robbins 918-886-0204
Steven Robbins

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Proposal 3361 does absolutely nothing to benefit the patient and it allows for more leeway in the industry to do wrong by the patient because they would have no way of knowing better until after the purchase. Every other state that has done prepackage doesn't put nearly the medical research we have into the industry, there's no reason to revert when we're already ahead of every other state. It's hard to proof read in the little comment section but I really appreciate you're time and consideration when reading this - hopefully it made some semblance of sense □□
Cherish Hornbeck

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily

focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
I only buy stuff by the way it looks. Idc about how much thc is in it or how high of a potency it is. I only want to know is what it looks like. You don't buy toilet paper not knowing what it looks like or how many plies it is. I patient's want to see what we are sending our money on and not getting anything we can't use.
Zachary McFarland

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I don’t agree with this bill because of the increasing prices that follow. I feel like I like to smell and see what I’m purchasing. I enjoy going to talk and compare different strains of cannabis. I don’t want this bill passed because I'm on a monthly budget and with the bill will increase the prices of the cannabis. So please for all who is on a budget and appreciate how cannabis is sold now is okay. Thank you for listening to my opinions. God Bless.
Tiffany Salazar

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
If we can grow marijuana and we harvest more than 8oz are we supposed to throw away the rest over 8oz???
Matthew Dunham

OMMA Evaluation:
Thank you for taking the time to share your comment. This comment relates to a statutory requirement rather than a proposed permanent rule. Patient possession limits, including those for homegrown marijuana, are set in state statute at 63 O.S. § 420. It's important to note that changes to this requirement fall within the jurisdiction of the legislature and cannot be changed by OMMA. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Why must I get a doctor's approval every time I renew my OMMA license?
My medical conditions such as bulging discs in my neck and lower back will never improve. When I renew my drivers license the state of Oklahoma doesn't require a driving test every time.
My medical condition doesn't get better as I get older,only gets worse.
The renewal fees aren't cheap then the added fee of a doctor's approval when I was already approved to get my first OMMA License seems like a big money grab. I pay double tax fees when I make purchases in a dispensary.
As said before, State of Oklahoma doesn't require a driver's test every time I renew my driver's license so why do I have to pay again and again for a doctor's approval that I have already been approved several times before? If I've had my license for over 5 years why can't I check a box stating my medical conditions haven't changed and simply renew?
Patty Moore

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment does not relate to a proposed permanent rule change. Requirements for a patient medical marijuana application and the required physician recommendation are set in statute at 63 O.S. § 420. Changes to this requirement fall within the jurisdiction of the legislature and cannot be changed by OMMA. Although the Authority won't be making changes in response to these specific comments at the moment, we are grateful for your feedback.

Change:
No rule changes are recommended.

Comment:
Please, please, please, enforce the pre-pack bill to the fullest extent of the law. You already have dispensaries saying online and in person to patients that they will open packages from

growers and still continue to sell deli-style. This must be enforced. This is a bad look. The dispensary owners must not respect OMMA. You still have dispensaries that will scan employee patient cards and sell to patients without a card in hand. The repeat transactions should be looked into. They are not wasting samples properly, and they will violate the provisions of HB3361 until OMMA walks in and shuts them down.
Ashli Rosasco

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We will refer this information to our complaints team. Please report any suspected illicit activity or violations of state law and OMMA Rules any time at omma.ok.gov/complaint so we can investigate more thoroughly. We sincerely appreciate you sharing your comment with us. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Dispensaries are selling selling deli-style infused flower. It is displayed in bulk containers and weighed by the gram for the patient. These packages of infused flower are a concentrate and should be in pre-packaged form already. June 1st 2025, OMMA needs to enforce this.
Ashli Rosasco

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. You can report suspected illicit activity or violations of state law and OMMA Rules any time at omma.ok.gov/complaint. We sincerely appreciate you sharing your comment with us. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I want to be able to view the product I'm buying beforehand so I knew the quality good by selling blind bags it makes it feel wrong and shady
Justin

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and

proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
As an employee of a grow facility I find having to wear our credentials as a hindurance to alot of my duties. Wearing credentials on a lanyard proposes many risks not to just employee but to plants as well. While working with plants it can get caught on support trellis, entangled in plants themselves and caught on any number of plant supporting and nourishing equiptment. Which in turn can and will cause injury to plants and\or person and equiptment. Wearing the credentials on belt or pocket propose many of the same risks. Property and equiptment maintenenance requires use of machinery and tools that rotate at high revolutions posing risk of entanglement resulting in serious injury or death. The language of this rule needs to be changed to just "Display" meaning it is to be on property in plain view the same as the OMMA and OBN licenses.
Rob Keefe

OMMA Evaluation:
Thank you for taking the time to share your comment. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. The employee credential requirements in SB 758 (2024) which amended 63 O.S. § 427.14b requires all employees of a medical marijuana business licensee to apply for and receive a credential authorizing the employee to work in a licensed medical marijuana business, and to wear or display the credential during the employee's hours of work. Changes to any of these statutory requirements fall under the jurisdiction of the Legislature. The Authority cannot make changes in response to these specific comments, but we are grateful for your input.

Change:
No rule changes are recommended.

Comment:
Pre-packaging of flower will increase price, increase waste, ruin the "tender/patient" experience and over all, lower the quality of the product. From past experience in other states such as California, Oregon and Washington the pre-packaged flower was sub-par. Many Oklahoma Marijuana store owners agree with me. We don't want pre-packaged flower.
Richard Boone

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and

proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Forcing all marijuana sales to be sold in pre-packaged containers will effect sales of the product. Almost everyone I talked to will stop purchasing marijuana if this rule is allowed forward. It will ruin the final product for the consumer. Stupid move!! Do Not Agree!
David Rossbach

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
I want to smell and see product to insure quality and flavors of product.
Tiffany Bartel

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Overall, we object to having specific equipment and methods being forced by regulation not only for the current Emergency Rules and the Proposed Permanent Rules, but also for future regulations. There are various types of scientific equipment that are normally used to provide testing for a large range of compounds, for instance, Pesticides typically use both GC/MS and LC/MS as both are better at testing certain types of compounds, and there are numerous papers

that use both and limiting by regulation to just one type is detrimental both to the lab and to public health when the labs cannot use the correct equipment. We know that the regulations are trying to fix variability, but this is not the actual problem. But restricting equipment and forcing methods will just make the problem worse.
David Zanon

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to non-pesticide testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
The patient will no longer be able to inspect the product first hand. This will cause patient to have a need to return and request a refund of unsatisfactory product. The ability to inspect should be a right of the patient.
Larry Francis

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I don't understand why it has been proposed. As a consumer, I have always inspected fresh goods "looking for the cream of the crop". Choosing flower is no different and this rule change takes that ability from me. As I initially stated I fail to see the benefits of this rule change proposal.
Cynthia Jones

OMMA Evaluation:

Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Prepackaging. This rule makes absolutely no sense. I am trying my best to figure out what purpose this could serve. Besides not letting the patient know what he is purchasing. This is going to drive cost up and keep people from knowing what they're buying. This will lead to a lot of product that is bought And disposed of because it was unsatisfactory once you got home and opened it up. I truly believe this is going to push people straight back to the black market. Could someone please explain to me the logic behind this I absolutely see no advantages.
Jim Corley

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Prepackaged MMJ sales strips the customer of the only opportunity to inspect the product to be sure they are getting a product that not only looks great but also smells great. It also increases cots for the customer.

Many times I've avoided buying product that smelled like mildew, hay or fresh cut lawn because I had an opportunity to get a scent from the actually container it's kept in thanks to some places that have the hand held fans, rather than the smallest piece in glass jar with holes in the lid that allow the product to dry out and loose it's original smell.

I've been sold Prepackaged mmj already on 2 separate occasions that either smelled of mildew or pinesol only to be told that "it is what it is brother, that's the nature of the industry" cant do anything about it. Would you like to buy another product from us? I know I probably should

have filed a complaint at the time, rather than throw in the trash and find another place to go.

I understand why we can't touch the product, couldn't agree more.

I guess I'm asking if this rule includes anything to ensure business has to do something to remedy the situation if a customer is sold something that smells like it shouldn't be consumed?
Joseph Klinkerman

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I have personally worked with a lot of these pesticides when we were first getting started as the calibration standards we were purchasing at the time contained a lot more than were required by the State of Oklahoma. There are going to be several problems for laboratories trying to identify these pesticides correctly and effectively. I'm all for public safety, however, this proposed list is setting the bar too high and currently accredited laboratories are going to be incapable of analyzing for these by the current instrumentation that the rules require. Additionally, although great technology, some of the new proposed limits are pushing the limits of LC-MS/MS ESPECIALLY IN CANNABIS MATRIX. Some of the proposed analytes are volatile which will cause problems for analysis via LC as well. Compounds such as Naled decompose at a temperature much lower (110 C) than typical LC-MS/MS nebulizer gas temperature which we typically operate in the 200-350 C range. Dichlorvos is another that isn't suitable for analysis by LC-MS/MS. These are just 2 examples of compounds in the proposed list that will be unable to be accurately quantified under the proposed rules. Additionally the lower proposed action levels are NOT ALL ACHIEVABLE with the proposed sample size requirements. Additional instrumentation such as GC-MS/MS at a minimum is going to be required to even attempt to analyze this proposed list.

Currently, licensed laboratories are collectively INCAPABLE of identifying and quantitating the CURRENT LIST OF 13 PESTICIDES based on interlaboratory comparisons that I have been privy to. There is NO WAY we will collectively be capable of analyzing the proposed list correctly.

The quality control requirements as they are written will never allow ONE SINGLE SAMPLE to be processed the way the rules are written without publishing erroneous data or not following the proposed rules. A more practical approach would be to consider something along the lines of what we do for EPA analysis of Volatiles and Semi-Volatiles. This

approach identifies about 10-20% of the total analyte list and uses them for System Performance Check Compounds and if those pass QC requirements, the full analytical list can be assumed to be within tolerance.

I would suggest keeping the current pesticide list as well as the action levels the same until the OMMA State Funded Laboratory is fully operational and capable of identifying these additional pesticides themselves and providing documentation to the scientific community of their findings before implementing analysis that is unattainable. We are told the State Lab will be functional by February 2025, so they should have no trouble identifying and publishing their findings prior to the implementation of these rules.

Additionally the rules should clearly define how moisture correction is applied. For example, if a sample is slightly below LOQ, but the application of the moisture correction calculation is applied and the corrected value is above the LOQ is that value reported, or is it considered below LOQ? Doesn't matter which way it is defined, just needs defined so laboratories are all applying the same calculation.
Brandon Mosley

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to non-pesticide testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
The proposed pesticide list comes from Canadian cannabis regulations. Published American toxicity values (EPA) differ from Canadian values. If a list is to be based on toxicity, then it should represent American toxicity values.

It should be noted that the Canadian list establishes Limits of Quantitation (LOQ), not allowable thresholds. This is similar to how California sets their rules. In California they have split their list into class 1 and class 2 toxins. Class 2 toxins have a set allowable threshold and values less than the threshold are considered safe and can be sold. Class 1 toxins have a limit of “not detected” and the state gives a maximum LOQ of 100 ppb. In Canada all pesticides on the list are not permitted and any detected value is a fail. Only specific pesticides on a whitelist are permitted.

If the state of Oklahoma wishes the prohibit the use of certain pesticides on cannabis then it

should clearly state that as its intent, just as California does.

As a practical matter an LOQ of 100 ppb is doable by most high end LCMSMS instruments. An LOQ of 10 ppb in a real matrix is only achieved with top of the line equipment (such as the Agilent 6495) after a good deal of sample preparation.

As written an allowable threshold of 10ppb would require a LOQ of 5ppb by Oklahoma regulations. This is not possible in a production lab with real matrix for a test that is expected to cost less than $200.

The cost burden on implementing the proposed pesticide list is excessive. The cost of standards and isotopic internal standards would more than triple and the laboratory throughput would go down by a factor of at least two as no instrument sold can monitor all the transitions even in dynamic MRM mode. At least two injections are required. (70 analytes is 140 transitions. Throw in polarity switching for the negative ions and you are left with dwell times of zilch and a signal-to-noise of crap). At least two preparations are required as, for instance, acephate requires a preparation in a majority aquous phase and bifenazate requires a water free preparation.

Lastly, the largest barrier to implementing the list as proposed is the amount of re-work required from failed control samples. Provisions for partial batch acceptance need to be established or clarified. Consider this statement about marginal exceedance limits from the New York Office of Cannabis Management "Cannabis Laboratory Quality System Standard" dated November 8, 2024-

“If a large number of analytes are in the LCS, it becomes statistically likely that a few will be outside control limits. This may not indicate that the system is out of control, therefore corrective action may not be necessary.”

The New York administrative code goes on to clarify how to deal with this situation. It is a well-written document and should be considered in its entirety. Other gems from the same document-

For methods that include one (1) to ten (10) targets, spike all components. For methods that include eleven (11) to twenty (20) targets, spike at least ten (10) or 80%, whichever is greater. For methods with more than twenty (20) targets, randomly spike at least sixteen (16) components.

i. The analysis of matrix spikes and matrix spike duplicates is not required with each preparation batch if one of the criteria below is met.
1. An isotope dilution standard is being used to monitor matrix suppression / enhancement in every sample.
2. For organic chemistry methods, an internal standard-based matrix correction is being used, where the analysis of multiple internal standards is used to predict matrix effects.
3. The laboratory or licensee performed R&D on product formulations and documented that matrix suppression / enhancement was not an issue. The records must be available for inspection by the Office upon request.

William A. English

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
442:10-8-1(i)(5)(a) - The following analytes have a failure limit below manufactures application note listed limit of quanitation listed by Agilent. "Determination of Pesticides and Mycotoxins as Defined by California State Recreational Cannabis Regulations"

Acephate
Bifenazate
Boscalid
Carbofuran
Chlorantraniliprole
Chlorphenapyr
Dimethoate
Etoxazole
Fludioxonil
Malathion
Metalaxyl
Methiocarb
Myclobutanil
Propoxur
Spirotetramat
Thiamethoxam
This means that with new equipment, produced at or before 2019, these limits were not achievable. This does not take into account the quality controls for which Pyrethrins could not be achieved by agilent at 60 ppb, which is also higher than that set limit.

It would be more achievable to set the california action limits than the canada action limits for all listed pesticides.
carl hanz

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in

state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
442:10-5-6. (b)(2) - This section fails to require the minimum necessary documentation to identify sources of contamination in accordance with good manufacturing practices. In plain english, this section should be expanded to require a master manufacturing record that identifies all controls, and thier monitered result to ensure products are safe for human consumption. Batch records should have explicit reqirements for input testing of all products applied to the crop or production batch. The lot numbers for every prooduct should be listed with expiration date for each input. Any non cannabis input should be explicitly listed on the label to ensure transparency to patients. Off label pesticides and solvents should be required to be disclosed to patients. All failures of the quality management system should be required to be reported to OMMA along with the corrective action where the source has been identified through 3rd party testing, the remediation of facility or process has been completed and validated with subsequent 3rd party verification. See CFR 211.188 for minimum medical language requirements. Please list language and not a direct refrence to it in the rules.
carl hanz

OMMA Evaluation:
Thank you for taking the time to share your comment. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
While Highgrade Labs will always support testing that further protects the consumer from known contaminants, the industry and consumers would be helped the most if current testing regulations were fully followed by all licensed laboratories and enforced consistently before further expansion. Highgrade Labs gathered subject matter expertise spanning decades of analytical and microbial experience, as well as evidence from manufacturers and Proficiency Test suppliers to prepare the topics below regarding pesticides testing in cannabis. We are hopeful our regulators will consider the feasibility of the regulations being proposed before the rule changes are made effective.
First, the industry would benefit from a grace period of about 9 months after the rules are finalized and before they take effect. The expanded list is >400% more analytes, and at action limits that do not have readily available method guidance. The investment in method

development, method validation and method accreditation will require a 6 – 7 figure investment in labor hours, consumables and machine time. A grace period would allow the labs to develop proper methods, update accredited scopes, update testing prices, and help growers and processors screen cannabis and non-cannabis products for the new compounds without a major disruption in the industry.
Second, the proposed action limits are unobtainably low in cannabis matrices compared to established parameters. This raises some questions about the viability of consistent and accurate testing for these compounds at such concentrations historically comparable to the lowest limits of quantitation.
There is no change in the percent recovery for the LCS quality control samples which are required to be at or near the action limit. As far as the regulations requiring quality control samples to recover within certain acceptance criteria, the labs will also require guidance from the state, as far as the published methods confirming those parameters are possible at those action limits, in cannabis matrix.
Given the variability in the chemical properties of these compounds, implementing standardized LQC measures for all 60 analytes in every analytical batch is impractical and likely to introduce inconsistencies in recovery rates. At the action limits requested, even the most sensitive, brand-new equipment that exists will have difficulty quantifying with the variety of matrices tested in the cannabis market.
Finally, commercially available cannabis pesticide calibration materials are somewhat limited. It would be possible to achieve calibrations for the proposed list but would require many different standards to be combined, and this would limit the accuracy of the testing. AOAC International published in 2023 that larger pesticide standard mixes immediately start to degrade when combined, due to their combined chemistries. (Stability Study and Handling Recommendations for Multiresidue Pesticide Mixes under Diverse Storage Conditions for LC–MS/MS and GC–MS/MS, Journal of AOAC INTERNATIONAL, Volume 106, Issue 6, November-December 2023, Pages 1550–1563).
We reached out to Emerald Scientific regarding Proficiency Testing samples that contain the analytes in the proposed lists. President Kirsten Blake confirmed that even the labs that create the official Proficiency Tests in cannabis/hemp matrix could not spike the matrix with more than a representative percent at a time, since “Not all analytes will behave together”.
We would offer collaboration to aid in making the expansion a data/evidence driven approach. This will help ensure medical cannabis products in Oklahoma are as safe as possible for consumption. However, there are some major scientific and logistic complications that will arise if the proposed regulations go into effect as they are. With the OMMA reference lab soon to open, we hope future conversations with that team will help aid in what acceptance criteria is realistic, and to provide guidance.
Highgrade Labs Oklahoma

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
As a patient and employee of a testing lab in Oklahoma, I would like to express my concerns regarding the recent proposed rule changes. There needs to be more communication about why these rules are being changed, especially when there are no resources provided to explain the reasoning behind them. For example, the final form testing of vape carts. We are not sure of the intent of this rule or why it happened in the first place.

I support the addition of 60 pesticides to the testing requirements. However, due to the lack of regulatory oversight in holding labs accountable over the past five years, this change seems likely to harm businesses that adhere to high ethical standards and prioritize the production of safe products. Meanwhile, other businesses may continue to engage in "lab shopping," where they seek out testing labs that are known to produce favorable results. This practice allows these businesses to avoid the consequences of failed tests, higher potency flowers, and edible testing that is not accurate, which in turn leads to higher sales and an unfair competitive advantage.

Lab shopping undermines the integrity of the testing process and creates an uneven playing field. Businesses that use reputable labs and invest in producing safe, compliant products are at a disadvantage compared to those that exploit less stringent labs to achieve better results. This not only affects the market but also poses potential risks to patient safety.

Our lab is capable of complying with the new regulations, but this will only compound the existing unfair playing field if OMMA does not have its own lab operational and demonstrate that it can meet its own testing regulations. It is crucial for OMMA to ensure that all labs are held to the same standards to maintain fairness and safety in the industry.
Eric Wheeler

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
442:10-7-1 e 1 - Plant growth regulators, bio-stimulants, are regulated by the EPA as

pesticides under FIFRA. Federal Plant Regulator Definition and Exclusions Plant regulators are defined in FIFRA section 2(v)], as “any substance or mixture of substances intended, through physiological action, for accelerating or retarding the rate of growth or rate of maturation, or for otherwise altering the behavior of plants or the produce thereof.” Excluded from the plant regulator definition are those products that are “Products intended to aid the growth of desirable plants” including: (1) plant nutrients, trace elements, nutritional chemicals, (2) plant inoculants, (3) soil amendments; and vitamin-hormones [40 CFR 152.6(g)].

These products should have to be disclosed to patients on final product labels. This will improve transparancy and allow patients to make informed decisions on adulterated products. carl hanz

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I am writing today about the transfer code and its impact on my family's small business if all is to be processed as written/required in the current rules and regulations. We have a member seeking to withdraw - here is what that process now looks like for us. My concern is the time frame of the transfer and the potential to be expensive AND have a lapse in active status.

When I called the OMMA helpline on November 15th they had not yet received guidance if losing a member would have been considered a "transfer" - I was asked to call back and received clarification November 21.

Because of OMMA's new transfer application requirement - when any percentage of ownership is transferred (I.e. our situation - losing a member) we file a transfer request for each license (We have one grow and one dispensary) - that is processed through OMMA and we will be given two new license numbers at the end of the process.

To seamlessly transfer the licenses I would be paying two dispensary license fees ($2500+ to stay active and $2500 to transfer) and two grow license fees (another $2500+ to stay active and $2500 to transfer) . When the transfer application with corrected ownership is approved we will have to immediately pay for two new OBNDD licenses despite just renewing them on October 31st ($2500+$300+), and potentially another bond ($2000+) despite renewing it in August before the new legislation. Please clarify whether a new bond will be needed if the ownership is changed. New Transport licenses will also be necessary - 6 among the two businesses ($200+).

The entire transfer as currently written could cost us $15,000 minimum when we were only expecting to pay for a dispensary renewal this month ($2500)
Losing a member is already a distressing event. This should not be the same and equal process to gaining a new member and should not be considered a transfer.
I wasn't aware of the impact of this particular section of legislation until it became necessary. Please consider our experience when moving forward.
Mollie Delp

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c. These state statutes govern the application process to transfer ownership, updates to renewal windows and late renewal fees at 63 O.S. § 427.14(N). Changes to these statutory requirements fall under the jurisdiction of the Legislature. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
I am Jeremy Woods, co-owner of a small compliance company called Wild West Compliance. We are fortunate to see many different aspects of this industry from grows, dispensaries, processors and lastly the Labs. I am here today to speak with you all about the changes in the pesticide thresholds in the proposed permeate rules and the additional pesticides to be tested for. The main concern I have is the level limits being changed from a .2ppm and a .4ppm to the new trace amounts of .02ppm. I don't like to go off hear say so I started doing research and ask that you all do the same. From what I have found through the research side is in FIFRA, FFDCA and the EPA these pesticides already have a governing agency that sets the usable limits and humane exposure. The FFDCA actually has a petition to be filled out when a person or a group of people want a lower-level limit to set in place, which is done on a federal level that is required by section 408(d)(3) of the FFDCA. The petition summary announces the availability of a description of the analytic methods used to test that is available to the EPA for detection limits and measurements of the pesticide chemical residue left so the EPA will then make an explanation of why the method of change is needed or not needed.
Has the state filed for the EPA to change the limits allowed? The EPA uses a 10-fold safety factor for pesticide residue already which means they have a 10 to 1 safety factor already in place for human consumption. The FFDCA has the EPA governing the food and drug administration on safe levels and the EPA is required to re-examine the safe levels every 15 years.
Don't get me wrong I am all for the product being safe for consumption and it needs to be after all this is medicinal. But my concern is at what price to the market when let's be fair OMMA hasn't done their due diligence to the lab side of things. How about we fix the current issues we are having with the labs and testing before we reach out to trace amounts being acceptable or not. We can mandate all the lower levels we want but until we get the testing under control, we are not doing this industry any good nor its patience.

I am going to address a couple things here to prove my point on the issues at hand with labs and the testing requirements. We were fortunate to sit down and have a meeting with OMMA on testing issues and concerns back in August. One of the many COA i handed to you all was a vape cart that was not tested according to regulation, On Nov 25th I was doing a metrc audit and came across the same vape cart, the problem is it is using the exact same test that wasn't tested according to regulation but was again being sold to patients, the vape cart was received at a dispensary on Nov 18th. almost 90 days from the time I showed you all it wasn't tested correctly. I am not here to play the blame game we are in this industry to fix these problems and not cause more.
I am not going all the way back to prove my point but will go back to H.B. 4056 signed by gov. on 5-26-2022 and HB 3971.
Look them up it states what legislation says shall be done and OMMA did not do. Instead in August they changed the regulations to state when they had the State Laboratory up and running but I have searched and not found where Legislation extended the June 1st deadline.
We took time to set in at a trial that OMMA was having to kill some time one day, the ALJ had a very valid point that he commented to one of the lawyers and it was when interpreting the regulations and the state statue you have to pay attention to the wording like may and shall. May is a suggestion and is a choice, Shall means that you have to not a choice.
From June 1st till August 16th of the rule changes there was 5 laboratory license renewals that did not meet the state legislation nor the OMMA regulations for renewals.
OMMA regulation for 1st 442:10-8-2 please read and see what was required, also 442:10-8-5 states what the Quality assurance laboratory
Jeremy Woods, Wild West Compliance

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Additionally, OAC 442-10-8-2(c) requires the QA Lab to conduct external quality control testing. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
It is extremely important to me as a Cannabis patient, to be able to smell product before I purchase it. Smell tells me yes or no about a product. I can't rely on name, THC content, or anything else but smell to know if a product is going to help my chronic pain. I would beg you not to take away my ability to smell product before I buy! After all, it's not like product can be returned if it's not the right strain for my specific need.
Thank you so much for reading and giving due consideration to my very just concern.
Glovanna Blackledge

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
My name is Kat! I'm a patient first, & help run my families dispensary! I'm also helping run Oklahoma's Cancer FECO Program!! A few reasons we don't need pre packaged cannabis flower is!!!! :

1) our patients who come to us are already sick!! Especially our cancer patients!! I can't consciously sell them something I know could make them more sick!

2) how do we know it's going to make our patients more sick you ask....
Well that's because we have educated ourselves with multiple growers from this state on how this plant works! We understand how it grows, cures & drys!! We have also educated ourselves on how to store it properly because of the what is called the "rainbow life" flowers have in the cannabis plant! Not allowing the plant to properly dry & cure can cause mildew & possibly mold! This also can continue to grow & make more mildew or mold by not burping the flower & allowing it to "breath" as growers say thru the "rainbow life".
Also if someone has bugs or webbing in their flower & then they pre package that & is then that is what the patient would receive at home. This is not ok!

3) unfair to mom & pop growers pocket books & efforts!! Shoving everyone to spend more money on trash to make something worse that's here to help patients is insane! SOME of these growers take time & effort & pride into growing some beautiful & wonderful medicine & seeing that go into a bag that sucks the life out of it is sooo sad!! Especially seeing how these proud Oklahomans are proud of their work!!

4) cannabis itself just like fruits, veggies herbs & spices all have their own terpenes! Terpenes & flavonoids are what make up the aroma of these flowers, herbs spices, fruits & veggies!! Which is what helps aid in many medicinal forms. Having everything pre packaged will not only degrade the cannabis but will also have all of your patients going back to the black market because they can't properly inspect their product. which is what we are trying to stop. I understand that samples in smell jars are allowed. But, do you know it only takes a couple days for that bud sitting in light & plastic to lose all its smell and integrity of the bud. So, what is the patient actually smelling out of those "smell jars"

5) why are we adding more work for these businesses when our questions can't be answered. OMMA & Narcotics can't respond, help or even get together on 1 page to take our questions.

So they say pre packaged is to make your lives easier? Thats not what we here as business owners or patiof oklahoma are for! Do your job that your getting paid for & that our taxes pay for.

6) there should ALWAYS ALWAYS ALWAYS be an open line of communication & delivery from growers & processors all the way down to the dispensaries! This is how we are able to help patients with educations & questions & ourselves as business owners, since the state can't educate us with our credentials we MUST pay for once a year!!! If you go on with pre packaged DELI style needs to remain regardless of what you think & believe!! Never shut off our communication as business owners & patients from the humans who are growing our medication!
Kat wilbanks

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Things that NEED to happen for this industry to continue with actual healthy medication for the patients of OKLAHOMA!!! This is for the people by the people & this is how this needs to remain!

1) There WILL not be a 3rd party between dispensaries & growers/processors! They need to be able to still show us what they are selling to us as a business! And be able to communicate, help, & educate! WE DO NOT WANT OUR PRODUCTS TO GO FROM A GROWER TO A PACKAGING COMPANY & THEN TO US!!! Our pharmacies all receive their Narcotics in bulk in order to (deli style) fill the order per patient! Your legally allowed to have your pharmacist open your medication & count in front of you before leaving the store. We as dispensaries can not provide this for our patients due to this bill, so if their product bag doesn't have the proper weight or flower in it we won't know. This can also take away from the patients of OKLAHOMA who is already on a budget & trying to get the best bang for their buck.

2) Deli style WILL be available for those dispensaries & growers who choose to do so!! If need be the growers can sell us the flowers in bulk & bring their own packaging if they wish for it to go out in their packaging!

3)Exit labels will go with each patients purchase as usual per OMMA PLUS exit labels with OMMA, OBNDD & All senators all representive & the govonors info for them to hold you all as state agencies responsible, when you make them sick from their medications! This is made

possible because of our federal 14th amendment rights guarantee!

Look at the end of the day we here in the small mom & pop cannabis industry are here to help patients heal not get more sick from some products the government is slinging! Do better for your patients & your state!! Get rid of this or write these rules & regulations to where this still benefits & heals the patients of oklahoma instead of hindering & making them more sick!!
Kat Wilbanks

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
The Authority has proposed to extend the pesticide list from 13 to 60 pesticides. Until the Authority has an operational and certified lab that has protocols in place and is able to properly and accurately identify all 60 pesticides, I do not believe that they should mandate all labs in the state to adhere to the proposed rule. Once the state lab is operational, and has published documentation showing it is capable of such, then the state can ask all licensed labs to follow suite.
Daniel Sellers

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
FOR OWNERS - Renewal of licenses for dispensary, processor, and grow facility, in addition, to transporter agent cards, in addition a personal credential - This is a result of 7 different OSBI checks - I would recommend an annual version vs. one that is just 30-days old.
RAY TINSLEY

OMMA Evaluation:
Thank you for taking the time to share your comment. Your feedback pertains to state statute rather than administrative rules. HB 2095 (2023) which amended 63 O.S. § 427.14 and requires all applicants undergo a national fingerprint-based background check within thirty days prior to the application for the license. Changes to this statutory requirement can only be made by the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
The rules and regulations do not indicate what the licensee is to do with the documents required to be retained if the licensee is no longer occupying the physical address that was affiliated with the business operation. After a license has been revoked, surrendered or has no intention to become operational where would documents be maintained if a licensee has move from the physical location due to property lease expiration, relocated or has become deceased.
Rhiannon Ross

OMMA Evaluation:
Thank you for sharing your concerns. This comment does not relate to a proposed permanent rule change. The current rules address record retention and making records available to the Authority consistent with 63 O.S. §427.6. Although the Authority will not be making changes based upon this comment, rest assured that we have shared your concern with our team, and we appreciate you contributing to the conversation.

Change:
No rule changes are recommended.

Comment:
We have had a licensed business since 2018. We are currently being rejected for our renewal due to "land verification issues." I have owned the property since 2012, my wife and I are listed on the property deed. I have submitted tax records, the property deed filed at the courthouse, a letter from my county assessor among other numerous forms of verification. There is no rule stating that the land can only be in the license holders name. Only that the license holder has to have owned the property for at least 5 years. Real estate law in Oklahoma states that anyone on the deed has the right to use and possess entire property as if you were the sole owner. If I have to go back and add my wife to the license information, it would cause a major disruption in my business, not to mention additional major cost. Please consider changing the verification requirements to protect us licenseholders being affected by this issue. Thank you.
Jason Oliver

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment provides feedback on state statute and existing permanent rules, not proposed changes to the rules. SB

913 (2023) which amended 63 O.S. § 427.14, and 63 O.S. § 427.26 govern the medical marijuana grower bond requirements; modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Although the Authority won't be making changes based on this comment, we appreciate you contributing to the conversation and thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
I SPOKE TODAY AT THE OPEN COMMENT, BUT I'M NOT A GOOD SPEAKER SO I WANTED TO MAKE SURE MY COMMENTS WERE HEARD. THANKS!
Many growers are not set up for prepackaging. As a processor, we are set up for packaging and can offer it as a service to growers. The problem is the packaged product would not be able to be returned to the grower for them to sell. This poses issues of storing pre-packaged cannabis, transporting it for the grower, and then getting proceeds back to the grow. In order to simplify the process, we should be able to transfer packaged flower back to the grow it came from.
I noticed you did add returns to your proposed rules. But it says that anything returned is waste and has to be disposed of. I don't think this is correct. The original licensee should be the one to determine if a return is waste or usable, or can be processed further into a new product.
I still have an issue with not being able to put a sticker on top of another sticker. Now we have to add the date tested and date packaged to labels starting June 1st. The time spent removing old labels and re-labeling is a waste. Sometimes the packaging is damaged when removing labels. So perfectly good packaging is being wasted. We really should be able to put a sticker on top of another sticker as long as the information shown is compliant.
The rules state it's ok for a lab to use Metrc to maintain COAs but all other license holders have to obtain and maintain copies of COAs for 7 years. If test results in Metrc are sufficient for labs, they should be sufficient for all license holders.
I don't agree with the addition of timely submission of license renewals. Who does it benefit to make license holders submit 60 days early to remain active during renewal? And then OMMA has 90 days to process the renewal, not including holidays or weekends. It almost seems like the OMMA is trying to get rid of licenses or stop them from operating legally with this rule. The problem with processing renewals has less to do with when it was submitted and more to do with the lack of timely processing by OMMA.
BRIE TRUETT

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c. These state statutes govern the application process to transfer ownership, updates to renewal windows and late renewal fees at 63 O.S. § 427.14(N). Changes to these statutory

requirements fall under the jurisdiction of the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
This was coming from the integrity of being a former patient and also knowing friends and family with specific conditions that would be affected by any sort of allowance of pesticides or heavy metals. When we are providing a medical product or labeling medical marijuana to be safe, an allowance for consumption of pesticides and heavy metals should not be acceptable, nor consumed with the potential of ingesting or inhaling toxins into the lungs or digestive system. I also feel that there is a risk for processing facilities accepting medical marijuana that has not been tested. These facilities are accepting marijuana with the unknown quality of the product which also interferes with the integrity of the safety of our patients and licensed businesses risking contamination of the expensive equipment utilized for processing products. When prescriptions are being distributed from the pharmacy these products are not contaminated with the potential of having pesticides or heavy metals for patient consumption and as a program built to protect the public from these contaminants, we would be doing a disservice to the patients utilizing medical marijuana as an option to gain their quality of life. Rhiannon Ross

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. As it relates to heavy metal testing thresholds, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
Exterior Commercial Signage - Having exterior visible signage, especially in a rural setting such as I have, only adds to the dangers of letting the general public know that a property has a medical marijuana operation. I have been in the same location since 2018 and OMMA and OBN certainly know where my business is located. It seems reasonable that any licensee that has been in operation for over 2-3 years at the same location should be exempt from having to display commercial signage and should be exempt from this regulation.

OMMA Problem Resolution Team – In contacting most State Agencies in Oklahoma, including Secretary of State, Tax Commission, DMV, etc., there is always a way to present a

problem or an issue and to find a workable solution with the agency. While OMMA does offer some phone support for commercial license holders, there is usually only a statement of "we can't give you advice, you'll have to get an attorney," which is not very neighborly, not to mention expensive and time consuming. I suggest that OMMA establish a method whereby any current license holder can request a consultation with a "Resolution Advisor" who can assist in navigating the difficulties that arise in our business relationship with OMMA. We need a better working relationship with OMMA.
Lee Bayless

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment relates to a statutory requirement rather than a proposed permanent rule. The requirement that commercial growers post signage at the site of the commercial grow operation is required by SB 1737 (2022), which amended 63 O.S. § 427.21 of state statute. It's important to note that changes to these requirements fall within the jurisdiction of the legislature and cannot be changed by OMMA. Thank you once again for sharing your thoughts, we will take your suggestions under advisement.

Change:
No rule changes are recommended.

Comment:
In the proposed rule in pesticides residue testing section, about 47 more pesticides are added to the list. For the 13 old pesticides, the threshold are mostly reduced about 10 fold down to 0.02 or 0.05ppm level.
The problem is that many added pesticides are not amenable by LCMS (they cannot be tested by LCMS, GCMS has to be used to test them). The threshold is too low (0.02ppm) , so sample has to be less diluted and there's much more heavy matrix injected on the instrument with more matrix interference, the impact on QC is huge. Current 70%-130% criteria for CCV may not work. GCMS purchase and GCMS method development is another big investment for Labs.

My suggestion is that we wait until the state OMMA Lab develops the methods for these 47 more pesticides and establish the APPLICABLE threshold and QC standards. Otherwise all the Labs are thrown in the hot water and struggle to meet the unrealistic criteria.
Alex Tang

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of

the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
We are a small grow but also have a dispensary, the pre pack will significantly impact the cost from grower to patient, the freshness is another problem whether in mylar bag or jar it needs to be burped during storage to keep from mold or mildew, my husband and I run our businesses with very little employees and barely staying in business with the costs going up but product prices going down due to oversaturation
Donna Allen

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Pre-pack will take away our rights of getting to smell and look and correctly choose flower that will help our medical needs
Emily Warner

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I do not agree with this rule as it limits the customers ability to select purchases.
Ryan Shelton

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities

weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
We need some kind of sample to view and smell that is from the same batch as the prepackaged product. This will help in reducing great anger after a customer feels cheated. I also believe that it can help a business justify their price.
Nicholas Price

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
The language in the Rules state "... that applications be reviewed within ninety (90) business days of receipt of the application in accordance with Subsection F of Section 427.14 of Title 63 of the Oklahoma Statutes." This is somewhat misleading unless an applicant reviews the Statute as well, which allows OMMA to simply issue a "status letter" for an indefinite period of time. Failure to timely process applications has cost business owners a great deal of money, from legal fees to building lease fees that accumulate for 18+ months. There are very firm deadlines by which applicants must submit a corrected application and renewal application. But the agency does not provide the benefit of an applicant being able to forecast how long it may be before OMMA processes an application. We submitted a renewal with change in ownership and location in July 2023 on behalf of a client, with all required documents including a COO issued by the City of Tulsa, and said application is still pending while the owners pay a considerable lease fee each month. Another client has had a renewal application on file since December 2022.

The second line of inquiry/comment is bonds. We have received mixed messages from OMMA in terms of what OMMA will accept. We have several clients who operate their grow on property they have personally owned for 20+ years but OMMA rejected the proof of ownership (property deed showing the individual owner owns the land), because the property is not owned by the grow license - which is an LLC. The property owner naturally has the

most interest in maintaining his or her property, defeating the purpose of a bond that costs $3,000-$5,000 per year.
Bethany Stoltzfus

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c. These state statutes govern the application process to transfer ownership, updates to renewal windows and late renewal fees at 63 O.S. § 427.14(N). The second portion of your comment provides feedback on state statue and existing permanent rules, not proposed changes to the rules. SB 913 (2023) which amended 63 O.S. § 427.14, and 63 O.S. § 427.26 govern the medical marijuana grower bond requirements. There are no proposed permanent rule changes regarding the grower bond requirement, and any changes to these statutory requirements fall under the jurisdiction of the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
The new rule under 442:10-5-2(f)(2)(B) states: "The new owner is not authorized to take possession of medical marijuana, medical marijuana concentrate, or medical marijuana products, exercise control over any activities involving the medical marijuana business, or hold themselves out as having control over any activities involving the medical marijuana business unless and until the application has been approved by the Authority and the new owner is registered with OBNDD."

This rule does not take into account 63 O.S. sec. 427.14c (E) of the enacting statute which states: "Nothing in this section shall prohibit the prospective new owners from being employed by the current owner during the transfer process so long as the prospective new owner holds all proper employee credentials in accordance with Section 427.14b of Title 63 of the Oklahoma Statutes."

Clarifying language should be added to the transfer rule to indicate that if a new owner is employed by the current owner, they may operate as an agent of the current owner as any other credentialed employee could.
Felina Rivera

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c. These state statutes govern the application process to transfer ownership, updates to

renewal windows and late renewal fees at 63 O.S. § 427.14(N). Changes to these statutory requirements fall under the jurisdiction of the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
As one who only shops flower, I am concerned that the new rules will degrade my purchasing/shopping experience. As long as I have the option to see and smell the products offered, it should be sufficient and if the businesses package the product in non-opaque bags so I can see that I'm getting what I observed in the display samples. Otherwise, this rule makes it easy for a business to pull a "bait and switch".
It would be nice if the pre-packs have a "packed on date" so one can see how long the product has been on a shelf. I want to be confident that I'm buying what I'm seeing and that there is a remedy for me if this is not the case.
Also, I am concerned that the new rule just puts more restrictions on businesses and make operations more difficult for them. We should be mindful of our business owners' concerns.
David Gilliland

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-1.(i)(5) - I am worried about being able to develop a method with the LCMS that is able to accurately find and quantify these 47 new pesticides that are being proposed. Many of these pesticides cannot be found with an LCMS but need to be ran on a GCMS. Method development for this would be costly and would definitely put my lab behind.
I would suggest that OMMA's Quality Assurance Laboratory develop a method that is applicable to an LCMS and adequately quantitates each of the proposed analytes before the rule is put into effect.
CJ McLemore

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the

Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to heavy metal, mycotoxin, and cannabinoid testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
I suffer from a chronic illness that causes me endless pain. I struggle enough with my daily activity due to the failure of the healthcare system and the burden it has imposed on my existence.
Cannabis has thankfully become available to me as of 2018, thanks to the PEOPLE who acquired enough signatures to force the legislature of OKLAHOMA to allow the people to vote on SQ 788. A vote that passed by a extreme majority in favor, may I remind you. A vote I proudly made myself. The fact that OMMA is composed of individuals that are NOT in my best interest is at the very least extremely concerning. I am against both the rules proposed requiring MMJ be sold pre-packaged and the rules expanding the testing requirements. Pre-Packaged cannabis serves only to drive costs up for my as a patient, but provides absolutely no benefit. I am now only worried that the industry will be causing even more harm to the environment than disposable vaporizers already are. This is extremely concerning.
Expanding testing requirements will also only drive up my costs as a patient and completely fail at solving the problem of contaminated product that is being sold to patients like me. The rules are not the reason that quality is not assured, it is the implementation by the organization that is supposed to be out for my best interest, yet they don't even have enough labs to test the product. I suggest that you use the enormous amount of funds you have ALREADY collected from business and patient licenses, and the ridiculously high tax imposed on it's purchase by patients to implement the rules you already should be enforcing, but cannot. Please stop making the lives of people in pain like me, harder. We are already at our wit's end.
Servando Hernandez

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. As relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share

your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
442:10-8-1(i)(1) Microbial testing (A) - Remove Total yeast and mold microbials (TYM), Total aerobic microbials (TAC), and bile tolerant gram-negative bacteria (BTGN):
Eliminate testing for TYM, TAC, BTGN enumeration tests as these tests do not provide pathogen-specific data relevant to cannabis safety. Relying on broad microbial counts provides no clear indication of human health risk.

Rationale for These Recommendations
Lack of Pathogen Specific Data
According to the American Herbal Pharmacopoeia's 2014 Monograph on Cannabis Inflorescence, total microbial count tests should not be used as a basis to fail cannabis samples simply for exceeding action levels. These tests, which include TYM, TAC, and BTGN do not differentiate between harmful and benign microorganisms, which provide no useful information about the presence of human pathogens.

No Link Between Total Count and Disease
There are no peer reviewed studies demonstrating that specific thresholds of total microbial counts (TAC, TYM, or BTGN) are correlated with human disease. Without such research, it is scientifically unjustified to rely on these counts as criteria for failing cannabis samples.

No Clinical Evidence from Cannabis Use
To date, no clinical case studies have shown that total microbial counts (such as TAC, TYM, or BTGN) on cannabis lead to human illness. The lack of such evidence further questions the relevance of these tests for ensuring public health safety.

Failure to Satisfy Koch's Postulates
Koch's Postulates, the gold standard for establishing a microorganism's role in causing disease, cannot be fulfilled by total count tests. These tests do not isolate or identify specific pathogens, but instead measure a broad and often harmless community of microorganisms. Without isolating disease-causing species, total counts cannot accurately assess the risk of human illness.
Sherman Hom

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I cannot use some flower for smoking and can usually tell by the smell. Please do not take away the right for the patient to smell/see what they are looking for. Certain smells will alert me to a strain that will not help me. Also regarding prepacked amounts, this could result in not being able to try different strain without being forced to purchase a certain amount. I must buy 1 gram at a time of new strains when I have to find something new that works. I hope the omma does not take away my ability to purchase I gram at a time or to see/smell the product before purchase. Some strains are to harsh to use and I do not want to be forced to buy a certain amount. Thank you for your time.
Shannon Crase

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities weighing between ½ gram to 3 ounces is required by state statute at 63 O.S. § 431.1. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thanks again for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
442:10-8-1(i)(1) Microbial Testing(B) Your regulations presently state "Testing laboratories shall use a genetically based assay or agar plate culture to perform microbial testing. The manufacturer's instructions for use, including recommendations, must be followed, unless otherwise specified by these rules." This should be changed to "Testing laboratories must use an AOAC certified Performance Tested Method. The manufacturer's instructions for use, including recommendations,
must be followed, unless otherwise specified by these rules"
Sherman Hom

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I concur that cannabis testing labs must participate in PT programs where the PT samples are cannabis samples that the lab tests each day in normal operations. Before OK's QA lab is operational, OK licensed cannabis testing labs that have a DEA license must participate in a PT program that uses cannabis as a sample type. Cannabis testing labs that do not have a DEA license must participate in a hemp PT program.
Sherman Hom

OMMA Evaluation:
Thank you for taking the time to share your comment. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
I am against both the rules proposed requiring MMJ be sold prepackaged and the rules expanding testing. I am against the rules proposed as this will negatively affect many individuals with disabilities as well as adding to environmental problems.
Judy Galluzzi

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Rules requiring medical marijuana to be sold in pre-packaged quantities pursuant to HB3361 are added to OAC 442:10-7-1 and OAC 442:10-7-2. Specific prohibitions regarding opening pre-packaged products are added to OAC 442:10-5-16(s)
HB3361 States Section 1 prepackaging nothing over 3 oz. However OMMA has took this to extreme with the proposed final rules. By requiring prepackaging with Non Opaque packaging a Vendor\Dispenary nor patient will not able to see what they are purchasing. The product such as flower could contain mold as it wasn't all the way cured or had too much moisture. It could be so old and dry it doesn't weigh the correct amount.
Pharmacies don't buy from vendors as prepackaged. They are able to count out and weigh out products for patients. Why shouldn't dispensaries be able to?

OMMA statement impact reads “7. ADVERSE EFFECT ON SMALL BUSINESS: There are no expected adverse effects on small businesses” What businesses did they speak with? Some of these sections have a huge impact on small businesses. The financial cost of pre-packaging. The financial impact for dispensaries who can’t rehydrate dry flower which in turn creates unhappy patients. If a dispensary can’t repackage they could order everything in 1 gram package and if patient orders 1 OZ, the patient will be given 28 1 gram package which is a huge waste of packaging and waste to our environment. Or a dispensary orders a few 1 grams, a few 1/8’s, a few ¼, and runs out of 1 grams and a patient can’t afford 1/8 pricing until they get paid. The patient has to go without their medication until payday? If patients can’t get quality products or the amounts or dosage they want or need from a legal establishment they will go back to black market. Black market will always get them the amount they want. They will be able to see the quality of the product! The black market will grow. Unless that is the intent of this extreme rules of HB3361! Pre-packaging will increase the financial burden on growers and processors. It will cost time waiting on packaging to be printed and arrive. It adds fees in shipping.
I’m not totally against prepackaging but this should be done at a dispensary level. They are the ones who can control to quality of products to patients. They can inspect the product and ensure there isn’t mold “hidden” in large buds as they break them down to inspect before weighing them up currently for patients. They are able to cater to patient’s needs of the different sizes. Dispensaries are able to control the quality of the product such as rehydrating or removing moisture should it come in not totally cured. If mold is found then a dispensary can and should waste out product. Prepackaging doesn’t allow any quality control. Dispensaries are unable to know what a patient wants to purchase or can afford to purchase size wise at the time a dispensary orders products from a vendor\grower.
Guessing what sizes is a huge financial impact for a dispensary.
• Updated timeframes to submit renewal applications pursuant to SB1939 are incorporated at OAC 442:10-4-2(c)(6) and OAC 442:10-5-2(c)(5).
These new rules require facilities to renew 60 days before the expire date but there is no language or rules when OMMA fails to renew our previous license timely so we can actually renew timely.
Bridget Callender

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c, govern the application process to transfer ownership, updates to renewal windows and late renewal fees at 63 O.S. § 427.14(N). Changes to these statutory requirements fall under the jurisdiction of the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
The specific genus and or genus species required for testing, which include shiga toxin producing E. coli, Salmonella species, and the 4 human pathogenic Aspergillus species (A. flavus, A. fumigatus, A. niger, and A. terreus) cause human illnesses, which can lead to morbidity and/or mortality. These pathogenic microorganisms may be at small quantities and an enrichment must be required to enhance the possibility of their detection. Many OK medical cannabis patients are immunocompromised and are more susceptible of getting infected with a human microbial pathogens.
Sherman Hom

OMMA Evaluation:
Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Appendix C fines are extreme in most instances legitimate businesses that have violations are unintentional human errors.
In the past we have had no real support from OMMA regarding regulations to HELP businesses like us, who are trying to do business with companies that are trying to follow the regulations.
Lance Brooks

OMMA Evaluation:
Thank you for sharing your comment with us. This comment relates to a rule requirement that is already in effect rather than a proposed permanent rule. State statute, particularly 63 O.S. § 427.3, allows the Authority to promulgate rules and assess fines. . Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
442:10-5-2 (c) (5): I understand the need for late fees for renewing licenses, but $500 a week seems excessive. If someone takes the full 60 days that will be $4,000 just in late fees. Why not something like $500 for the first 30 days and then $1000 for 31-60 days? I've known businesses that have renewed late because they weren't sure they were going to stay in business and needed to make enough money to renew. Adding up to $4k in fees to this will

hinder the small, local marijuana businesses and could contribute to putting Oklahomans out of business.

I understand that adding timeframes to when renewals can be submitted is an effort to speed up the process and not have licenses sitting in limbo after they've "expired." I don't think the solution is submitting earlier and earlier. Yes, this can help, but OMMA also needs more employees reviewing applications. There also needs to be better clarification to employees on what is acceptable and what is not on applications. The ineffectiveness of the renewal process on OMMA's side is causing severe holdups and backlog in licenses.

442:10-5-2 (e) (2) (A): I understand that charging for a location change ensures that businesses aren't moving constantly, but $500 seems excessive. A more appropriate fee schedule would be the first time is free and then each location change after that is $500.

442:10-7-1: (a) I've read HB3361 and understand that OMMA has to follow the bill that was signed into law. I urge OMMA to talk with lawmakers before and during this upcoming legislative session about the pre-packaged bill. I believe a new bill should be drafted, but if not at least pushing for more time for this to be enacted would help. As a dispensary owner I believe this actually creates even shadier practices, which this bill is trying to stop. My entire team is educated and knowledgeable about what flower looks, smells, and tastes like. With it being pre-packaged we now do not know what is in each package, even if we get a sample. When dispensaries get flower in bulk it's very obvious by its look, taste, and even smell if it's the same strain we were sold on and if a grower has mixed different flowers together. Now we're subject to whatever we get from growers and just have to hope for the best. Patients won't be happy because they won't know exactly what they're getting. Growers do not have the knowledge of which weights of flower are being sold by dispensaries. They can do research and inquire with their customers about the breakdown of grams, eights, etc. being sold, but they don't know the customers like the dispensaries do. The growers now have a much bigger cost going into labor and packaging, while dispensaries are already doing this and have been since the beginning. Dispensaries may end up stuck with pre-packaged weights they can't sell because weight sales aren't distributed evenly over every strain. If the flower is not packaged at the proper time it can lead to mold, mildew and other issues that affect the patient's health.

Rep. Fetgatter has sought to open a business to profit from the pre-packaged bill. He proposed a bill like this in the past as well. This bill will add costs and more labor for growers, processors, and dispensaries, while potentially benefiting elected officials.

(d) (11) Labels needing to be completely removed adds unnecessary work. Many times the labels are being covered with a new label because packaging requirements changed. Sometimes a company misjudges how much packaging they need, and therefore need to use new labels to cover old labels that aren't relevant any longer.
Alexa Silvers

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that

alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c, govern the application process to transfer ownership, updates to renewal windows and late renewal fees at 63 O.S. § 427.14(N). Changes to these statutory requirements fall under the jurisdiction of the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input.

Change:
No rule changes are recommended.

Comment:
Section 2-B, Mycotoxin testing should include any equipment that is capable of performing testing, Including instruments such as HPLC-FLD which has been the standard for testing Mycotoxins for at least 20 years or more. At a minimum, we would like to see the regulation changed to read,

---(B) Instrumentation. For mycotoxin analyte testing, laboratories may use Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS) with Electrospray Ionization (ESI), LC-MS/MS with Atmospheric Pressure Chemical Ionization (APCI), HPLC-FLD, or Enzyme Linked Immunosorbent Assay (ELISA).---

Section 5-B, Pesticide testing should include any equipment that is capable of performing testing, Including instruments such as GC-MS which has been the standard for testing Pesticides for at least decades. At a minimum, we would like to see the regulation changed to read as follows,

---(B) Instrumentation. For pesticide analyte testing, laboratories may use LC-MS/MS with ESI, LC-MS/MS with APCI, or GC/MS.---

Overall, we object to having specific equipment and methods being forced by regulation not only for the current Emergency Rules and the Proposed Permanent Rules, but also for future regulations. There are various types of scientific equipment that are normally used to provide testing for a large range of compounds, for instance, Pesticides typically use both GC/MS and LC/MS as both are better at testing certain types of compounds, and there are numerous papers that use both and limiting by regulation to just one type is detrimental both to the lab and to public health when the labs cannot use the correct equipment. We know that the regulations are trying to fix variability, but this is not the actual problem. But restricting equipment and forcing methods will just make the problem worse. '
Josh Diehl

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in

state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to non-pesticide testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
As a patient I strongly disagree with HB3361 which pertains to prepacked medical marijuana products. This bill will have an impact on the quality of our medicine. There is an increased risk of mold and yeast. Along with not being able to see the products or smell it. Imagine going to the grocery store to pick produce that is prepackaged in packaging where you cannot pick it up and inspect it for the quality and ripeness of your preference. You must trust that what you are purchasing is what they say it is.

As we know already there are many manufacturers of our medical cannabis products that expect us to trust with blind faith when we have proven trust is earned by distributing safe quality medicine. Not to be trusted with blind faith. Yet that is what this bill will force us to have to do again. Trust without verification. That what is in their prepackaged products is what they say it is. Shelf accuracy is an issue in this industry already.

SB758 covers the employee credentialing, however it does not cover training. There needs to be a set of either computer-based training or in person training for the employees within the industry to understand the rules and regulations pertaining to their job and their responsibilities.

SB1635 I agree with the implementation of a state quality assurance lab. We hope for transparency to the patients along with the new proposed lab rules. I want to thank you for expanding the pesticide testing panel to 19 contaminants now being tested for. That is a great foot forward, however we are still behind where we will need to be to protect the health and safety of our medical patients.

Title 63 States that criminal charges “may” be referred if criminal activity has been identified. This needs to be changed to “must” be charged. Producers and manufacturers of medical products with the intent to consume must be charged criminally as they hold our lives in their hands. Accountability has to be enforced for nefarious actions that impact the public’s health and safety.

The safeguards that are believed to be in place to protect us as patients are failing us by allowing the purchases of recalled products post recall. We are the patients of a consumable agricultural market and deserve to know what is in our medicine at retail level in final form at all times, in real time. The number of failed products independently tested and obtained

through open records request was absolutely appalling to review. We have the access to medical cannabis now is the time for change to ensure our access to safe medical cannabis.
Thank you for your time today,
Repeal Pre pack
Summer Parker

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. The employee credential requirements in SB 758 (2024), which amended 63 O.S. § 427.14b, requires all employees of a medical marijuana business licensee to apply for and receive a credential authorizing the employee to work in a licensed medical marijuana business, and to wear or display the credential during the employee's hours of work. SB 758 did not include a training or education requirement. OMMA endeavored to limit proposed rule changes to the requirements outlined in state statute to limit the impact on businesses and patients. In this context, your comment relates to state statute rather than a proposed permanent rule. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. As it relates to your comment about required pesticide testing, the duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. While the Authority will not be making changes to our rules based on this specific comment, please know that the Authority's rules at OAC 442-10-8-5-(c) require the QA Lab to "detect and analyze any compounds that are not among the targeted analytes and are unknown, unidentified, tentatively identified, or known and injurious to human health if consumed". This is an obligation that the Authority takes very seriously, if further research shows that our list of required analytes needs to be expanded to safeguard the medical marijuana patients of Oklahoma, we will do so. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Prepackaging medical marijuana products would cause issues when buying products from stores. Most patients would enjoy to see and smell what they are purchasing instead of going off of gear/say
Julian

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold to dispensaries in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. State statute and proposed rules do allow the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit nonopaque materials to be used, provided all other packaging and labeling requirements are met. Any changes to this statutory requirement can only be made by the Legislature. Thank you for sharing your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Update Section 442:10-8-1.(i)(5)(A) Allowable thresholds. Samples shall be tested for the following pesticide analytes. Upon operational status of the state QA laboratory, laboratories performing pesticide analysis must pass a state-issued PT sample with a recovery of +/- 40%. Any laboratories that are unable to pass a state-issued PT sample within the acceptable recovery limits shall sub-contract pesticide testing to an approved laboratory. Pesticide results shall be less than (<) the allowable threshold, in parts per million (ppm), listed below.

(i) Abamectin (B1a & B1b) < 0.5 ppm;
(ii) Azoxystrobin < 0.2 ppm;
(iii) Bifenazate < 0.2 ppm;
(iv) Etoxazole < 0.2 ppm;
(v) Imazalil < 0.2 ppm;
(vi) Imidacloprid < 0.4 ppm;
(vii) Malathion < 0.2 ppm;
(viii) Myclobutanil < 0.2 ppm;
(ix) Permethrins (cis & trans) < 0.2 ppm;
(x) Spinosad (mixture of A and D) < 0.2 ppm;
(xi) Spiromesifen < 0.2 ppm;
(xii) Spirotetramat < 0.2 ppm; and
(xiii) Tebuconazole < 0.4 ppm.

Beginning 01/01/2026, samples shall be tested for the following pesticide analytes. Laboratories performing pesticide analysis must pass a state-issued PT sample with a recovery of +/- 40%. Any laboratories that are unable to pass a state-issued PT sample within the acceptable recovery limits shall sub-contract pesticide testing to an approved laboratory. Pesticide results shall be less than (<) the allowable threshold, in parts per million (ppm), listed below.

(i) Abamectin (B1a & B1b) < 0.5 0.1 ppm;
(ii) Acephate < 0.02 ppm;
(iii) Acequinocyl < 0.03 ppm;
(iv) Acetamiprid < 0.1 ppm;
(v) Aldicarb < 1.0 ppm;
(vi) Azoxystrobin < 0.02 ppm;
(vii) Bifenazate < 0.02 ppm;
(viii) Bifenthrin < 1.0 ppm;
(ix) Boscalid < 0.02 ppm;
(x) Carbaryl < 0.05 ppm;
(xi) Carbofuran < 0.02 ppm;
(xii) Chlorantraniliprole < 0.02 ppm;
(xiii) Chlorphenapyr < 0.05 ppm;
(xiv) Chlorpyrifos < 0.04 ppm;
(xv) Clofentezine < 0.02 ppm;

(xvi) Cyantraniliprole < 0.02 ppm;
(xvii) Cyfluthrin < 0.2 ppm;
(xviii) Cypermethrin < 0.3 ppm;
(xix) Daminozide < 0.1 ppm;
(xx) Diazinon < 0.02 ppm;
(xxi) Dichlorvos < 0.1 ppm;
(xxii) Dimethoate < 0.02 ppm;
(xxiii) Ethoprophos < 0.02 ppm;
(xxiv) Etofenprox < 0.05 ppm;
(xxv) Etoxazole < 0.02 ppm;
(xxvi) Fenoxycarb < 0.02 ppm;
(xxvii) Fipronil < 0.06 ppm;
(xxviii) Flonicamid < 0.05 ppm;
(xxix) Fludioxonil < 0.02 ppm;
(xxx) Hexythiazox < 0.01 ppm;
(xxxi) Imazalil < 0.05 ppm;
(xxxii) Imidacloprid < 0.02 ppm;
(xxxiii) Kresoxim-methyl < 0.02 ppm;
(xxxiv) Lamda-Cyhalothrin < 0.25 ppm;
(xxxv) Malathion < 0.02 ppm;
(xxxvi) Metalaxyl < 0.02 ppm;
(xxxvii) Methiocarb < 0.02 ppm;
(xxxviii) Methomyl < 0.05 ppm;
(xxxix) MGK-264 < 0.05 ppm;
(xl) Myclobutanil < 0.02 ppm;
(xli) Naled < 0.1 ppm;
(xlii) Oxamyl < 3.0 ppm;
(xliii) Paclobutrazol < 0.02 ppm;
(xliv) Permethrins (cis & trans) < 0.5 ppm;
(xlv) Phosmet < 0.02 ppm;
(xlvi) Piperonyl butoxide < 0.02 ppm;
(xlvii) Prallethrin < 0.05 ppm;
(xlviii) Propiconazole < 0.1 ppm;
(xlix) Propoxur < 0.02 ppm;
(l) Pyraclostrobin < 0.02 ppm;
(li) Pyrethrins < 0.05 ppm;
(lii) Pyridaben < 0.05 ppm;
(liii) Spinosad (mixture of A & D) < 0.1 ppm;
(liv) Spiromesifen < 0.2 ppm;
(lv) Spirotetramat < 0.02 ppm;
(lvi) Spiroxamine < 0.1 ppm;
(lvii) Tebuconazole < 0.05 ppm;
(lviii) Tebufenozide < 0.02 ppm;
(lix) Thiamethoxam < 0.02 ppm; and
(lx) Trifloxystrobin < 0.02 ppm.
Ian Cameron

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
My name is Mollie Delp. I am writing today about the transfer code and its potential impact on my family if all is to be processed as written/required in the current rules and regulations.

We have a family member withdrawing from the business (Francisco Sanchez) - he had several personal/family matters reach their limit and needed full time work with health insurance coverage for his wife. He chose to withdraw from the business to simplify his life and give him peace of mind. We understand and support him completely in this decision. He has found a job that meets those needs.

Because of OMMA's new transfer application - when any percentage of ownership is transferred (I.e. our situation - losing a member) we file a transfer request - that is processed through OMMA and we will be given a new license number at the end of the process. The new rules went into effect November 1, I called OMMA support on November 15 to gain clarity on how to proceed. Thomas answered my call and suggested that the OMMA helpline was still in need of guidance/confirmation of how to help applicants navigate the new requirements. He made a note on our account that we called for clarity and asked us to call back next week when the helpline had more information.

Yesterday (November 21) I spoke with Melanie (3 times - Thank you, we love Melanie) She says they have received clarification from management and yes - if you lose a member you must start the transfer application. It will cost $2500 per license. (We have 2 - one expires December 14 and one has been in renewal since May 2023).
Melanie said OMMA is prioritizing the Transfer License Applications - but - at worst OMMA could potentially take 90 days to receive and process it. The Original License must remain active for the transfer to take place.

So now I have the member who is withdrawing, who - respectfully - is not interested in signing the paperwork to keep the original dispensary license active because it is distressing to him, and this license expires on December 14.

I also have one grow license that has been in renewal since May 2023 that has been processing so long, first - because of the Talisman bond issue, second - a separate ownership change from 2023. (OMMA helpline in 2023 suggested that ownership changes could be made through

renewal applications as long as we updated the current information/background checks/etc. - and that this was a personal business decision - we chose to do this.)

This is the scenario I am envisioning and my concern is the time frame and the potential to be expensive AND have a lapse in active status. If OMMA cannot approve the dispensary transfer in time I will potentially be paying for two dispensary license fee's for the dispensary alone (One renewal to stay active and one transfer).

In the renewal - when filling out Person of interest details - I will have to submit a document stating "Team member refused to sign - transfer application submitted" or his letter of withdrawal in place of his lawful attestation and national background check attestation.

When the transfer application with new ownership is approved (If all is correct with the application) we will have to immediately pay for two new OBNDD licenses (Despite just renewing them in October 31st), and potentially another bond despite renewing it in August before the new legislation - I am confirming this with our Bond company now.

This could be anywhere from $10,000-$15,500 when we were only expecting to pay for a dispensary renewal this month ($2500) and waiting on the Grow renewal portal to open up ($2500)

My partners and I are doing our best, but this is devastating to small businesses.
My partner's father (Our third member) is an elder - if he passed away would we be expected to do this again - within such a short time period and at such a great cost?

Losing a member (Already a distressing event - suggests that budget is already stretched thin or worse) should not be the same and equal process to gaining a new member (Pay to play - suggests that a business is selling/profitable/expanding).

I know OMMA has public comment periods for proposed legislation - I wasn't aware of the impact of this particular section until it became necessary. Please consider our experience when moving forward. I will have no choice but to start the transfer applications this afternoon after meeting with my family."
Mollie Delp

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c. These state statutes govern the application process to transfer ownership, updates to renewal windows and late renewal fees at 63 O.S. § 427.14(N). Changes to these statutory requirements fall under the jurisdiction of the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:

No rule changes are recommended.

Comment:
Public Comment Regarding OMMA's Proposed Permanent Rules on Pesticide Analytes
The Oklahoma Professional Cannabis Association (PCA) is committed to supporting a safe, transparent, and effective medical cannabis program. While we understand the Oklahoma Medical Marijuana Authority's (OMMA) intent to strengthen testing protocols, we believe the proposed increase in pesticide analytes from 13 to 60 requires careful consideration to ensure successful implementation.
1. Timing and Preparedness
Many Oklahoma laboratories are currently navigating significant changes, including the rollout of standardization requirements. Although standardization should now be complete, the Authority has not yet had sufficient opportunity to verify that all laboratories are in full compliance. Additionally, the State's Quality Assurance Laboratory (QAL)—responsible for providing recommendations for equipment and standardized operating procedures to be used by licensed medical marijuana laboratories—has not yet become operational.
2. False Sense of Security
Expanding the pesticide analyte list without robust verification mechanisms and oversight risks creating a false perception of safety among patients. Current challenges in achieving consistent laboratory standardization raise concerns about whether the existing pesticide analytes are reliably tested. Without validation and enforcement, increasing the list to 60 analytes may unintentionally amplify inconsistencies and compromise trust in the system.
3. Practical Implementation Considerations
If immediate implementation of the expanded analyte list is deemed necessary, we recommend a thorough evaluation of the following:
• Limits of Detection: Are the specified limits achievable?
• Quality Control Requirements: Are these requirements feasible within a production laboratory, and do they align with standards in similar industries, such as the EPA?
• Instrumentation Requirements: The analysis of several analytes may be better performed with GC-MS technology. The proposed rules, however, limit laboratories to using only LC-MS/MS. Each analyte should be carefully evaluated to determine which instrument is best suited for accurate testing.
PCA's Recommendations
The PCA respectfully requests a delay in the implementation of the expanded pesticide analyte list until the QAL is operational and can validate the feasibility of these requirements. This will allow for a collaborative, phased approach informed by data and input from stakeholders, ensuring that the changes serve their intended purpose of improving patient safety without unintended consequences.
We remain committed to working alongside OMMA to strengthen Oklahoma's medical cannabis program through science-based, practical solutions that prioritize the well-being of patients.
PCA, Professional Cannabis Association

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the

Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to heavy metal, mycotoxin, and cannabinoid testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
Oklahoma Medical Marijuana Authority,
As part of the stakeholder engagement process concerning the Authority's proposed rules, we respectfully ask OMMA to consider the following public comment below.

OKAF, Inc. Summary Request
• Strike proposed rule requiring medical marijuana and medical marijuana product to possess extra label content that includes the production date and test date.

OKAF, Inc. Proposal
442:10-7-1. Labeling and packaging

(I) The date the medical marijuana or medical marijuana product was packaged and the date the medical marijuana or medical marijuana product was tested, and

Reasoning
Requiring businesses to include both the production date and the date the product was tested on medical marijuana and medical marijuana product labels does not address any substantiated threat to consumer safety. Currently, stringent regulatory protocols ensure all products undergo testing for potency, contaminants, and purity before they reach the patient. These existing standards are designed to protect public health; they already mitigate the risk of adulteration or degradation. If any widespread issue existed—such as consumers consistently experiencing negative health outcomes linked to older or retested products—regulators would likely find an ample body of evidence or complaints, yet such data is conspicuously absent. Consequently, mandating additional labeling requirements appears to solve a hypothetical problem rather than one demonstrably affecting patient safety.
A fundamental misalignment exists between this proposal and labeling norms in comparable industries. Pharmaceutical products and many consumer goods typically rely on expiration or "best-by" dates, rather than burdening labels with multiple timestamps. By contrast, a requirement for production and test dates places an undue emphasis on the product's history rather than its current safety and efficacy. For example, the pharmaceutical industry widely prioritizes "beyond use" dates, which inform patients when it is no longer advisable to consume a product. By focusing on whether the product is still safe and effective for use, regulators provide direct consumer guidance without cluttering labels. Imposing production and test dates runs counter to these well-established, patient-friendly practices. Implementing a

dual-date labeling system significantly increases operational complexity. Businesses would need to update labeling and tracking systems, invest in new software or packaging machinery, and retrain staff on logging and verifying multiple data points. These measures drive up labor costs, which constitute one of the most substantial expenses for cannabis companies—particularly smaller operators working on thin margins. In a competitive market, such increases in overhead are almost inevitably passed along to the patient. Given that medical cannabis is already taxed and priced at premium levels in many jurisdictions, additional cost burdens risk reducing affordability and patient access, especially among vulnerable populations who depend on medical marijuana for symptom management.
When product labels are overburdened with information—such as production dates, testing dates, miscellaneous notations and legal disclaimers—patients can become confused or fail to notice the most critical information. Notably, many consumers may conflate production and test dates with expiration dates, leading them to believe that older products are unsafe or that newly tested products are automatically superior. Such misinterpretations can trigger unnecessary product disposal or discourage patients from purchasing otherwise safe product. Moreover, dispensaries and their staff invest time educating patients on potency, dosing, and profiles; adding more date-specific details dilutes that focus, making labels less straightforward for consumers to interpret.
Lastly, keep in mind that production and testing date information is saved in Metrc for each product produced, which easily accessible to the Authority. Since such information is forever saved in the inventory tracking system, it would be redundant and therefore, unnecessary to place on the product labels.

Conclusion
Mandating both production and testing dates on medical marijuana labels does not address an existing safety concern and introduces unnecessary complexity. Current regulations already ensure products meet rigorous standards for purity and potency, and if widespread issues existed, they would be evident through patient complaints or adverse health data. Moreover, adding multiple timestamps misaligns with labeling norms across other industries, inflates operational costs that inevitably pass to patients, and causes confusion by crowding labels with information already captured in Metrc. Therefore, this requirement resolves no demonstrable problem while placing avoidable financial and educational burdens on both businesses and consumers.

OKAF, Inc. Summary Request
• Clarify that current rule (442:10-5-14) specifically applies to medical marijuana that is handled by patients.
• Further clarify that displayed product that is not handled by patients does not need to be wasted.

OKAF, Inc. Proposal
442:10-5-14. Handling of medical marijuana by dispensary Displays
(a) Handling of medical marijuana by dispensary. A medical marijuana dispensary may display samples of marijuana and product of no more than three (3) grams in each separate sample display cases, jars, or other sample containers protected by a plastic or metal mesh screen to allow medical marijuana patients and caregivers to smell and handle the various strains sold by a medical marijuana dispensary. The sample shall only be used for display

purposes and cannot be offered for retail sale. The medical marijuana dispensary shall dispose of the sample in accordance with these Rules.
(b) Each display case, jar, or other container that is handled by a patient must be labeled with the following information:
(1) licensee name that grew the medical marijuana;
(2) strain name;
(3) batch number; and
(4) the following statement: "Sample: not for retail sale."
(c) A medical marijuana dispensary may display samples of marijuana and marijuana product that do not allow medical marijuana patients to smell and handle the product in which such displays can be offered for retail sale and do not need to be disposed.

Reasoning
Current rules do not contemplate displays of medical marijuana product, including, but not limited to concentrates, which accounts for 30-40% of the market. The lack of written policy also complicates and produces unintended consequences through OMMA's proposal within rule 442:10-7-1(a), which would prevent concentrate displays. Furthermore, current rules do not address displays that are not handled by patients. The lack of acknowledgement increases business costs by forcing dispensaries to waste unhandled product by the public that does not possess a threat to public health, while at the same time, causes confusion among enforcement personnel of the Authority.
Currently, many dispensaries display medical marijuana product, such as concentrates, to be seen by patients to enable clientele to make an informed choice when making a purchase. However, current rules do not contemplate the display of concentrates. Coupled with OMMA's proposed rule 442:10-7- 1(a), would effectively prevent concentrates from being displayed as it requires concentrates to be tamper-evident, but only exempts marijuana from being removed from the tamper-evident packaging to be displayed.
Current regulations do not address display products that remain untouched by patients, creating unnecessary operational burdens by forcing dispensaries to discard items that pose no public health risk. This lack of clear guidance not only wastes viable product but also increases business costs when Oklahoma businesses are required to contract with a third party to dispose waste. Additionally, the lack of policy generates confusion among enforcement personnel, who are left interpreting an ambiguous rule, when inspecting businesses that do not allow product displays to be displayed. As a result, regulators struggle to align practice with policy—an outcome that benefits neither public safety nor industry compliance.
In summary, the absence of clear regulations for product displays—particularly for concentrates representing a large share of the market—coupled with OMMA's proposed rule 442:10-7-1(a), creates operational inefficiencies and unintended consequences. By effectively barring the display of concentrates, these rules force dispensaries to waste unhandled products that pose no risk to public health, incurring additional costs through mandatory third-party disposal. This lack of policy not only confuses enforcement personnel, who struggle to interpret ambiguous standards, but also undermines the viability of dispensaries aiming to provide transparent product information. Ultimately, we ask the Authority to define framework that aligns enforcement with practical industry practices, while ensuring product integrity, and preserve patient access.

OKAF, Inc. Summary Request

• Strike proposed rule requiring medical marijuana flower, trim, shake, kief, medical marijuana product, or other flower-based product not defined as a concentrate to possess a tamper- evident seal.

OKAF, Inc. Proposal
442:10-7-1. Labeling and packaging

(a) Prohibition on sale or transfer. Commercial licensees shall not sell, distribute, or otherwise transfer medical marijuana and medical marijuana products that are not packaged and labeled in accordance with the Oklahoma Medical Marijuana and Patient Protection Act, 63 O.S. § 427.1 et seq., and these Rules. Beginning June 1, 2025, all medical marijuana flower, trim, shake, kief, medical marijuana product, or other flower-based product not defined as a concentrate, shall be sold by licensed medical marijuana processors and licensed medical marijuana commercial growers to licensed medical marijuana dispensaries only in prepackaged form in package sizes weighing not less than one-half (1/2) of one (1) gram to not more than three (3) ounces. and must be affixed with a tamper-evident seal. Nonopaque materials may be used when packaging medical marijuana flower, provided all other packaging and labeling requirements for medical marijuana products sold in this state are met and it is placed in an opaque container before leaving a licensed medical marijuana dispensary. Dispensaries shall not open, package, or alter pre-packaged medical marijuana or medical marijuana products except for the following reasons:
(1) Dispensaries are authorized to create and package noninfused pre-rolled marijuana provided all other packaging, labeling, and testing requirements are met prior to transfer to a licensed patient or licensed caregiver; and
(2) Dispensaries are authorized to display samples of medical marijuana of no more than three (3) grams pursuant to OAC 442:10-5-14. Any remaining medical marijuana from a pre-packaged package size that exceeds three (3) grams must be wasted or disposed of in accordance with Oklahoma law and these Rules.

Reasoning
Requiring nearly all products to be equipped with tamper-evident seals does not address a demonstrated public health concern. Instead, it increases operational burdens and, consequently, raises prices for patients who rely on these products. Furthermore, HB3361 specifically exempted concentrates from pre-packaging requirements and did not intend to mandate tamper-evident sealing for any other products.
Imposing tamper-evident packaging introduces an additional production step—whether at cultivation or processing—thereby increasing labor costs. Labor remains the highest expense in this industry. As a result, any additional labor-intensive requirements significantly elevate product prices. In a market where regulated businesses must compete against both non-compliant operators and unregulated intoxicating hemp products, even marginal cost increases can undermine the viability of law-abiding enterprises. Over-regulation erodes competitive pricing, limiting patient access to regulated medical cannabis and cannabis products. High prices, in turn, incentivize patients to seek alternatives on the illicit market, among non-compliant licensees, or through unregulated hemp products delivered directly to their doorsteps. These options pose a far greater risk to public health and safety.
Similarly, the requirement to destroy any leftover marijuana not allocated to display significantly increases operating costs. Oklahoma’s unique stipulation that all marijuana and

marijuana product waste be managed by a third-party disposal licensee further inflates these costs. On average, a single waste pickup costs approximately $160. Thus, if a business opens a pre-packaged product—such as a 3.5-gram package of marijuana—and must dispose of even a half-gram remainder, it incurs disproportionate waste disposal fees. This scenario is unprecedented in comparable regulated industries, particularly those dealing with products that pose minimal occupational hazards during disposal.
Lastly, there is no widely documented evidence indicating that legally regulated products in Oklahoma are being opened, adulterated, or otherwise compromised during transit or while in dispensary possession. Without a tangible, data-driven public health or safety issue, such a policy does not justify the resultant financial burdens placed on businesses and patients.

Conclusion
Mandating tamper-evident seals where no clear public health threat exists serves only to drive up production costs, reduce patient access, and incentivize movement toward illicit or unregulated sources. The policy is at odds with the intent of HB3361, imposes undue financial strain on responsible actors who already face stiff competition, and forces them into costly, unnecessary waste disposal. These burdens do not stem from a genuine concern over adulteration or tampering, as no significant evidence supports such claims. Consequently, increasing operating costs for compliant businesses without a corresponding health or safety benefit is both unwarranted and harmful to the patients these regulations aim to protect.
OKAF Inc, Kevin Gallagher

OMMA Evaluation:
We sincerely appreciate you taking the time to share your comment with us. This comment primarily relates to a statutory requirement rather than a proposed permanent rule. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is 63 O.S. § 431.1 of state statute. Proposed rules require labels to include the date of testing and date of packaging at OAC 442:10-7-1(e)(1)(I). Any changes to the statutory requirements outlined in HB 3361 (2024) and 63 O.S. § 431.1 fall within the jurisdiction of the legislature and cannot be changed by OMMA. Your input is important, and we appreciate you contributing to the conversation. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Yes, this is Pamela Esry, and I am calling about pre-packaging and I am traveling around North Dakota and Montana. Pre-packaging is very terrible, there is a lot of people getting pneumonia, it’s cough, cough, dry, dry - it dries so fast you won't get the amount that you’re buying. Thanking you for being there for the Oklahoma people and thank you very much. Merry Christmas and happy new year, thank you sir.
Pamela Esry

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement

that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Good morning OMMA, great to see everyone. I cannot say how much I miss Barrett Brown and his dry wit in these; it always brought a certain entertainment value to these, so he will be missed. Where I'd like to start is simply commenting on the rules process as a whole. I greatly appreciate the effort that was put into the rulemaking, especially things such as red highlights in the actual draft; that really makes it a lot easier to run through, so on and so forth. That's a great improvement before. Y'all also really stepped your game up on noting, "Hey, here are the ones that we changed, go key in on that," you know, that's great, so I do appreciate that; I thought that was an improvement. My comment, uh, two comments today, one, generally, uh, pertains to page 81, which is somewhere I believe in 10-8-1, but the comment is affecting the, uh, rule impact statement for chapter 10 as provided. In the rule impact statement, it notes, um, that a number of the rules that OMMA kept tight to what was in law, generally speaking, I find that to be correct; you've always done a pretty good job of that, uh, that a cost associated were generally, uh, related to the impact of those laws. However, there is, uh, there is one big, big, um, exception to that and I believe that that needs to be addressed. I'm going to hit it on an overview. I believe there are others today that could probably get into the details on that should they choose to. It's real simple: We're talking about the rural impact economically on the labs and then everyone downstream from there. You know, we, uh, I'm very fully aware of what the process for OMMA has been to attempt to get a lab up and going. Obviously, our state as a whole has struggled with laboratory testing for a variety of things. I digress on that point. Um, it's not an easy thing to do; taking lab setup takes time, it takes money. And so, what my concern here is is that there was nothing addressed in the rule impact statement on what that cost and time frame would be to the actual laboratories themselves. I hear things anecdotally of, "Hey, we need a $500,000 machine, a million-dollar machine, we've got a train, we've got to get set up." Um, the concern here is that with OMMA just now getting on board, the lab is still not in place. I'm not saying it's not, we'll just see, but y'all are going to need training time; you need those things, and if it's taken three years, there, now, this is coming to the labs. You know, some of these machines have a far lead time. And so, what my concern here is, especially with the newer, uh, pesticide list that has been added in there, of course, we're number one advocates of consumer safety, not going to drill into specific ones; I think there are a couple that we might benefit from having a "here's what's allowed" type of a deal (there are some on the list that, you know, could be). The concern here, however, is these labs have got to get this equipment in, it's going to be a certain economic cost, you know, and the way the rules would set up time-wise is, and what's in there is that OMMA gets set up, they're ready to go, but these guys most likely are not, and then you see what you, see what I'm saying there? Yeah, there's, there's, so there was a big hole in the rule impact statement, and that is something that, you know, should be taken seriously under title 75.
JED GREEN

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. Pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 303, the OMMA published a "Rule Impact Statement" on the agency website detailing any potential impacts to individuals. We understand your concern that the “Rule Impact Statement” does not adequately address the increased cost for testing laboratories as a result of the expanded list of required pesticide testing. To correct this, the Agency will be making changes to the “Rule Impact Statement” on the agency website and will consider all potential impacts when crafting future “Rule Impact Statements”. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to the “Rule Impact Statement” on the agency website and attached to the Agency Rule Report as Appendix B.

Comment:
Very good morning, happy Tuesday to you. Uh, Lee Bayless, I represent my own grower license, Dr. Big Bud. Um, gladly, since 2018, I've been a registered licensee for going on my seventh year. Um, I've started testing products in 2018 before it was required. I was using Metric a year and a half before it was required. I had my certificate of occupancy four years before it was required, and the reason I mention this is that I've been a by-the-book grower. Um, even though I'm probably the smallest grower in the entire state, I'm happy doing what I'm doing. I've passed every inspection, never had any citations or license problems. But this year, I'm going through a bit of a difficulty on my renewal, and since you're talking about renewals, um, my recent renewal was done on May the 13th of this year, um, and it was approved using my property deed that my wife and I are listed as joint tenants on and was issued on May 13th for this year. Well, I put my renewal in, um, two months ago, and they've rejected my grower license application, um, and I couldn't figure out why, but it said that they couldn't verify ownership of the land. So when I called the compliance department, three different people have told me, well, if your wife's name is on the property deed, she also has to be listed as an owner on your business license, but nowhere in the state statutes does that show that that's a requirement. Um, it does show under the 10-5.3.3 that you have to submit an attestation, which I did, and you also have to supply a document of ownership that's verified. So, I've owned my land for 20 years, um, filed at the County Court Clerk of Oklahoma County since December of 2004. So, if my license was verified in May of this year, how can four months later they not use the same document and verify my application? If I try to add my wife to my sole proprietorship, I've got to redo everything for the business licensing part of it, get a new OBN number, have to pay a new application fee, but when you're a registered owner as a joint tenant, according to Oklahoma real estate law, you legally owned the property equally sharing ownership with the other joining tenants, meaning you have the right to use and possess the entire property as if you were the sole owner. So, I just don't understand why there's an invisible rule that's been put in place that's not anywhere in the statutes that requires, uh. I could see if there were 10 people listed on a property deed and they weren't related, but when you're listed strictly as a husband-wife joint tenants, that should be verifiable. I've also got my last seven years of property tax returns from our property tax files. It's on from the county tax assessor. Um, I'm going to go back in and refile my renewal application today with the same documentation, and I'm hoping in the next 90 days that you guys will take a look at this and see why that can't be maybe an exemption, so long as you're listed as husband-wife

joint tenants. I also noticed late last night that my license, okay, um, was just rejected for not supplying a certificate of compliance, but in May this handout you put says that certificate of compliance is no longer required, but that rejection shows up saying I didn't send that to them. I did send them my certificate of occupancy. So, thank you for your service. I appreciate your time. Ma'am I brought copies of this. Do you want me to leave it with you?
LEE BAYLESS

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. SB 913 (2023) which amended 63 O.S. § 427.14, and 63 O.S. § 427.26 govern the medical marijuana grower bond requirements; modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Morning, ladies. I'm Jeremy Woods with Wild West Compliance. I'm here today to talk to you about 442:10-8-1(i)(5) on the pesticide residue. So... my concern is we're not doing what we're supposed to be doing according to state legislation or by your own regulations for the labs. Now, that did change in your regulation side August 16th for when you do get your state lab up and running, which is great. We need the state lab up and running. We need to keep these labs in check because the labs are not doing what they're supposed to be doing— not all labs, some labs are not doing what they're supposed to be doing. So, I'm just asking, can we not change the level limits from 0.02 is what you wanting to move it down to, from a 0.2 and a 0.4? The FFDCA, the FIFRA, and the EPA already have guidelines for residual solvents; they also have a 10-to-1 safety factor already built in. Just take some time and do some research on it. The labs are going to have to spend $400,000 changing equipment out. If they're not doing what they're supposed to be doing now, how are they going to be able to do that? I know for a fact we've turned in COAs that are not correct from labs. That stuff's still getting transferred. So, it's not about the patient's safety, otherwise that stuff would have been locked up already. I know that for a fact. We turned in COAs in August. November 25th I was doing a metric audit for another dispensary; the same COA popped up. So, that product was not tested correctly, but it's still being allowed to be transferred. We've got to put a stop to it. Thank you
JEREMY WOODS

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:

The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
Good morning. Okay, my comments are going to be on the pre-packaging. So, is there going to be different labeling requirements with pre-packaging than there was with bulk flour? Because I know there's a little... some slight differences of labeling requirements between a dispensary to a patient than there is from a grower to a dispensary, and now that the grower is going directly to the patient, will those extra labeling requirements need to be taken on by the grower? Also, will each size of package need to have their individual COAs with final form testing in place? So, will an eighth, since you're doing the final form before you actually get it tested, will you need a different test for your eighth-ounce packages and your quarter-ounce packages? I know that's being asked a lot. Also, could we please add the "each" function in metric as we go into pre-packaged flower? It will help. If not, budtenders are going to put it in as one because every other thing that's pre-packaged is sold by the "each" or the unit, and that's going to make their accounting off as far as weight if they're not used to having to put in 3.5. And the last thing that I would like to comment on is it may be beneficial if, when it comes to the pesticides, if we actually came up with an approved list of pesticides. I know other states that do that, but that will keep this from having to, every couple of years, go back and add more and more and more banned pesticides if we actually had a list that's approved. I believe California, Oregon, and Colorado have approved lists, and I think it'll save time over the long run. Thank you.
STEPHEN BLACKBURN

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Hi and good morning to all of my fellow industry adventurers, and thank you so much for this opportunity to speak to you all here today. My name is Summer, and I was here back in February of this very same year for the previous open comment period, and after that last session, this industry has only continued to see an avalanche of disturbing and inefficient changes. The consistent changes being bombardingly rampaged upon commercial licensing holders, coming at us from across multiple state agencies; that was the very thing I stood up against back in February, and yet the excessive rate of change has only continued to surmount against the odds of survival as locally owned businesses. For me personally, keeping up with the ridiculous rate of change has diminished the quality of my own life as well as my family's. It has taken away an ungodly amount of time that I will never get back and time invested that I

truly believe is no longer worth the effort. This opportunity was supposed to improve the quality of our state's cannabis community, yet we have consistently seen from OMMA and their fellow state agencies the blatant disconnect between the law and the promise of 788 as we have watched what we voted for in 2018 fall into a blundering abyss at the hands of our government and bad actors. I am here to remind everyone that we, the people, had cannabis long before we gave the government our 788. This is the reminder that we do not need them; they need us, and they need our tax dollars. They need us to have their jobs. Our jobs in this community existed long before theirs did, yet they have consistently failed to nurture and actuate integration for those who transitioned into the legalities and professional experience of the cannabis legalization. They have deliberately stripped the opportunity right out from under those who deserved to be in this industry, those who were integrating from pre-788 cannabis culture into post-788 cannabis culture. Our government does not know how to read the room because cannabis culture is a space that, prior to 2018, they attacked, and it is obvious that attacking us is the only pattern of action that they know how to take within this space.
We have watched conspiracies turn to rational theories as rumors, such as OMMA and communing parties having a secret agenda to depopulate the commercial cannabis industry by a large percentage, only for that rumor to be brought into light and truth from a slew of unnecessary, and vicious attacks against commercial license holders, whether it be by unorganized COO rollouts or any other maleficent affair found somewhere blurred between the lines. I am not here today to say a word to the ears of the government or this panel before us, but I am here today to speak to the true body, the people. I have a strong gift in my ability to put words together in the act of storytelling. What has happened here in our state over the last five years is nothing short of historical. There is a story to be told, and I want to help you tell yours. My email address is here and there for anyone who has felt wronged by either our government or greedy trader pirates scalping the industry. There are big stories to tell, and there is history to be captured here. Please reach out, connect with me, pass my contact to someone in need, and let's get your story, our story, documented. We will have the option to present this in print or transition the collection of stories into a visual series. More than anything, I want you guys to know that there is someone out here willing to hear your story and willing to hear it with a heart full of understanding, compassion, and a deliberate desire to help your voice be heard. If you have felt unheard or misunderstood anywhere along this journey, please reach out to me. Thank you guys so much, and good luck to everybody.
SUMMER WHITEMAN

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. OMMA is under a statutory obligation to promulgate rules to implement new laws from the last legislative session. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. Thank you once again for sharing your thoughts

Change:
No rule changes are recommended.

Comment:
I have examples here for OMMA just in case you guys need them. This is my mom, Tracy Turner. She owns The Groovy Cats, and I'm her daughter, Cat. I'm here to represent the

patients and my family dispensary. Like everybody else in here, we've done jumped through the hoops and we got everything else. I'm a patient first, and I'm here to help run my family's dispensary. I also help run Oklahoma's cancer FICO program, and here are a few reasons why we don't need prepackaged cannabis flour. Our patients who come to us are already sick, especially our cancer patients. I can't consciously sell them something that I know can make them more sick. Number two, how do we know we're going to make them more sick, you ask? Well, that's because we have educated ourselves with multiple growers from this state on how this plant works. We understand how it grows, cures, and dries. We have also educated ourselves on how to store it properly because of what is called the rainbow life the flower has in the cannabis plant. Not allowing this plant to properly dry and cure can cause mildew and possibly mold. This can continue to grow and make more mildew or mold by not burping the flour and allowing it to breathe, as people say, through the rainbow life. If someone has bugs and webbing in their flower, and then you prepackage it and it just sits there, the patient is going to get that in just a couple of weeks when I hand it over to them. Three, this is unfair for all the mom-and-pop growers for their pocketbooks and their effort. Shoving everyone to spend more money on trash to make something worse that is here to help patients is insane. Some of these growers take time and effort and pride into growing some of the most beautiful and wonderful medicine, and seeing it go into a bag that sucks the life out of it is so ridiculous, especially seeing how proud Oklahomans are of their work. Cannabis itself is like fruits and veggies and herbs and spices. They all have their own terpenoids and flavonoids; this is what make up the aromas of these flowers, herbs, spices, and veggies, which is what help in many medicinal forms of these items. Having everything prepackaged will not only degrade the cannabis itself, but it will also have all of your patients going back to the black market, which they cannot properly inspect their product, and this is what we are trying to stop. I understand that people are allowed samples and smell jars, but do you know how long it takes for that one bud sitting in all the light all day and all night in the plastic to lose its smell and integrity of the bud? Patients are never going to know what they're actually getting or smelling. Why are you adding more work to businesses when our questions right now that we have can't be answered? OMMA and narcotics can't respond or even help everybody get on the same page or even simply taking our questions into consideration. So say that these prepackages to make our lives easier, it's to make your lives easier, and that's not what we here as businesses and patients here of Oklahoma, are here for. There should always, always, always be an open line of communication and data and education from growers and processors to the dispensaries. This is how we are able to educate our patients and help our patients learn. Never shut this communication off. She's got a couple of things to say. I have a couple more, so I'll print this off and leave it for you. Just wanted to say that pharmacies get their medicines in bulk and give them to the patients in a smaller container at the pharmacy, and if I demand my pharmacist to count my medication, he has to do it in front of me. It's no different than what we do at a dispensary. Our patients can see what we do before we prepackage it and put it in a bag.
TRACY TURNER AND KAT WILLBANKS

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this

statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Hi guys, I'm Mary Lane Porter, I'm with Holiday Cannabis. I've been in the industry for years, and I've, of course, like all you guys, have been through a lot. We've all been through a lot together. I was debating whether or not to talk about this because I know that the legislature passes rules and that OMMA has to follow them, and it just is the way it is, and we have to figure it out from there. I'm bringing this forward now because it does have to relate to House Bill 3361. Back in 2021, Representative Fetgatter came to the company I was working for to talk about creating a prepackaged company. In 2022, he had authored House Bill 3754, which was the original prepackaging bill. I told Senator Garvin and Representative Dollens about this, and I was glad to see that the bill had gone dead in session, which was nice, but then I saw House Bill 3361 come forward without his authorship on there, and of course, it has since passed. I know there is only so much OMMA can do once that's been passed, and you guys are having to deal with it, and then therefore put the rules, and we all have to deal with it as well. So my question is, is there any way to mitigate this type of potential conflict of interest in the future, even if it's just transparency, stating the companies that certain legislators and Senators, if they're passing such a bill, stating which companies they're a part of outside of the Congress, to show if there's any potential muddy waters there with such things, and if OMMA could somehow help us with this, I know we would all very, very much like transparency in this so that we know who to talk to. Because again, I know OMMA can only do so much. As you guys know, the legislature passed this, this was not OMMA's doing. OMMA now has to do this, and we now have to follow it. So is there any way that we can all work together to find transparency and help mitigate these in the future so that if we see it come by, we know who to talk to, we can get it taken care of before it happens, rather than just being handed the bag? Thank you.
MARYLANE PORTER

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:
Good morning, I kind of have a few things to say on what she said. We had a similar problem with the bond bill that was passed. It was said in the hearing that it would only cost $2 or $300, and sorry, um, and it turns out that the lowest price we can get right now is about $2,300

overall. So I would like to also see some verification that people making the rules aren't benefiting from the rules. As far as that goes.And then the other gentleman who was talking about the land ownership, I'm working with 147 farms that we help with applications for, and we're getting some of them coming back for land ownership showing that they have to have a bond. We're getting some back showing that, um, they were rejected for the, um, certificate of compliance that we no longer need. I'm sitting on 16 rejections right now for different things on different applications, so they're not uniform. They're not being, um, sent back for the same thing every time. On my license, I've used the same GPS coordinates since the beginning, and I was rejected twice for the GPS coordinates that I literally got from my County management people, so, um, it just delays the process and we're not able to do things in the next step without getting these licenses pushed through. My big concern is, and I know it doesn't have to do with this, but over the past few months, we've noticed a difference in the inspections. In the past, when we have told the inspectors that it's our personal property, they have not pushed to inspect it. I don't know if something has changed in the, in the rules, the policies, but I know on three of my last inspections that my farms had the, um, site plans specified that those were personal property. It was personal storage and they are being forced to let the inspectors see them even though it is told in advance that those are personal things. It's not that they're just changing it on the day of the inspection. It is part of their, um, OMMA packet that they have to submit. So, if I have something that's personal property, I would like to believe that the agencies, unless I've done something wrong, allow my stuff to be personal and private. So that's it.
KRISTI ONEILL

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. SB 913 (2023) which amended 63 O.S. § 427.14, and 63 O.S. § 427.26 govern the medical marijuana grower bond requirements; modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Good morning, thank you guys for allowing us to be here this morning. My name is Matthew and I'm the CEO of Oklahoma Compliance Testing Lab. I'm here today to voice my strong opposition to the proposed expansion of the pesticide analyte list from 13 to 60. While protecting patient safety should be top priority, this move is premature and misguided given the authorities lack of enforcement of the current rules. Today, more than half of the state's labs are failing to detect pesticides already included in the existing list, from using improper equipment to not following the state's quality control requirements. This lack of action by OMMA sends a troubling message: rules are only for those who choose to follow them. This unfairly penalizes compliant businesses while allowing non-compliant operators to undermine the system with little consequences. For patients, this lack of enforcement is more than just a regulatory failure; it's a betrayal of trust. Patients are being told their medicine is safe, yet the reality is far from it. Without proper enforcement, the current and proposed rules endanger

both patients and the integrity of our industry. Expanding the pesticide list without first addressing these critical enforcement gaps does not enhance safety; it merely widens the scope of failure. I strongly urge OMMA to prioritize enforcing the rules already in place before adding new ones. Anything less risks undermining confidence in the program and the protections it claims to provide, further hurting good labs. We cannot wait for the state's quality control lab; we've been waiting for many, many years. Thank you for your time.
MATTHEW PHILLIPS

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
Good morning, my name is Justin Wood, I run Choctaw Processing. I've been in the cannabis industry for 15 years in multiple of states, from Washington to Oregon to California. I have a question regarding prepacking classifications of products that are going into prepack, and I have questions for you that I'd love to get answered. First, I'd love the OMMA's definition of what is live resin, what is cured resin, and what is distillate, and what of those if it's going to be applicable by a COA that's put on the packaging that's going to dictate what goes into it. If we are going to put QR codes, like other states do, on packaging that shows the biomass that goes into the processes so we can dictate if it's a live resin, a cured resin, or if it's a distillate. And what the OMMA going to do to go against the people that are false advertising, selling live resin products as cured, selling distillate products as live resin, etc., etc.? It depreciates the value of everything that I do, a couple of my friends do and extractors, and cannabis labs as well. I have High Grade over here, I have OKCTL over here. I manufacture for quite literally the top echelon in the state, and we are putting out products that are depreciated in value because other people aren't playing by the rules. So, I implore you for your help. I'm an asset, I'm here to help, I've been doing this for a very long time. I manufacture cannabis equipment as well. I'm a shareholder in a very large company. I have labs that are going up in New York, Florida, and New Jersey. I'm here to help. You guys, you don't know who I am, but I know who you are. So, thank you for your time, I'd love to be an asset.
JUSTIN WOOD

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. §

427.17. At this time, the Authority will not be making changes to our rules based on this specific comment. However, we will evaluate your comment for future rule updates. We are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Good morning, uh, Brie Truett with Lux Cannabis. I would like to comment on the proposed rules in general. As you probably know, many growers are not set up for prepackaging. As a processor, we are set up for packaging and can offer it as a service to growers. The problem is the packaged product would not be able to be returned to the grower for them to sell. This poses issues of storing prepackaged cannabis, transporting it for the grower, and then getting proceeds back to the grow. In order to simplify the process, we should be able to transfer packaged flower back to the grow it came from. I noticed you did add returns to your proposed rules, but it says that anything returned is waste and has to be disposed of. I disagree with this. The original licensee should be the one to determine if a return is waste or usable or can be processed further into a new product. And I still have an issue with not being able to put a sticker on top of a sticker. Now we have to add the date tested and the date packaged to labels starting June 1st. The time spent removing old labels and relabeling is a waste. Sometimes the packaging is damaged when removing labels, so perfectly good packaging is being wasted. We really should be able to put a sticker on top of another sticker as long as the information shown is compliant. The rules state it's okay for labs to use METRC to maintain COAs, but all other license holders have to obtain and maintain copies of COAs for 7 years. If test results in METRC are sufficient for labs, they should be sufficient for all license holders. I don't agree with the addition of timely submission of license renewals. Who does it benefit to make license holders submit 60 days early to remain active during renewal. And then OMMA has 90 days to process the renewal, not including holidays or weekends? It almost seems like OMMA is trying to get rid of licenses or stop them from operating legally with this rule. The problem with processing renewals has less to do with when it was submitted and more to do with the lack of timely processing by OMMA. Thank you.
BRIE TRUETT

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements rather than administrative rule changes. It's important to note that alterations to these requirements fall within the jurisdiction of the legislature and cannot be modified otherwise. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. SB 1939 (2024), which amended 63 O.S. § 427.14 and created 63 O.S. § 427.14c. These state statutes govern the application process to transfer ownership, updates to renewal windows and late renewal fees at 63 O.S. § 427.14(N). Changes to these statutory requirements fall under the jurisdiction of the Legislature. While the Authority cannot make changes in response to this specific comment, we are grateful for your input. Thank you once again for taking the time to share your thoughts with us.

Change:
No rule changes are recommended.

Comment:
Good morning, I'm Brandy Frisbee Ratzlaff, I'm the owner of OK Cana Consulting. First, I want to thank everyone for coming and commenting, as I thought I had five minutes today, and you guys have addressed a lot of my concerns, so thank you so much. A couple of things: first, I want to talk about the licensing portal itself. I feel that if we add a couple of definitions, it would improve some things. First, adding the functionality to add multiple points of contact in the licensing portal. A point of contact would be defined as an individual that the authority may communicate with regarding queries related to the license for which they are designated. Furthermore, the portal should also accommodate the designation of an authorized representative. This would refer to an individual empowered to make decisions and implement changes concerning the license on behalf of its owner. Next, pertaining to the inventory tracking system, I would like to address a couple of things. Currently, there are four options for available roles when adding a user: owner, employee, manager, or financial contact. I would like to suggest the addition of a new role or possibly a couple: compliance officer, auditor, possibly salesperson, so that these roles would better accommodate the individuals whose responsibilities do not align with the existing categories. Also, to talk about what Mr. Blackburn said, METRC does not give us the opportunity to package weight-based items into units. There are many dispensaries currently that would like to improve their inventory tracking through prepackaging, and it makes it impossible for dispensaries to do that because we're just not able to. Also, the implications of implementing prepackaging are going to be significant, and growers need time to train and adapt to these regulations, so we'd really like to see that functionality. Moving on, we are witnessing a troubling trend in which vast amounts of out-of-sate distillate are flooding into the Oklahoma market. Leaders of distillate are being introduced. Processors are beginning to manipulate this product by adding small amounts of metric concentrated extracts. Our licensed hazardous processors who have invested time and resources into creating safe, compliant, and high-quality concentrates within the borders of Oklahoma are suffering as a result of these practices. I know that the implementation can be far more challenging than the solutions that I am suggesting, but I think that a simple solution to this would just be to implement a regulation requiring that all distillate used in Oklahoma products can be traced back to a licensed hazardous processor within the state.
I want to express my gratitude again for everybody that has taken the time to come and speak about your troubles. This is a difficult industry for all of us on this side, and I know this is difficult for you. Director Berry, a special thanks to you; you were the fourth director appointed in three years, and you were the first that I found to make any tangible progress towards enforcement and regulation, and for that, I'm very grateful. Thank you.
BRANDY FRISBEE

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. The first part of your comment provides feedback on state statute and existing permanent rules, not proposed changes to the rules. Although the Authority won’t be making changes based on that portion of your comment, we appreciate you sharing your thoughts. As it relates to proposed changes to the testing requirements, the duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. Please know that the Authority's

rules at OAC 442-10-8-5-(c) require the QA Lab to “detect and analyze any compounds that are not among the targeted analytes and are unknown, unidentified, tentatively identified, or known and injurious to human health if consumed”. This is an obligation that the Authority takes very seriously, if further research shows that our testing requirements need to be expanded to safeguard the medical marijuana patients of Oklahoma, we will do so.

Change:
No rule changes are recommended.

Comment:
Hi, my name is Shane Shriver, I am the owner of Dunder Mithin LLC and the owner of Life of Riley LLC located in Norman, Oklahoma and in Washington, Oklahoma. I have some issues in regards to the application process. I am one of the businesses that was negatively affected by the severe weather that happened on April 19th, 2023, and OMMA reached out to us on April 20th asking us to identify ourselves, and at that point, we did. We were hit by an F4 tornado; it completely leveled my processing facility, and at that time, I was forced to find and secure thousands of cannabis products in an open field without any support from OMMA, electricity or local government. There is no process or plan in place for businesses that have been destroyed like this, and I would just simply ask you, if your car was hit by a tornado, would you expect to lose your driver's license? When my business was hit by a tornado, for some reason, that became the reason that I couldn’t renew my application. Now I have two applications that have been submitted to the state that I'd like to bring your attention to, and these directly impact the new certificate of occupancy laws in this way. Now, I've provided a certificate of occupancy to OMMA that was issued by the city of Norman, and it was wrongfully rejected. I have a letter here specifically from the Greg Clark with the city of Norman stating that he is the authority having jurisdiction and a new certificate of occupancy is not required. Now, for some reason, OBNDD has accepted the timestamped letter that he wrote me in regards to this stating that I did have a certificate of occupancy, but OMMA fails to accept that letter. Now I've emailed you guys starting almost a year ago providing you with this signed letter from the city of Norman showing that I have this documentation, and you've rejected this application three times. Now since then, the city of Norman legal department has reached out to OMMA, and you finally provided them with clarification that this license would be set back to active because I did have a certificate of occupancy as of December 2nd, 2023, and there’s no reason that this license should have been rejected. Now, in regards to my other facility that doesn’t have a certificate of occupancy because it was destroyed in a tornado, and you're aware of this, why didn’t anybody reach out to us? Why wasn’t there any support given to us? What was I supposed to do with 50,000 metric products in a field? You put me from a licensed business owner to a licensed felon, and you gave me no guidance, and now you're taking away the other license when I have obtained the certificate of occupancy. What's the point of fighting to get another one when you won’t accept the one that I have? Thank you for your time.
SHANE SHRIVER

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily focuses on statutory requirements and proposed legislation rather than administrative rule changes. It's important to note that changes to this statutory requirement or any proposed legislation can

only be made by the Legislature. The requirement that applicants provide a Certificate of Occupancy with any new or renewal license application or location change request is required by SB 1635 (2024) which amended 63 O.S. § 426.1. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
Uh, yeah, I just wanted to say that while I realize y'all's job is difficult, I do feel like, and I would like to see you guys take responsibility in interpreting the new rules and regulations that come out. There's so many times we call to get clarification, and we're told, "Ask your lawyer." Every lawyer will interpret it differently. You guys are the interpreters, you guys are the ones that are making us follow these rules and regulations, so we need to be following them your way and not the way we want to interpret them. Also, I hope the prepack bill, something happens to that, because that's going to be a real hardship. I don't remember the guy that said he had the real small grow, I'm probably as small as you, and now I'm understanding that I might have to prepack way in advance instead of my thought right off the bat was, well, when my little dispensary says, "Give me 5/8 grams," I'll do it at that time so that my flower stays fresh, but not the way you guys are looking at interpreting it, and I hope y'all will turn that around because I feel like you guys are our spokesperson to our regulations and to the legislator, and you're not. You just say, "Oh, well, whatever they come up with is what we'll do." You never, or I never hear of you guys going to them and saying, "That's a stupid rule, why are y'all trying to pass something like this?" I'd like to see more of that coming from you so that we feel like we're truly supported by you guys since we are paying y'all a lot of money to stay in business, a lot of money. As well as I recently hope that somewhere in this line, all these other areas like the OWRB, the water board, the DEQ, and all of those start coming to some of these meetings because, you know, we find out later on, "Oh, we got to have all these other permits," and everybody's raising the price for this because you say I grow cannabis. Thank you.
BECKY MCKIN

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. It is also important to note that OMMA is under a statutory obligation to promulgate rules to implement new laws from the last legislative session. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. We sincerely appreciate you sharing your comment with us.

Change:
No rule changes are recommended.

Comment:

Hello, my name is Cole Alleman, I'm the medical laboratory director at Oklahoma Compliance Testing Laboratory. I'd like to talk about 10-8-5(c)(2) and (3). Those two sections specifically address the state's QA laboratory equipment standards, and then the second one's going to be SOP for extraction and testing. As we implement additional pesticides, we, as a laboratory, are wondering where we will be able to locate the state standard operating procedure recommended equipment list, recommended extraction solvents, recommended columns. My understanding is that state statute 427.17A requires that that is provided to us, and we would just like to know where can we access that information? If we're going to expand patient safety, you guys should be aware that the state-mandated equipment for pesticides…you cannot perform that analysis with that equipment. Changes will have to be made there to allow for the GC triple quads for, I believe, four or five of the analytes. Also, there's a tremendous limitation when it comes to polarity switching…um, safety, just because the analyte is on the CofA doesn't mean that all triple quads will be able to detect them. When you get into polarity switching, what you're going to see is that not all of them can switch back and forth at the same speed, and this will result in false negatives. The presence of pesticides will not be detected by all laboratories in the state of Oklahoma, and it's a risk that you guys should be made aware of in advance. Thank you.
COLE ALLEMAN

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to non-pesticide testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
Good morning, I'm Ryan Crist, lab director at Highgrade Labs. I'm also going to address 442 section 10-8-5 on pesticide residue. Before getting into that, I just wanted to thank you for the opportunity to be here and just encourage all of us in this room as well as OMMA to continue to work together in the future to better the industry as a whole. We have a lot of valuable insight that we can provide, and it would really go a long way to our livelihoods and our businesses if we can work together on future issues. Regarding the proposed pesticides change, specifically the action limits that are proposed are extremely low and are not this low in any other state or country's pesticides Cannabis testing legislature. The action limits being at about 20 parts per billion is basically the bottom line of what you can achievably quantify, which means that when we're trying to introduce this new pesticides list, it's almost a pass/fail. There's no real way to reliably and accurately quantify these compounds, this many compounds, in a cannabis matrix at those concentrations. On top of that, one of the other

things that I would propose be addressed is that the current regulations regarding the laboratory quality control samples, specifically the LCS requiring all analytes to be present at or near the action limit, is extremely difficult to do. We've reached out to the president of Emerald Scientific, who's a leader in the cannabis industry for proficiency testing, and she advocated that a lot of these compounds do not behave together when you start to mix them, and that's going to cause exacerbated effects when it's in a cannabis matrix, which means that getting reliable quality control samples that pass and can verify a batch as, you know, reliably tested would be extremely difficult. Not only difficult, but near impossible to do reliably and accurately. And then the last point, which Cole also mentioned, is that there was no update to the instrumentation that's allowed. It currently says only LC triple quads are allowed, and as Cole stated, for some of these compounds, the ability to use a GC triple quad is absolutely necessary. Thank you.
RYAN CRIST

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to non-pesticide testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
Good morning, I'm Brandon Mosley. I've been in the analytical laboratory industry in some fashion or another for 25 years, so am I an expert in this field? Absolutely. As usual, you guys have put the cart before the horse without any scientific data or forethought. I understand that patient safety is of utmost concern, and that's what we're here for—to try to enforce or improve patient safety by accurate analytical testing. This has already kind of been touched on, and I'm going to give you one example. I've worked with almost all these compounds at some point in time in my career. We'll talk about naled. If you guys are familiar with it, it's in the rules, and it's one I'm just going to use as an example. I just did a quick Google search, and the boiling point of naled is reported as 110°C. It goes on to say it decomposes at high temperature, so the boiling point is often stated as decomposes at 110°C. One other quick Google search as to typical nebulizer gas temperature for LCMSMS, which is the required instrumentation for this proposed list of pesticides, is typically around 300 to 400°C. So, one compound, for example, that will never be determined by LCMS, as you guys have the rules written, is naled. I could go on, but I know the 3 minutes is going to limit my time, so I've got a couple of things I want to touch on. You guys say the state lab is supposed to be functional by February, is what we're told. Is that going to be an accredited laboratory? Okay, anxious to see this happen, can't wait. I would beg you guys to table the proposed pesticide list until the state lab is functional and

they can demonstrate that these 60 pesticides that you guys have listed can truly be determined, prior to trying to enforce and make the rest of the state-run laboratories analyze this stuff before they're even functional. As it's already been stated by Ryan, the QC requirements for this number of compounds at the levels that you guys are requiring just isn't going to happen. We will never send a sample out the door meeting these requirements, ever. I would recommend implementing something similar to what the EPA does. If you're going to use this vast number of compounds, such as 60, the EPA uses what's called system performance check compounds (SPCCs). They're very familiar to everybody over at the DEQ. I would say maybe visit with some of those guys about implementing some type of QC requirement similar to what's required by the EPA, like for semi-volatile compounds, for example. There are somewhere between 12 and 15 SPCCs that are monitored that prove the instrumentation is operating efficiently and effectively and within QC constraints. The fact that you guys are requiring all 60 at the level you're requiring them for just isn't going to happen. Thank you for your time.
BRANDON MOSELY

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. As your comment relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
Hello, I'm here representing Havard Industries as well as being a patient. I know your job is not easy, as every time you draw a line, you're pretty much stuck with who is going to follow the rule and who is not, and enforcing that is almost impossible, especially without transparency at its core.My biggest concern as a patient is not addressing where the samples come from and whether they actually represent the batch that is being tested. I understand that this is why you guys went with pre-packaging, but even then, it still doesn't really address the issue because you don't really know who packaged what, when they packaged it, and if it truly represents the sample sent into the laboratory. I don't know what the answer to that is, but maybe a possibility of body cams with no liability for whoever is drawing the sample from the batch could be a suggestion. Regarding the QA lab, which others have addressed, I think if the QA lab is going to be the hammer and the judge, it needs to lead by example, especially if it's being publicly funded. There’s just so much lack of trust because of what happened previously

with the financing from the state. It almost, not saying that's the intent, but it looks somewhat nefarious or like a money grab from somebody, because when you have a lack of transparency regarding what was financed prior and then given away and now it's a private laboratory, I don't know what the intent was, but it doesn't look good. So, if you're going to step into a new QA lab, you need to lead by example, showing transparency from A to Z. If you don't do that, it will be rough to have integrity with any of it. We filed a FOIA request last year for information from 2021, and it's almost been a year, and we never received any information back on what the external proficiency tests were, even though the QA lab was involved at that time. None of that information was ever provided, and we never even got a reply to an email, which again doesn't look good in general on OMMA or literally the whole integrity of this whole system. Regarding deviations, I understand you're standardizing protocols, but if there's no attention to the human error aspect of things, where these are the protocols and this is how we're running things, then what's done behind closed doors or how samples are treated is almost impossible to police or judge. For instance, if the cap is left off and methanol evaporates, the concentration can increase, and now you have higher THC levels than what was supposedly tested under the protocols. This doesn't really address the issue, especially when you have individuals trying to follow the rules and then it seems like you're making it more difficult for them to stay in compliance. It feels like letting the bad actors run wild, which creates problems for the honest players, like this gentleman over here and some of the others. Thank you for your time.
MO MIRAMBGIGUY

OMMA Evaluation:
Thank you for taking the time to share your comment. The duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. The Authority's rules at OAC 442-10-8-5-(b) require the QA Lab to be accredited by an accrediting entity that uses ISO/IEC Standard 17025. OAC 442-10-8-2(c) requires the QA Lab to conduct external quality control testing. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
My name is Jeffrey Havard, and I am the lab manager at Havard Industries. Thank you for letting us speak with you today. Essentially, I want to say that we had a lot of points we wanted to address that were covered by quite a few other individuals, such as instrumentation being able to use multiple types of instrumentation to try to tackle the pesticide panel, like the expanded pesticides that are being suggested, and issues with the QA lab, such as being accredited or having the experience to police other labs as well. But the main thing I wanted to talk about today was our objections to the expansion of the pesticide list overall due to the relevance of the compounds on it and the logic that was used to determine which pesticides should be on it. We've heard speculation that maybe this list came from Canada, but we don't find that relevant to our region. So, we actually did a study where we went to multiple grow supply stores, hardware stores, and Tractor Supply—various places where people could be picking up different types of pesticide compounds available in our region in Oklahoma. We

surveyed 105 different products and created a list of 19 that are actually relevant, and some of them are found in the current list of pesticides we're testing for now. Some of them are included in this expanded pesticide list, and there are actually three that we found that are not on the list at all, but are available for purchase, and one of them was a potent carcinogen that's not included whatsoever. So, essentially, we're proposing that we look again at this pesticide list, maybe survey other places and create a list that's relevant to Oklahoma and reject the current list of 60. Once again, to reiterate, if we were to try to test these 60 pesticides, we still face the issue of instrumentation, being forced to use LCMS when we would also need to be using GCMS or other equipment to properly measure all these compounds. Being forced to use certain methods and equipment is just not feasible to properly do this. If you have any questions about this list or our report, please come find us afterward. Thank you.
JEFFERY HAVARD

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to non-pesticide testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
Hey everyone, my name is Dalton Hilburn, I'm a senior technician at Havard Industries, one of the Cannabis Testing Labs here in the state. I'm here today to address multiple parts of the Laboratory Testing regulations of the proposed permanent rules and tell you why I'm opposed to it. These rules pertain to the specifications of equipment and protocols that have to be used in the testing labs. While we understand that specifying equipment and protocols is an attempt to control lab variability, this isn't addressing some major factors that are external to equipment that cannot be fixed by specifying equipment methods. There are many different types of testing equipment available and many different ways to prepare samples for testing. Laws that tell us how to do this not only limit what we can do but may actually be worse for the industry. The way samples are prepared and the samples that are provided to the lab can cause variability, especially when they are not representative of the batch. Also, unrecorded deviations from lab protocols or calculations post-testing will never be addressed, and human error cannot be fixed by specifying equipment. Laboratory proficiency testing is already required by the law to ensure that labs are getting the correct answer. This accounts for any variation in methods and equipment, and any attempt to specify the type of equipment or protocols we must use are just killing innovation. Better ways of testing are always evolving. This rule only adds unnecessary expenses to an already financially demanding industry. For example, the regulations state that only LCMS is allowed to test pesticides; however, many

studies use both GCMS and LCMS to test for pesticides since they are both good at testing for certain types of analytes. Limiting us to a certain type of equipment hinders the lab's ability to offer accurate testing and is detrimental to public safety. Please remove the equipment standards from all legislation. Thank you.
DALTON HILLBURN

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. As it relates to required pesticide testing equipment, the Authority will be making changes to permanent rules to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used in OAC 442:10-8-1(i)(5)(B). As it relates to non-pesticide testing equipment, while the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(i)(5)(B) to clarify that Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) may also be used. No other rules changes are recommended.

Comment:
Good morning, how are you guys doing? All right, my name is Summer Parker, and I represent Patients for Safe Access. As a patient, I strongly disagree with House Bill 3361, which pertains to prepackaged medical marijuana products. This bill will have an impact on the quality of our medicine. There is an increased risk of mold and yeast, along with not being able to see or smell the products. It's kind of like Cat was saying—imagine going to the grocery store to pick produce prepackaged in packaging where you cannot pick it up and inspect it for quality or ripeness of your preference. You must trust that what you are purchasing is what they say it is. As we know, there are already many manufacturers of our medical cannabis products that expect us to trust with blind faith, and when we have trust, it's earned—blind faith is not right. Blind faith has proven that we are getting poisoned by contaminated products that have made it into our market, whether it's by nefarious intent or completely by accident. That part is not to dispute today, but what is out there, we have found and proven has contaminated products in it. We've tested it in multiple labs and gotten the same results—you know what I mean? So, we need to do something about that, we need to get that taken care of. I understand a lot of people here spoke on the pesticides and the equipment issues, but if we don't do something to protect our patients, Colorado, California, and other states have got 66 and 106 pesticides that they can test for, and if they can figure it out, so can we. Our patients deserve better; our patients deserve transparency. We deserve the right to know what is in our medicine on the retail shelves because there are nefarious actions in addition to accidents, right? We all know that. So, let's do something about it, and I think prepack is not okay. I forgot where we are live. So I do not think prepack is okay. I think we're going to have issues not only with quality but with weight too. I have people already looking into things that are prepackaged on the market, where they're going into dispensaries, purchasing it, and weighing it right there on the certified scale. For example, if you've got a 7g package and it comes out 6.2g, well, that's not okay, you know what I mean? The people

pushing prepack, in my opinion, are the people that are going to make millions off of it. The people that are going to lose are the mom and pops and the rest of us who are going to have to spend millions doing it, right? So, that's my take on prepack. Let's see... the employee credentialing, so that is SB 758. In my opinion, I appreciate what you guys have done with getting the credentialing out there so that we have an identification of who's working in our industry and where. However, there needs to be training in this industry, and the reason why I say that is Metric. Whenever you have access to Metric, you are responsible for everything that is done in Metric, whether you are a budtender or an owner. You are responsible, and that is a thing that I do not know that our industry is aware of. So, thank you.
SUMMER PARKER

OMMA Evaluation:
Thank you for taking the time to share your comment. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. The employee credential requirements in SB 758 (2024), which amended 63 O.S. § 427.14b, requires all employees of a medical marijuana business licensee to apply for and receive a credential authorizing the employee to work in a licensed medical marijuana business, and to wear or display the credential during the employee's hours of work. SB 758 did not include a training or education requirement. OMMA endeavored to limit proposed rule changes to the requirements outlined in state statute to limit the impact on businesses and patients. In this context, your comment relates to state statute rather than a proposed permanent rule. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. As it relates to your comment about required pesticide testing, the duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. While the Authority will not be making changes to our rules based on this specific comment, please know that the Authority's rules at OAC 442-10-8-5-(c) require the QA Lab to "detect and analyze any compounds that are not among the targeted analytes and are unknown, unidentified, tentatively identified, or known and injurious to human health if consumed". This is an obligation that the Authority takes very seriously, if further research shows that our list of required analytes needs to be expanded to safeguard the medical marijuana patients of Oklahoma, we will do so. Thank you once again for sharing your thoughts."

Change:
No rule changes are recommended.

Comment:
Hey, how's it going? Thanks for meeting with us all today and thank you for letting us speak. I am a lab rat over at Metis QA. All of our other compatriots have already talked on the pesticide list, the instrumentation, and the state lab has been touched on—just listen to them, please, it's correct. Recently, a study was done by an organization where they sent dosed samples out to 24 labs. Of those 24 labs, 10 of us actually reported the correct values of things like heavy metals and pesticides, while 14 of them passed them. So, like the last lady said, people are getting poisoned products and it is affecting our customers, so we have to get that seen to. That cannot be the case, with more than half of the labs putting out poison. That can't be. As people shift from pesticides because these quantities are so low that any use is going to

fail, more people are going to try and utilize a microbial aspect to get some of their yeasts and molds seen to. I would like for that to be adjusted to something similar to 100,000 what Florida does or just turn that to a tested and reported approach like New York does. That will allow them to use, you know, like BT spray or Trichoderma, some sort of beneficial pathogens or beneficial microbes that produce an enzyme that will keep other pathogenic molds suppressed. Yeah, everything else was pretty much touched on. We do have to get rid of the bad actors in this industry. It's a safety issue, a huge safety issue, and that's all for me. So, thank you.
BEN CORTEZ

OMMA Evaluation:
We sincerely appreciate you sharing your comment with us. This comment primarily relates to laboratory standardization recommendations as required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. The Authority will be making changes to the permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
The Authority made changes to permanent rules at OAC 442:10-8-1(5)(A) to modify some of the required pesticide testing thresholds and clarify the time frame for testing the expanded pesticide list. No other rules changes are recommended.

Comment:
Good morning and thank you for your time. As many of you guys have heard, a lot of my friends have had many problems with the rulemaking process, and so I'd like to start with, let's talk about prepack. Let's talk about how that has specifically highlighted the bad actors in this industry because even though I'm a business owner, I'm a patient first. I have set up a facility that is ready to handle prepack and I've talked to my friends in New York who have the capability of making biodegradable packaging that is breathable. However, I'd rather not make millions; I would rather advocate for my friends, my family, and myself because my family has been in the cannabis industry since the '60s and my grandmother inspired me to go to college to study cannabis. In 2012, I went to the Nazareth College of Rochester to study environmental science where I was trained by Dr. Brown and learned about the benefits of hemp and its bioremediation abilities. After that, due to regulation, I realized that hey, this college isn't going to let me study cannabis, so I dropped out to become a chef because I understood that there is a parallel between agriculture and food safety, and that's where prepack comes into play. Food needs to be handled appropriately; vegetables in a refrigerator need to be stored properly with FDA regulations. This remains true for cannabis because cannabis is an agricultural commodity, a consumable product that we consume, and as a chef and in my 15 years of culinary training, as well as my studies and experience of my personal hobbies with plants and botany, my passion that has been instilled in me by my family, I feel that prepack is a problem as it highlights the bad actors that are making our jobs hard and your jobs hard. We need to stop fighting and stop battling each other as patients versus the state, patients versus the federal government, as this issue remains true not only in our state government but in our federal government as well. People like me and my friends who have been legacy operators for years suffer from what I call “black market PTSD”. We're afraid to

come to our government because we're afraid to be prosecuted against, and this remains true for me. I've been trying to get a license in the state of Oklahoma so that I could pursue this research to help people, and I've only been suppressed, silenced, and people like to tell me that I'm crazy. There are people out there who are trying to claim that I'm on meth. No, I'm a high-functioning ADHD cannabis patient who has been self-medicating basically my entire life. I first started ingesting cannabis when I was 12 years old after the University of Upstate Medical Center in Syracuse, New York, decided that after they found out I had a neurological disorder, they decided to keep me in their hospital and test me like a rat subject. I'm not a rat, I'm a patient. My family are not rats, my family are not drug dealers, my friends are not drug dealers. We…thank you…that's really honestly all the time that I need. Thank you.
KYLE KING

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. This comment primarily focuses on statutory requirements rather than administrative rule changes. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) which is state statute 63 O.S. § 431.1. Modifications to this statutory requirement fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Persons or organizations who appeared or registered for or against the adopted rule at any public hearing held by the agency or those who have commented in writing before or after the hearing were:

Caleb Neal	Laura English
Janis Deason	Debra Yacko
Hollie Mckinney	Chris Shafer
Jordan Jones	Randy Tipton
Richard Davis	Joshua Wilkes
Gregory Hardy	Jill Cole
Tyler Sawyer	Courtney hingey
Janis Burress	Verne Bowers
Dan E. Burress	Kevin D Hall
Susan Goodwin	Elizabeth Koelle
Steve Lewis	Mike Myers
Steven Dixon	Elizabeth Myers
Randy Fife	Enrique Miller
Wayne Jackson	Mark Sharp
Antony Hornberger	S M Freeman
Nika Sosnoskie	Thomas Russell
Ron Moore	cynthia derryberry
John Dungan	Jessica Bigbee

Dennis Nickel	Josh
Kandice Ford	Travis Williams
Peter Cornacchione	Carlena Freelove-Otwell
Carrie	Sarah Kirkhart
Travis	Roger Gabal
Zaw	Madison
Tyler Grunewald	Carla Davies
Sean Davis	John Wright
Timothy Eminger	Jay Carpenter
Dom	Kathleen Griffith
Duane Monks	Bonnie Wills
Becky McKim	Jon
Lisa Williams	A. Scott Fulkerson
Terrance Kaplanis	Alice Cuthers
Rand Fife	Paul Pappas
Tracy Lawrence	Chris
Lucy Gunter	Jennifer Z
Mary Lane Porter	Scott
Mollie Delp	tony
Joshua	Treavor Munoz
Pamela Cook Denwalt	Gale Choffin
Anthony Smith	Charles Crossland
Robert Brown	Sharina Berry
Marvin Dale Turner	Jessica Baker
Tracy Turner	Michael Crane
Michelle Roberts	Thomas Stiles
Tracy Neeley	Tiffiany jones
Tobie Bentley	Jameson Brittain
Virginia evans	Ted Baker
Jeffery Havard	Luis vega
Derrick Smith	Georgia King
Jennifer Watts	Jarrod Lucero
Mohammad Mirambeigui	Nicole Janowski
Ransom Martin	Ethan Blythe
Casey Fortune	Steven Robbins
Kaily Prince	Cherish Hornbeck
Heather Fry	Zachary McFarland
Jeremy Reed	Tiffany Salazar
Mila Pemberton	Matthew Dunham
Miya	Patty Moore
Megan Hill	Ashli Rosasco
Greg Knight	Ashli Rosasco
Brandon Pinney	Justin

R Holloway
Zachary Washecheck
Christian Luera
Blanca Miralda
Houston Dockter
Veta Robinson
Dianna Snelson
Justin Haury
Patrick Dixon
Jennie Luera
Destiny
Sarahi Hernandez
Glynda
Jeremy Woods
Rebecca Robinson
Conner Long
Phalat Manivong
Cole Alleman
Alyssa Sewell
Breezy Wallace
Deborah Nobl5
Valerie
Kody Wheeler-Barraza
Brian Hallum
Andy Mesta
Levi Artho
Stratton Blasingame
Melinda Musgrave
Sebastian Casas
Eric Bauer
John Taylor
anonymous
Jarrod Murray
Cole Anthony Whitaker
Josh Diehl
M Harper
Gary Roller
alec
Sharri McKelvey
Olivia Grider
John Fricke
Mike
Blair
Rob Keefe
Richard Boone
David Rossbach
Tiffany Bartel
David Zanon
Larry Francis
Cynthia Jones
Jim Corley
Joseph Klinkerman
Brandon Mosley
William A. English
Highgrade Labs
Eric Wheeler
Kaylee Rogers
Glovanna Blackledge
Kat Wilbanks
Daniel Sellers
RAY TINSLEY
Rhiannon Ross
Jason Oliver
Brie Truett
Lee Bayless
Alex Tang
Donna Allen
Emily Warner
Ryan Shelton
Nicholas Price
Bethany Stoltzfus
Felina Rivera
David Gilliland
CJ McLemore
Servando Hernandez
Sherman Hom
Shannon Crase
Judy Galluzzi
Bridget Callender
Lance Brooks
Alexa Silvers
Summer Parker
Julian
Ian Cameron
PCA
OKAF Inc

Cathlene D Lyda	Pamela Esry
Carl Hanz	Jed Green
Jim McIntyre	Jeremy Woods:
Randy Querry	Stephen Blackburn
Jesse Murphy	Summer Whiteman:
Johnathan Sexton	Tracy Turner
Jessica	Kat Willbanks
Reyna Wilcox	Kristi ONeill
Becky Carter	Matthew Phillips
Dustin Heidbreder	Justin Wood
Michelle	Brandy Frisbee
David Savage	Shane Shriver
Jill Kitchen	Becky Mckin
Jon McQuillen	Ryan Crist
Lauryn	Miriam Bixby
Hunter	Dalton Hillburn
Dan	Ben Cortez
Adam Waller	Kyle King

Agency Rule Contact:
Ashley Crall, Director of Government Affairs, Oklahoma Medical Marijuana Authority, 2501 N. Lincoln Blvd., OK 73105, 405-568-5766. Ashley.Crall@omma.ok.gov.

EXHIBIT B

AMENDED RULE IMPACT STATEMENT

TITLE 442. OKLAHOMA MEDICAL MARIJUANA AUTHORITY
CHAPTER 10. MEDICAL MARIJUANA REGULATIONS

1. **DESCRIPTION:**

Changes to required application materials like certificates of occupancy or ownership transfers, pursuant to SB1635 and SB1939, occur at OAC 442:10-3-1(c-e), OAC 442:10-4-2(c)(2); OAC 442:10-4-2(e)(A)(i); OAC 442:10-4-3(e); OAC 442:10-5-2(c); OAC 442:10-5-2(e); OAC 442:10-5-3(e)(8-9); and OAC 442:10-9-3(e)(9). New definitions for "change of ownership request", "license transfer application", "location change request", and "name change request" provide clarification of the new ownership transfer requirements pursuant to SB1939 and are added to definitions at OAC 442:10-1-4. Updated timeframes to submit renewal applications pursuant to SB1939 are incorporated at OAC 442:10-4-2(c)(6) and OAC 442:10-5-2(c)(5). Specific location prohibitions regarding multiple licenses of the same type pursuant to SB1939 are added to OAC 442:10-5-2(b)(2). Amendments regarding ownership transfers pursuant to SB1939 are added to OAC 442:10-4-2(e); OAC 442:10-5-2(e); and OAC 442:10-9-2(e)(2). Language regarding the possession, sale, or transfer of medical marijuana upon expiration of a license are added to OAC 442:10-4-2(d); OAC 442:10-5-2(d); and OAC 442:10-9-2(d)(1) as required by SB1939. The requirement that employees wear or display their employee credential pursuant to SB758 is added at OAC 442:10-5-1.1(13)(C). Changes to laboratory testing requirements, including final form testing requirements pursuant to SB1635, occur at OAC 442:10-4-5(d)(2)(D); OAC 442:10-5-5(f); OAC 442:10-5-6(d)(2)(D); OAC 442:10-7-1(f)(4); OAC 442:10-8-1; OAC 442:10-8-2; OAC 442:10-8-3; OAC 442:10-8-4; OAC 442:10-9-7(b)(2)(D); and OAC 442:10-11-1(g)(2)(C). Rules requiring medical marijuana to be sold in pre-packaged quantities pursuant to HB3361 are added to OAC 442:10-7-1 and OAC 442:10-7-2. Specific prohibitions regarding opening pre-packaged products are added to OAC 442:10-5-16(s).

Amendments to streamline and clarify inventory manifest requirements are added to the rules at OAC 442:10-3-6(a), OAC 442:10-3-6(b)(1); OAC 442:10-4-5(c)(2); OAC 442:10-4-5(d)(1)(G); OAC 442:10-5-6(d)(1)(H); and OAC 442:10-9-7(b)(1)(G). Amendments to OAC 442:10-4-2(g); OAC 442:10-5-2(g)(2-3); and OAC 442:10-9-2(g) reiterate that commercial license surrender requests are effective upon written approval by the Authority and clarify when the Authority may reject surrender requests. Amendments to OAC 442:10-5-1(a) state that all requirements of Oklahoma law and these Rules are continuing in nature and must be satisfied in order to retain licensure. OAC 442:10-6-1(c) is amended to clarify that commercial growers must maintain required commercial grower signage. Expanded testing requirements for pesticide analytes occur at OAC 442:10-8-1(i)(5). The requirement that dispensaries shall produce any and all COAs for products currently in the dispensary's inventory upon request of a licensed medical marijuana patient or caregiver is added to OAC 442:10-8-1(h). The requirement that processors verify patient license information when processing on behalf of a licensed patient is added to OAC 442:10-5-5. Amendments to labeling requirements at OAC 442:10-7-1(d)(11) provide clarification that if a package or container is relabeled, all initial labels must be completely removed before the new label is applied.

Clean up and clarification of existing rules occurs thought Chapter 10 of OAC 442. Definitions for "decontamination", "final product", "production batch", and "remediation" are amended, new definitions for "final harvest batch", "final production batch", and "tamper-evident" are added, and definitions are alphabetized at OAC 442:10-1-4. Record retention requirements are amended for consistency at OAC 442:10-3-2(c); OAC 442:10-3-6(f); OAC 442:10-4-5(c); OAC 442:10-5-4(h);

OAC 442:10-5-5(b); OAC 442:10-5-6(b); OAC 442:10-5-6(b)(6); OAC 442:10-5-6(i)(1); OAC 442:10-5-10(b)(3); OAC 442:10-9-6(c)(1)(C); OAC 442:10-9-6(c)(2)(B); OAC 442:10-9-6(e); OAC 442:10-11-(f)(3). Amendments to ensure consistent application requirements occur at OAC 442:10-4-1(b), OAC 442:10-4-1.1; OAC 442:10-4-3(b), OAC 442:10-4-3(c)(12-14); OAC 442:10-4-2(h); OAC 442:10-5-3(f); OAC 442:10-9-3(c)(7-8); OAC 442:10-9-3(f); OAC 442:10-9-4(b)(9-10) and OAC 442:10-11-(d)(4). Amendments to ensure consistent language throughout all subchapters of the rules, including adding words where numbers are used, replacing dashes with commas, removing dates that have previously passed, and ensuring consistent verbiage throughout the rules, occur at OAC 442:10-2-9(a-b); OAC 442:10-3-3; OAC 442:10-4-4(b); OAC 442:10-5-1.1(7); OAC 442:10-5-2(b)(1); OAC 442:10-5-3(b); OAC 442:10-5-4(b-c); OAC 442:10-5-4.1(a); OAC 442:10-5-6(i)(7); OAC 442:10-7-2(b); OAC 442:10-9-1(b); OAC 442:10-11-(d)(1); and OAC 442:10-11-(j).

2. DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:

Primary persons affected by the proposed rules are licensed businesses and licensed patients. The Agency recognizes that there will likely be costs impacting licensed business, but these costs are driven by legislative acts passed in the 2024 regular legislative session and are not caused by the Agency's rulemaking. The Agency has worked to minimize cost impacts by limiting amendments, both in number and in scope, as well as strategic clarifications to lower the administrative burden on Oklahoma businesses. To further limit disruption on businesses and licensed patients, updated pesticide testing requirements that ensure public health and safety will be phased in beginning March 1, 2026 and further expanded beginning December 1, 2026, giving businesses one year to comply with these changes.

3. DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:

Licensed businesses and patients will benefit from the proposed changes. Businesses will primarily benefit from significantly enhanced clarity throughout, as well as several amendments that are in response to feedback received from the industry. Patients will benefit from aligning the State's required testing with standards consistent across the majority of other medical marijuana programs, providing increased product safety.

4. ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:

The Agency recognizes that there are costs of compliance with a small number of proposed permanent rules. These rules are necessary to implement legislation adopted during the 2024 legislative session, therefore the costs of compliance are driven by legislative mandate and not agency rulemaking. The requirement that all medical marijuana or medical marijuana products be sold in prepackaged quantities is required by HB 3361 (2024) and 63 O.S. § 431.1 of state statute. While there will be costs of compliance for businesses as a result of this legislative requirement, the Authority worked to minimize the impact of these rules by limiting proposed rule changes to the statutory requirements outlined in the new legislation. By promulgating these rules seven months ahead of the bill's effective date of June 1, 2025, the Authority attempted to set clear expectations and communicate information to the industry to limit disruption caused by the new prepackaging requirements. These proposed permanent rules will expand the Agency's ability to protect the health and safety of all licensees by expanding the number of required pesticide analytes tested for. The Authority recognizes that there are costs of compliance associated with these additional pesticide testing requirements, but the amendments are necessary to ensure safe medical marijuana products for licensed patients in the state. To minimize disruption on businesses and licensed patients, updated pesticide testing requirements will be phased in beginning March 1, 2026 and further expanded beginning December 1, 2026.

5. COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY.

The benefits to the Agency are overall clarity of rules for streamlined enforcement, greater transparency within the stream of commerce for regulatory oversight, and enhanced processes for licensed laboratories. There will be opportunities to maximize use of FTE hours by streamlining processes. The Agency does expect costs of implementation and enforcement, primarily in two ways. First, the Agency expects to invest approximately $2.8M into licensing and inspection technologies for which a portion is associated with these proposed rules. The Agency is also investing $3.5M in start-up costs to establish a Quality Assurance Lab, which will significantly increase the Agency's capacity to protect public health and safety and enforce new rules regarding testing. The Agency expects around $2.4M in ongoing costs to operate the lab.

6. IMPACT ON POLITICAL SUBDIVISIONS:

While there are rule changes that may have minor impacts to municipalities or political subdivisions, these rules are necessary to implement legislative requirements and ensure compliance with state statute, such that any impact to municipalities or political subdivisions are driven by the legislative mandate and not agency rulemaking. There are no expected adverse economic impacts to municipalities or political subdivisions.

7. ADVERSE EFFECT ON SMALL BUSINESS:

There are no expected adverse effects on small businesses.

8. EFFORTS TO MINIMIZE COSTS OF RULE:

The agency has made efforts to minimize costs by gathering input from the industry on amendments that would benefit both agency and industry, as well as limiting the number and scope of amendments.

9. EFFECT ON PUBLIC HEALTH AND SAFETY:

These proposed permanent rules will expand the Agency's ability to protect the health and safety of all licensees by expanding the number of required contaminants tested for.

10. DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:

There are no identifiable detrimental effects on public health and safety.

11. PREPARATION AND MODIFICATION DATES:

This rule impact statement was initially prepared on October 24, 2024 and was amended on January 29, 2025.